

(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0001808468** File Number: **0000208295** Submit Date: **01/27/2023** Call Sign: **WPPX-TV** Facility ID: **51984**

City: WILMINGTON State: DE

Service: Full Service Television Purpose: Children's TV Programming Report Status: Received Status Date:

01/27/2023 Filing Status: Active

Report reflects information for year 2022

General
Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
ION TELEVISON LICENSE, LLC Doing Business As: ION TELEVISON LICENSE, LLC	Legal Department 312 Walnut Street 28th Floor Cincinnati, OH 45202 United States	+1 (513) 977- 3000	Bianca.Frye@scripps.com	Company

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
Bianca Frye	Legal	+1 (513) 977-	Bianca.	Paralegal
Paralegal	Department	3000	Frye@scripps.com	
The E.W. Scripps Company	312 Walnut			
	Street			
	28th Floor			
	Cincinnati, OH			
	45202			
	United States			
David Giles	312 Walnut	+1 (513) 977-	Dave.Giles@scripps.	Legal
SVP, Deputy General Counsel, Chief	Street	3891	com	Representative
Ethics Officer	Cincinnati, OH			
The E.W. Scripps Company	45202			
	United States			

Children's Television Information

Section	Question	Response
Station Type	Station Type	Network Affiliation
	Affiliated network	ION
	Nielsen DMA	Philadelphia
	Web Home Page Address	https://iontelevision.com /stations

Digital Core Programming

Question	Response
Indicate which of the Core Programming safe harbor processing guidelines the station elected to utilize during the covered reporting period to demonstrate compliance with the Children's Television Act of 1990 (See 47 CFR Section 73.671(d))	Category A, Option 1: Three-hours per week (as averaged over a sixmonth period) of Core Programming
State the total number of hours of regularly scheduled weekly Core Programming broadcast per quarter by the station on its main program stream	Q1: 36.0 Q2: 39.0 Q3: 36.0 Q4: 32.0
State the total number of hours of regularly scheduled weekly Core Programming broadcast per quarter by the station on a multicast stream	Q1: 0.0 Q2: 0.0 Q3: 4.0 Q4: 9.0
Does the Licensee provide information identifying each Core Program aired on its station to publishers of program guides as required by 47 CFR Section 73.673?	Yes

Digital Core Programs(5)

Response
Science Max E/I (Ch. 66.1 - Fridays at 7am-8am / Jan. 1 to Sep. 2 and Dec. 2 to Dec. 31)
Yes
Yes
Regularly scheduled weekly program
78
Main Program Stream Q1:12.0, Q2:13.0, Q3:9.0, Q4:5.0 Multicast Stream Q1:0.0, Q2:0.0, Q3:0.0, Q4:0.0
No
30 minutes
12 and under
Yes

Digital Core Program (2 of 5)	Response
Title of Program	Science Max E/I (Ch. 66.1 - Saturdays at 6am-7am / Sep. 3 to Nov. 26)
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	26
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:0.0, Q2:0.0, Q3:4.0, Q4:9.0 Multicast Stream Q1:0.0, Q2:0.0, Q3:0.0, Q4:0.0
Were any regular scheduled weekly programs preempted	No

Length of Program	30 minutes
Age Range of Target Child Audience	12 and under
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Digital Core Program (3 of 5)	Response
Title of Program	Xploration: Animal Science E/I (Ch. 66.1 - Fridays at 8am-9am / Jan. 1 to Aug. 26 and Dec. 2 to Dec. 30)
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	78
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:12.0, Q2:13.0, Q3:9.0, Q4:5.0 Multicast Stream Q1:0.0, Q2:0.0, Q3:0.0, Q4:0.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes
Age Range of Target Child Audience	13-16
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Digital Core Program (4 of 5)	Response
Title of Program	Xploration: Animal Science (Ch. 66.6 - Saturdays at 6am-7am / Sep. 3 to Nov. 26)
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	26

State the number of hours the program was aired on the station's main program	Main Program Stream
stream and/or a multicast stream	Q1: 0.0,
	Q2: 0.0,
	Q3: 0.0,
	Q4: 0.0
	Multicast Stream
	Q1: 0.0,
	Q2: 0.0,
	Q3: 4.0,
	Q4: 9.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes
Age Range of Target Child Audience	13-16
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Digital Core Program (5 of 5)	Response
Title of Program	Xploration: Awesome Planet E/I (Ch. 66.1 - Fridays / Jan. 1 to Dec. 31)
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	104
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:12.0, Q2:13.0, Q3:14.0, Q4:13.0 Multicast Stream Q1:0.0, Q2:0.0, Q3:0.0, Q4:0.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes
Age Range of Target Child Audience	13-16
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Sponsored Core Programming (0)

Liaison Contact /Other Efforts

Question	Response
Name of children's programming liaison	Bianca Frye
Address	312 Walnut Street, 28th Floor
City	Cincinnati
State	ОН
Zip	45202
Telephone Number	(513) 977-3000
Email Address	Bianca.Frye@scripps.com

Certification

Question Response

The undersigned certifies that he or she is (a) the party filing the Children's Television Programming, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the Children's Television Programming; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the Children's Television Programming, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay.

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).

I certify that this application includes all required and relevant attachments.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

David
Giles
SVP,
Deputy
General
Counsel,
Chief
Ethics
Officer

Yes

01/27 /2023 **Attachments**

No Attachments.