



(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0009562380** | File Number: **0000133164** | Submit Date: **01/27/2021** | Call Sign: **WBME-CD** | Facility ID: **71422**
City: **MILWAUKEE** | State: **WI**
Service: **Digital Class A** | Purpose: **Children's TV Programming Report** | Status: **Received** | Status Date: **01/27/2021**
Filing Status: **Active**

Report reflects information for year 2020

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
CHANNEL 41 AND 63 LIMITED PARTNERSHIP Doing Business As: CHANNEL 41 AND 63 LIMITED PARTNERSHIP	Norman Shapiro 26 NORTH HALSTED ST. CHICAGO, IL 60661 United States	+1 (312) 705- 2600	NShaprio@wciu. com	Company

**Contact
Representatives
(2)**

Contact Name	Address	Phone	Email	Contact Type
Matthew S. DeINero , Esq . <i>Legal Representative</i> Covington & Burling LLP	One CityCenter, 850 Tenth Street, NW Washington, DC 20001 United States	+1 (202) 662- 5543	mdelnero@cov. com	Legal Representative
Louis R duTreil , Jr . <i>Technical Consultant</i> duTreil Lundin & Rackley Inc	3135 Southgate Circle Sarasota, FL 34239 United States	+1 (941) 329- 6004	bobjr@DLR.com	Technical Representative

**Children's
Television
Information**

Section	Question	Response
Station Type	Station Type	Independent
	Affiliated network	
	Nielsen DMA	Milwaukee
	Web Home Page Address	www.metvmilwaukee.com

**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 six-month 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: 39.0 Q2: 39.0 Q3: 39.0 Q4: 39.0
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: 0.0 Q4: 0.0
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(1)

Digital Core Program (1 of 1)	Response
Title of Program	SAVED BY THE BELL (41.1)
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	312
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:39.0, Q2:39.0, Q3:39.0, Q4:39.0 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	Mary Ninneman
Address	809 South 60th Street
City	Milwaukee
State	WI
Zip	53214
Telephone Number	(414) 607-8120
Email Address	mninneman@cbs58.com

Certification

Question	Response
<p>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.</p> <p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</p> <p>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.</p> <p>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).</p>	
<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Mary Ninneman <i>Executive Assistant</i></p> <p>01/27/2021</p>

Attachments

No Attachments.