

# Children's Television Programming Report

 FRN: 0005443965
 File Number: 0000134330
 Submit Date: 02/01/2021
 Call Sign: WSJN-CD
 Facility ID: 48239

 City:
 SAN JUAN
 State: PR

 Service:
 Digital Class A
 Purpose: Children's TV Programming Report
 Status: Received
 Status: Date: 02/01/2021

 Filing Status:
 Active

## **Report reflects information for year 2020**

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

### Applicant Name, Type, and Contact Information

## Applicant Information

Applicant	Address	Phone	Email	Applicant Type
Wanda Rolon LICENSEE Doing Business As: WANDA ROLON	WANDA ROLON PO Box 24 TOA ALTA, PR 00954 United States	+1 (787) 948- 2486	pastorawandarolon@yahoo. com	Individual

Contact Representatives (4)	Contact Name	Address	Phone	Email	Contact Type
	Keenan P Adamchak , Esq . Fletcher, Heald & Hildreth, PLC	1300 N 17th Street, Suite 1100 Arlington, VA 22209 United States	+1 (703) 812- 0400	mccormick@fhhlaw.com	Legal Representative
	FRANCISCO R MONTERO , ESQ <i>LEGAL REPRESENTATIVE</i> FLETCHER, HEALD & HILDRETH, P.L.C.	FRANCISCO R. MONTERO 1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0400	MONTERO@FHHLAW. COM	Legal Representative
	<b>GRAFTON OLIVERA , MR</b> <i>CONSULTING ENGINEER</i> GRAFTON OLIVERA, P.E.	GRAFTON OLIVERA 5119 60TH DRIVE E Bradenton, FL 34203 United States	+1 (941) 323- 0381	GRAFTON. OLIVERA@ME.COM	Technical Representative
	<b>JUAN G PADIN , P.E</b> JGP ENGINEERING GROUP CORP	JUAN PADIN PO Box 142755 ARECIBO, PR 00614 United States	+1 (787) 612- 4700	PADIN834@GMAIL. COM	Technical Representative

Children's Television Information	Section	Question	Response
	Station Type	Station Type	Network Affiliation
		Affiliated network	CTNI
		Nielsen DMA	NA
		Web Home Page Address	WWW.SBNNETWORK.ORG

Digital Core	Question	Response
Programming	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 Program (1 of 5)	Response
Title of Program	Praise Music Kids Video
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 schedule weekly program
Total Times Aired	13
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:6.5, Q2:6.5, Q3:6.5, Q4:6.5 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 Programs(5)

Digital Core Program (2 of 5)	Response
Title of Program	Dr Wonder Workshop
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	13
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:6.5, Q2:6.5, Q3:6.5, Q4:6.5 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	Club del Arca
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	13
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:13.0, Q2:13.0, Q3:13.0, 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	60 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
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Digital Core Program (4 of 5)	Response
Title of Program	Aventuras de Gorgui
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	13

State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:6.5, Q2:6.5, Q3:6.5, Q4:6.5 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 (5 of 5)	Response
Title of Program	Tu Historia Preferida
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	13
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:6.5, Q2:6.5, Q3:6.5, Q4:6.5 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

Sponsored Core Programming (0)

#### Liaison Contact /Other Efforts

Question	Response
Name of children's programming liaison	Omarys Velazquez
Address	PO Box 24
City	Toa Alta
State	PR
Zip	00954
Telephone Number	(787) 200-1950
Email Address	omarysvelazquez@hotmail.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. <b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b> 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 17, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).	
	I certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	WANDA ROLON LICENSEE
		02/01 /2021

Attachments No Attachments.