

# FCC 388

## DTV Consumer Education Quarterly Activity Report

### Instructions

This form should be used to provide the Federal Communications Commission (FCC) with information pertaining to all station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcements (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed in Docket Number 07-148 as Document Type: REPORT, and placed in the station's Public Inspection File. This form must continue to be filed for each quarter in which a station has DTV Transition education obligations.

- Go to the ECFS upload page: [http://fjallfoss.fcc.gov/prod/ecfs/upload\\_v2.cgi](http://fjallfoss.fcc.gov/prod/ecfs/upload_v2.cgi)
- Fill out the relevant cover sheet information.
- In the "Send Comment Files to FCC (Attachments)" section click the "Browse" button to choose the file you want to attach. (Or the first file if you have multiple files to attach)
- Click on the "Select one of these file types or convert your file to one of these types:" dropdown to choose the type of file that was attached.
- Click "Send Attached File to FCC"
- If you only had one file to attach click "Finish Transaction and Receive Confirmation".
- If you have another file to attach, click on the "Enter Additional Attachments"

Station Call Sign(s)

KOZJ

Report reflects information for quarter ending (mm/dd/yy)

03/31/2008

Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?

- Option One (A and D)
  Option Two (B and D)
  Option Three (C and D)

Over the past quarter, have you fully complied with the requirements of this option?

- Yes
  No

### Simulcasting

Are you simulcasting on your Analog channel and your primary Digital stream?

- Yes
  No

If **YES**, complete only one form for both. If **NO**, complete a form for your Analog channel and a second for your primary Digital stream

Call Sign  KOZJ	Channel Numbers		Community of License			
	Analog	26 <input checked="" type="checkbox"/>	City	State	County	Zip Code
	Digital	25 <input checked="" type="checkbox"/>	Joplin	MO	Jasper	64801
Licensee Board of Governors of Missouri State University						
Above, circle the Channel Number(s) to which this form applies.			Nielsen DMA Joplin-Pittsburg	World Wide Web Home Page Address www.optv.org		
Facility ID Number 51101	Previous Call Sign (if applicable)		License Renewal Expiration Date (mm/dd/yy) 02/01/2014			

**Section A (For broadcasters electing Option One)**

Stations that elect Option One must place a copy of this form on the station's public website, if such exists.

On its analog channel, and its primary digital stream, a station must air one transition PSA, and run one transition crawl, in every quarter of every day. This requirement will increase to two PSAs and crawls per quarter per day on April 1, 2008, and to three of each on October 1, 2008. Stations are required to air PSAs or crawls at various times in any given day part, and at least one PSA and one crawl per day must be run during primetime hours. On-air education must not contain inaccurate or misleading statements and must be provided in the same language as a majority of the programming carried by the station. PSAs must be at least 15 seconds, and closed-captioned. Crawls must run during programming for no fewer than 60 consecutive seconds across the bottom or top of the viewing area (See rules for additional details).

Have you aired a sufficient number of eligible PSAs (28, 56, or 84 per week, depending on the reporting period) during the correct quarters of the day?

Yes       No

Have you aired a sufficient number of eligible crawls (28, 56, or 84 per week, depending on the reporting period) during the correct quarters of the day?

Yes       No

**Section B (For broadcasters electing Option Two)**

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m.. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

**Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter**

How many DTV PSAs and CSTs did your station run between 5:00 a.m. and 1:00 a.m. last quarter?

Total 5:00 a.m. to 1:00 a.m. PSAs

Total 5:00 a.m. to 1:00 a.m. CSTs

For informational purposes only, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to 9:00 a.m.?

Total 6:00 a.m. to 9:00 a.m. PSAs

Total 6:00 a.m. to 9:00 a.m. CSTs

For stations located in the Eastern or Pacific Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?

Total 6:00 p.m. to 11:35 p.m. PSAs

Total 6:00 p.m. to 11:35 p.m. CSTs

For stations located in the Central or Mountain Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 5:00 p.m. to 10:35 p.m.(must average at least 4 per week)?

Total 5:00 p.m. to 10:35 p.m. PSAs

Total 5:00 p.m. to 10:35 p.m. CSTs

Comments (add additional sheets where necessary):

**30 Minute Educational Programs – Last Quarter**

How many 30 minute, DTV-related informational programs did your station run during the quarter? At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009.

Total number of 30 Minute Informational Programs

Comments (add additional sheets where necessary):

**100-Day Countdown Eligible Pieces – Last Quarter**

Beginning on November 10, 2008, all stations participating in Option Two will engage in special 100-Day “Countdown to DTV” activities. Stations must execute a minimum of one “Countdown to DTV” on-air activity per day during the 100 days leading up to February 17, 2009. During the last quarter, how many of each eligible 100-Day “Countdown to DTV” pieces did your station run?

*Graphic Displays*

\_\_\_\_\_

*Animated Graphics*

\_\_\_\_\_

*Graphic and Audio Displays*

\_\_\_\_\_

*Longer Form Reminders*

\_\_\_\_\_

Comments (add additional sheets where necessary):



**Section D (For all broadcasters)**

**Additional DTV On-air Initiatives – Last Quarter**

Did your station run additional on-air initiatives (such as news reports, town hall meetings, etc.) during the quarter? The comment box may be used to describe these initiatives.

Yes  No

Comments (add additional sheets where necessary):

**Station Website Additional Activity Related to the DTV Transition – Last Quarter**

Does your station have a Website?  Yes  No

If YES, did your station provide additional DTV related information or activities on that Website? The comment box may be used to describe what was posted on the station's Website.

Yes  No

Comments (add additional sheets where necessary):

The station's home page provided links to the PBS Digital Television site and the dtv2009.gov website regarding details of the converter box program.

The station's home page provided links to the PBS Digital Television site and the dtv2009.gov website regarding details of the converter box program.

**Additional DTV Outreach Efforts -- Last Quarter**

Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity.

Speaking Engagements

Comments (add additional sheets where necessary):

Community Events

Comments (add additional sheets where necessary):

Other (describe)

Comments (add additional sheets where necessary):

**This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.**

Comments (add additional sheets where necessary):

## STATION CERTIFICATION

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Typed or Printed Name of Person Signing James Baker	Typed or Printed Title of Person Signing Vice President, Missouri State University
Signature <input checked="" type="checkbox"/>	Date 4-7-2008

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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