

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-1115 (February 2009)	FOR FCC USE ONLY
<b>FCC 388</b> <b>DTV Quarterly Activity Station Report</b>		FOR COMMISSION USE ONLY FILE NO. BDERET-20090407AHP

Licensee SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT			
Call Sign KCSM-TV	Facility Id 58912	Previous Call Sign (if applicable)	
Community of License			
City SAN MATEO	State CA	County SAN MATEO	Zip Code 94402 -
Nielsen DMA SAN FRANCISCO-OAK-SAN JOSE	World Wide Web Home Page Address WWW.KCSM.ORG	Licensee Renewal Expiration Date (mm/dd/yyyy) 12/01/2006	

Channel Numbers: (Check the Channel Number(s) to which this form applies.)		
<input checked="" type="checkbox"/> Analog	60	
<input checked="" type="checkbox"/> Digital	43	

Report reflects information for quarter ending: 03/31/2009	
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)? <input type="radio"/> Option One (A and D) <input type="radio"/> Option Two (B and D) <input checked="" type="radio"/> Option Three (C and D)	
Over the past quarter, have you fully complied with the requirements of this option?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>Simulcasting:</b>	
Are you simulcasting on your Analog channel and your primary Digital stream?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>Application Purpose:</b>	
<input checked="" type="radio"/> DTV Education Report	
<input type="radio"/> Amendment	File Number -

If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.

### Section C (For Noncommercial broadcasters only)

On its analog channel, and its primary digital stream, a station must air 60 seconds per day of on-air consumer education, in variable timeslots, including at least 7.5 minutes per month between 6 pm and 12 am. Beginning May 1, 2008, this requirement doubles, and beginning November 1, 2008, it increases again, to 180 seconds per day and 22.5 minutes per month between 6 pm and midnight. It must also run one 30 minute transition education piece once (See rules for additional details).

Have you aired a sufficient amount of consumer education (60, 120, or 180 seconds per day, depending on the date) during each day this quarter?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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#### 30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related informational programs did your station run during the quarter? The comment box may be used to describe this activity. At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to June 12, 2009.

Total number of 30 Minute Informational Programs	3
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## Comments:

THE 30-MINUTE PROGRAM, THE ABCS OF DTV, AIRED ON THE FOLLOWING DATES:

01/12 @ 1700

01/15 @ 1200

01/16 @ 1630

**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:

THE FOLLOWING ANALOG SHUTDOWN SPOTS AIRED ONLY ON THE ANALOG CHANNEL DURING THE LOCAL COORDINATED "SOFT SHUTDOWNS:"

01/12 @ 11:59:05 TRT 00:01:02.

03/27 @ 06:30:00 TRT 00:02:00

**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:

LINKS TO THE FOLLOWING SITES:

WWW.DTV2009.GOV

DTVANSWERS.COM

WWW.DTV.GOV

EMAIL LINK TO KCSM ENGINEERING DEPARTMENT

**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:

Community Events

## Comments:

Other (describe)

## Comments:

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

## Comments:

**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	Typed or Printed Title of Person Signing DIRECTOR OF ENGINEERING
Signature MICHELE I. MULLER	Date (mm/dd/yyyy) 04/07/2009

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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# **Federal Communications Commission**

**FCC MB - CDBS Electronic Filing**  
**Account number: 248779**

**Description: KCSM APRIL 2009 DTV EDUCATION REPORT**  
**Application Reference Number: 20090407AHP**  
**Successfully filed at Apr 7 2009 4:51PM**

**Based on the information supplied, no fee is required.**

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