

**SERVICE AREA 5 CABLE LLC  
EEO PUBLIC FILE REPORT  
September 1, 2017-August 31, 2018**

Reporting period: September 1, 2017-August 31, 2018

Number of new full time employees: 0

Small Market Exemption: Yes

During the Reporting Period, a total of 0 full-time positions were filled. The information required by FCC Rule .2080(c)(6) is provided in the information that follows.

**OUTREACH INITIATIVES**

The reporting unit engaged in the following outreach initiatives in accordance with various elements of FCC Rule .2080(c)(2):

Establishment of training programs designed to enable unit personnel to acquire skills that could qualify them for higher level positions

Members of the customer service department participated in training on package pricing and upgrading customers to higher levels of service. This training will give the customer service representatives the tools they need to sell more products which in turn will earn them higher commissions. Also with higher sales they may qualify for a higher level position.

The company continued its training program for installers and service technicians that allows them to train with line technicians. This training makes technicians eligible to qualify for a higher level of competency.

Provision of training to management

A training session on Federal EEO Policies was held for all Service Area 5 Cable LLC managers. State and Federal EEO policies in regards to new hires and promoting current employees were presented and discussed. There was also a presentation on how to ensure the workplace and interview process are free from unlawful discrimination and harassment.

Service Area 5 Cable LLC Employment Interview Guidelines document was presented and discussed at this training session.

Federal Communications Commission Washington, D.C. 20554  <b>FCC 396-C</b>	OMB 3060-1033 September 2003	FOR FCC USE ONLY
<b>Multi-Channel Video Program Distributor EEO                  Program Annual Report</b>  Read <u>INSTRUCTIONS</u> Before Filling Out Form		FOR COMMISSION USE ONLY FILE NO. - 20180919AAF

**SECTION I IDENTIFYING INFORMATION**

A. Name of Operator:  
 SERVICE AREA 5 CABLE LLC

MSO Name:

B. Employment Unit's Mailing Address  
 57 EVERETT STREET

City WARREN	State RI	Zip Code 02885-
----------------	-------------	--------------------

FCC Registration Number:  
 0026946046

Emp. Unit ID # 7861

**Application Purpose**  
 New Program Report  
 Amendment to Program Report

Supplemental Investigation Sheet (SIS) Attached

C. County and State in which unit's employment office is located  
 BRISTOL, RI

D. Category of Respondent (check applicable box)

Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V  
 Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached

E. Pay Period Covered by this Report (inclusive dates) 09/01/2017-08/31/2018

F. Attachments: (See "Exhibit" buttons, below.)

**SECTION II COMMUNITY INFORMATION**

System Communities Comprising Local Employment Unit			
Ident No.	Name of Community	Location (State)	Type

Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE OPERATORS AND NOT TO OTHER MVPD UNITS.

Exhibit 1

Menu

**SECTION III EEO POLICY AND PROGRAM REQUIREMENTS**

Check YES or NO to each of the following questions. If answer to any question below is NO, attach as Exhibit B an explanation.

Exhibit 2

1.	Have you complied with the outreach provisions of the FCC's MPVD Equal Employment Opportunity Rule, 47 C.F.R. Section 76.75(b), during the twelve month period prior to filing this form?	<input checked="" type="radio"/> Yes <input type="radio"/> No
2.	Do you disseminate widely your EEO Program to job applicants, employees, and those with whom you regularly do business?	<input checked="" type="radio"/> Yes <input type="radio"/> No
3.	Do you contact organizations, media, educational institutions, and other potential sources of applicants for referrals whenever job vacancies are available in your organization?	<input checked="" type="radio"/> Yes <input type="radio"/> No
4.	Do you undertake to offer promotions to positions of greater responsibility in a nondiscriminatory manner?	<input checked="" type="radio"/> Yes <input type="radio"/> No
5.	To the extent possible, do you seek out entrepreneurs in a nondiscriminatory manner and encourage them to conduct business with all parts of your organization?	<input checked="" type="radio"/> Yes <input type="radio"/> No
6.	Do you analyze the results of your efforts to recruit, hire, promote, and use services in a nondiscriminatory manner and use these results to evaluate and improve your EEO program?	<input checked="" type="radio"/> Yes <input type="radio"/> No
7.	Do you define the responsibility of each level of management to ensure a positive application and vigorous enforcement of your policy of equal employment opportunity and maintain a procedure to review and control managerial and supervisory performance?	<input checked="" type="radio"/> Yes <input type="radio"/> No
8.	Do you conduct a continuing program to exclude every form of prejudice or discrimination based upon race, color, religion, national origin, age, or sex from your personnel policies and practices and working conditions?	<input checked="" type="radio"/> Yes <input type="radio"/> No
9.	Do you conduct a continuing review of job structure and employment practices and maintain positive recruitment training, job design, and other measures needed to ensure genuine equality of opportunity to participate fully in all organizational units, occupations, and levels of responsibility?	<input checked="" type="radio"/> Yes <input type="radio"/> No

**SECTION IV ADDITIONAL INFORMATION**

You may provide as Exhibit C any additional information that you believe might be useful in evaluating your efforts to comply with the Commission's EEO provisions. There is no requirement to provide additional data or information.

Exhibit 3

Menu

**SECTION V CERTIFICATION**

This report must be certified as follows:

- A. By the individual owning the reporting system if individually owned;
- B. By a partner, if a partnership; or
- C. By an officer, if a corporation or association.

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Title CONTROLLER
Date 9/19/2018	Name of Respondent JANET ANN UNNAGST
Telephone No. (include area code) 4012472250	

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).

Menu