

PSO. Accordingly, The Connecticut Hospital Association Federal Patient Safety Organization was delisted effective at 12:00 Midnight ET (2400) on December 1, 2012.

More information on PSOs can be obtained through AHRQ's PSO Web site at <http://www.pso.AHRQ.gov/index.html>.

Dated: January 17, 2013.

**Carolyn M. Clancy,**  
Director.

[FR Doc. 2013-01919 Filed 1-30-13; 8:45 am]

**BILLING CODE 4160-90-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Healthcare Research and Quality**

**Patient Safety Organizations: Voluntary Relinquishment From Ryder Trauma Center**

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), HHS.

**ACTION:** Notice of delisting.

**SUMMARY:** The Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act), Public Law 109-41, 42 U.S.C. 299b-21—b-26, provides for the formation of Patient Safety Organizations (PSOs), which collect, aggregate, and analyze confidential information regarding the quality and safety of health care delivery. The Patient Safety and Quality Improvement Final Rule (Patient Safety Rule), 42 CFR Part 3, authorizes AHRQ, on behalf of the Secretary of HHS, to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” by the Secretary if it is found no longer to meet the requirements of the Patient Safety Act and Patient Safety Rule, or when a PSO chooses to voluntarily relinquish its status as a PSO for any reason. AHRQ has accepted a notification of voluntary relinquishment from Ryder Trauma Center of its status

as a PSO, and has delisted the PSO accordingly.

**DATES:** The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. The delisting was effective at 12:00 Midnight ET (2400) on November 20, 2012.

**ADDRESSES:** Both directories can be accessed electronically at the following HHS Web site: <http://www.pso.AHRQ.gov/index.html>.

**FOR FURTHER INFORMATION CONTACT:** Eileen Hogan, Center for Quality Improvement and Patient Safety, AHRQ, 540 Gaither Road, Rockville, MD 20850; Telephone (toll free): (866) 403-3697; Telephone (local): (301) 427-1111; TTY (toll free): (866) 438-7231; TTY (local): (301) 427-1130; Email: [psa@AHRQ.hhs.gov](mailto:psa@AHRQ.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Background**

The Patient Safety Act authorizes the listing of PSOs, which are entities or component organizations whose mission and primary activity is to conduct activities to improve patient safety and the quality of health care delivery.

HHS issued the Patient Safety Rule to implement the Patient Safety Act. AHRQ administers the provisions of the Patient Safety Act and Patient Safety Rule (PDF file, 450 KB. PDF Help) relating to the listing and operation of PSOs.

The Patient Safety Rule authorizes AHRQ to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” if it is found no longer to meet the requirements of the Patient Safety Act and Patient Safety Rule, or when a PSO chooses to voluntarily relinquish its status as a PSO for any reason. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of federally approved PSOs.

AHRQ has accepted a notification from Ryder Trauma Center, PSO number P0019, which is a component entity of

Jackson Memorial Hospital, to voluntarily relinquish its status as a PSO. Accordingly, Ryder Trauma Center was delisted effective at 12:00 Midnight ET (2400) on November 20, 2012.

More information on PSOs can be obtained through AHRQ's PSO Web site at <http://www.pso.AHRQ.gov/index.html>.

Dated: January 17, 2013.

**Carolyn M. Clancy,**  
Director.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Child Care and Development Fund Annual Financial Report (ACF-696T) for Tribes.

*OMB No.:* 0970-0195.

*Description:* Tribes use the Financial Report Form ACF-696T to report Child Care and Development Fund (CCDF) expenditures. Authority to collect and report this information is found in Section 658G of the Child Care and Development Block Grant Act of 1990, as revised. In addition to the Program Reporting Requirements set forth in 45 CFR part 98, subpart H, the regulations at 45 CFR 98.65(g) and 98.67(c)(1) authorize the Secretary to require financial reports as necessary.

Tribal grantees submit the ACF-696T report on an annual basis on behalf of the Tribal Lead Agency administering the Child Care and Development Fund (CCDF).

The previous information collection requirements related to the American Recovery and Reinvestment Act (ARRA) of 2009 (Pub. L. 111-5) have been deleted from this reporting form.

*Respondents:* Tribes and Tribal Organizations that are CCDF grantees.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Estimated average burden hours per response	Estimated total burden hours
ACF-696T CCDF Financial Reporting Form for Tribes .....	260	1	6	1560

*Estimated Total Annual Burden Hours:* 1560.

*Additional Information:* Copies of the proposed collection may be obtained by

writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370

L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be