

Description—which defines adverse events of interest in the retail pharmacy setting—is available. Other elements of the Common Formats, including aggregate reports and technical specifications, will be developed following revision of the Common Formats for Retail Pharmacy based on public comment and NQF advice. Information on how to comment and provide feedback on the Common Formats for Retail Pharmacy is available at the NQF Web site: [http://www.qualityforum.org/Project\\_Pages/Common\\_Formats\\_for\\_Patient\\_Safety\\_Data.aspx](http://www.qualityforum.org/Project_Pages/Common_Formats_for_Patient_Safety_Data.aspx).

#### Commenting on HAI Module for Common Formats for Surveillance

Common Formats addressing all QSRs modules—except for those for HAIs—were made available for public comment in 2014. During the intervening time, AHRQ was able to consult with CDC in order to refine the HAI module. When integrated with the remaining modules of QSRs, the HAI module will allow completion of the first version of QSRs.

The Agency is specifically interested in obtaining feedback from both the private and public sectors on the HAI module for Common Formats for Surveillance. Only the Event Description—which defines six HAI adverse events of interest—is available. Based on public comment and NQF advice, AHRQ will finalize this module,

which will be incorporated into QSRs software. Information on how to comment and provide feedback on the HAI module is available at the NQF Web site: [http://www.qualityforum.org/Project\\_Pages/Common\\_Formats\\_for\\_Patient\\_Safety\\_Data.aspx](http://www.qualityforum.org/Project_Pages/Common_Formats_for_Patient_Safety_Data.aspx).

AHRQ appreciates the time and effort individuals invest in providing comments. The Agency will review and consider all feedback received to help guide the development of a revised version. The process for updating and refining the formats will continue to be an iterative one.

Future versions of the Common Formats are planned to be developed for additional ambulatory settings, such as ambulatory surgery centers and physician and practitioner offices. More information on the Common Formats can be obtained through AHRQ's PSO Web site: <http://www.pso.ahrq.gov/>.

**Sharon B. Arnold,**

*AHRQ Deputy Director.*

[FR Doc. 2015–25364 Filed 10–5–15; 8:45 am]

**BILLING CODE 4160–90–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Submission for OMB Review; Comment Request

*Title:* National Youth in Transition Database and Youth Outcome Survey.  
*OMB No.:* 0970–0340.

*Description:* The Foster Care Independence Act of 1999 (42 U.S.C. 1305 *et seq.*) as amended by Public Law 106–169 requires State child welfare agencies to collect and report to the Administration on Children and Families (ACF) data on the characteristics of youth receiving independent living services and information regarding their outcomes. The regulation implementing the National Youth in Transition Database, listed in 45 CFR 1356.80, contains standard data collection and reporting requirements for States to meet the law's requirements. ACF will use the information collected under the regulation to track independent living services, assess the collective outcomes of youth, and potentially to evaluate State performance with regard to those outcomes consistent with the law's mandate.

*Respondents:* State agencies that administer the John H. Chafee Foster Care Independence Program.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Youth Outcome Survey .....	20,667	1	0.50	10,334
Data File .....	52	2	1,849	192,296

*Estimated Total Annual Burden Hours:* 202,630

#### 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 identified by the title of the information collection. Email address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

#### OMB Comment

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment

is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202–395–7285, Email: [OIRA\\_SUBMISSION@OMB.EOP.GOV](mailto:OIRA_SUBMISSION@OMB.EOP.GOV), Attn: Desk Officer for the Administration for Children and Families.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 2015–25370 Filed 10–5–15; 8:45 am]

**BILLING CODE 4184–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA–2015–D–3378]

#### Acceptability of Draft Labeling To Support Abbreviated New Drug Application Approval; Guidance for Industry; Availability

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA or Agency) is announcing the availability of a guidance for industry entitled “Acceptability of Draft Labeling to Support ANDA Approval.”