

# PSB-CY Information System Incident Intake Screenshots



Provided by MCA to OMB  
for OMB number renewal  
Dec 2024

**ALL DATA REFLECTED IS FICTITIOUS FOR SYSTEM  
DEVELOPMENT, TESTING, AND DEMONSTRATION  
PURPOSES ONLY.**

**Not for distribution**

# Warning & Consent Banner



## USG Warning and Consent Banner

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OMB CONTROL NUMBER: 0704-0620  
OMB EXPIRATION DATE: 01/31/2025

### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0620, is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod](mailto:whs.mc-alex.esd.mbx.dd-dod).

# Add Incident

UNCLASSIFIED



PSB-CY

CAUTION: TEST DATA ONLY

Whittaker, Angela M  
Role: Global System Admin  
Last Login: 12/12/2024, 1:24 PM

- Home
- Dashboard
- Incidents**
- Cases
- MCIO Cases
- Youth Records
- Parent Demographics
- Reports
- File Upload
- Search
- Admin
- FAP Resource Center
- Quick Actions
  - Add Incident**
  - Help Center

## Incidents

### Incident List

+ Add Incident

Created Date:	Assigned:	Incident Date:	Subject to LEI:	Status:	Service:	Installation:
12/12/2024	Unassigned	12/12/2024	No	New	US Navy	NAS Jacksonville
I000224	Referral Source: Community Member - Active Duty Family Member/Depe...	Location of Incident: Home / Other than Immediate Family or...	Children: 2	Cautionary		
12/12/2024	Unassigned	2/2024	Yes	New	Demonstration	Demo Installation A
I000211	Referral Source: Child & Youth Serving Orgs - Installation MWR Program (...)	Location of Incident: Camp	Children: 1	Normative		
12/5/2024	Unassigned	12/5/2024	No	New	US Army	Anniston Army Depot
I000210	Referral Source: Child & Youth Serving Orgs - Installation MWR Program (...)	Location of Incident:	Children: 1	Cautionary		
12/5/2024	Unassigned	12/5/2024	No	New	US Army	Aberdeen Proving Ground
I000209	Referral Source: Child & Youth Serving Orgs - Home Based Child Care	Location of Incident:	Children: 1	Problematic		
11/20/2024	Unassigned	3/2022	Yes	New	Demonstration	Demo Installation C
I000208	Referral Source: Child & Youth Serving Orgs - DoDEA	Location of Incident: Camp	Children: 1	Problematic		

Items per page: 5 1 - 5 of 205

# Start Intake

UNCLASSIFIED



Incidents > New Incident

Start Intake

Involved Children

Incident Details

Incident Source

Summary

## Start Incident Intake

Please enter the required information to start the data collection process for this incident.

Approximate Date

No

Date Incident Occurred\*



Incident Category\*



Categorize incident level as Normative, Cautionary, Problematic, or To Be Determined

Service\*



Please select the Service associated with this Incident

\* Required Fields

Cancel

> Continue



# Start Intake – Date

## Edit Incident

Incidents > New Incident

Start Intake

Involved Children

Incident Details

Incident Source

Summary

### Start Incident Intake

Please enter the required information to start the data collection process for this incident.

Approximate Date

No

Date Incident Occurred\*



DEC 2024 < >

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

▼

y, Problematic, or To Be Determined

▼

\* Required Fields

Cancel

Continue

**NOTE:**  
 All date fields  
 throughout the  
 PSB-CY  
 System use the  
 same format.



# Start Intake – Incident Category

Incidents > New Incident

Start Intake

Involved Children

Incident Details

Incident Source

Summary

## Start Incident Intake

Please enter the required information to start the data collection process for this incident.

Approximate Date

No

Date Incident Occurred\*

12/12/2024



Incident Category\*

- Normative
- Cautionary
- Problematic
- To Be Determined

\* Required Fields

Cancel

Continue



# Start Intake – Service

Incidents > New Incident

Start Intake

Involved Children

Incident Details

Incident Source

Summary

## Start Incident Intake

Please enter the required information to start the data collection process for this incident.

Approximate Date

No

Date Incident Occurred\*

12/12/2024



Incident Category\*

Cautionary

Categorize incident level as Normative, Cautionary, Problematic, or To Be Determined

Service\*

- Demonstration
- US Air Force
- US Army
- US Marine Corps
- US Navy

Cancel

Continue

\* Required Fields



# Start Intake – Region

Incidents > New Incident

Start Intake

Involved Children

Incident Details

Incident Source

Summary

## Start Incident Intake

Please enter the required information to start the data collection process for this incident.

Approximate Date  No

Date Incident Occurred\* 12/12/2024

Incident Category\* Cautionary

Categorize incident level as Normative, Cautionary, Problematic, or To Be Determined Service\* US Navy

Please select the Service associated with this Incident Region\*  
N00171 – NDW (Naval District Washington)  
N00242 – CNRSW (Southwest)  
N09697 – CNRSE (Southeast)  
N3049B – EURAFCENT (Europe, Africa, Southwest Asia)  
N61075 - CNR Korea  
N61076 – CNRJ (Japan)

Cancel

Continue

\* Required Fields



# Start Intake – Installation



Incidents > New Incident

Start Intake

Involved Children

Incident Details

Incident Source

Summary

## Start Incident Intake

Please enter the required information to start the data collection process for this incident.

Approximate Date  No

Date Incident Occurred\*

- NAS Corpus Christi
- NAS Jacksonville
- NAS Key West
- NAS Kingsville
- NAS Meridian
- NAS Pensacola

**This field is required**

\* Required Fields

Cancel Continue

# Start Intake – Installation



Incidents > New Incident

Start Intake

Involved Children

Incident Details

Incident Source

Summary

## Start Incident Intake

Please enter the required information to start the data collection process for this incident.

Approximate Date  No

Date Incident Occurred\* 12/12/2024

Incident Category\* Cautionary

Categorize incident level as Normative, Cautionary, Problematic, or To Be Determined Service\* US Navy

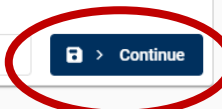
Please select the Service associated with this Incident Region\* N09697 – CNRSE (Southeast)

Please select the Region associated with this Incident Installation\* NAS Jacksonville

Please select the Installation associated with this Incident

\* Required Fields

Cancel





# Involved Children

Incidents > New Incident

Start Intake

Involved Children

Incident Details

Incident Source

Summary

## Involved Children

Cautionary

Only provide information on children actually involved in the incident. Children cannot be deleted from the system. Enter the number of children involved in the incident. Next use the "Lookup Child" field to enter the Name, SSN, or DOD ID to determine if the child is already in the PSB-CY database. If they are shown in the list, select them to verify they are the child you are looking for. If they are not found in the database, then click "Add New Child" to create a record for them.

Number of children Involved\*  
1

Number of children Involved

Lookup Child...  
test

Or Add New Child

- Hello Testing - 5/5/2022
- Test testtest - 1/1/2005
- Red Ford - 1/1/2010
- Test incident incident - 2/17/2023
- Joe Test - 444-55-6666

Jane Test

Age At Incident: 5	Sex: Female	Involvement: Exhibiting	Education Support Plan: Unknown
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< Previous \* Required Fields

Save as Draft Continue

# Involved Children

UNCLASSIFIED



incident. Children cannot be deleted from the system. Enter the number of children involved in the incident. Next use the "Look  
ey are shown in the list, select them to verify they are the child you are looking for. If they are not found in the database, then c

Number of children Involved\*  
1

Number of children Involved

Lookup Child...  
test



Age At Incident:	Sex:	Involver
5	Female	Exhibitin

## Add New Child

### Name

First Name\*  
John

Middle Name

Last Name\*  
Test

Suffix

- I
- II
- III
- IV
- Jr
- Sr

### Address Information

Street

City

Country

### Demographics

Date of Birth\*  
1/1/2017

Sex\*  
Male

### Identification

Type\*  
SSN

SSN

Beneficiary  Yes

### Related Persons

Lookup Sponsor, Parent or Guardian...

Lookup or Enter the name of the sponsor, parent or guardian, by phone number, DoD ID, or name

Name      Employment Status      Relationship To Child \*

+ Add New Person

\* Required Fields

Cancel

Add Child

UNCLASSIFIED



# Involved Children

**Add New Child**

**Name**

First Name\*  Middle Name

Last Name\*  Suffix

**Demographics**

Date of Birth\*

Sex\*

- Female
- Male**
- Other
- Unknown

**Address Information**

Street

City  State  Zip

Country

**Related Persons**

Lookup or Enter the name of the sponsor, parent or guardian, by phone number, DoD ID, or name

Name	Employment Status	Relationship To Child *
<a href="#">+ Add New Person</a>		

\* Required Fields



# Involved Children

### Add New Child

**Name**

First Name\*  Middle Name

Last Name\*  Suffix

**Demographics**

Date of Birth\*

Sex\*

**Address Information**

Street

City  State  Zip

Country

**Identification**

Type\*

SSN

**DoD ID** ✓

None - SSN/DoD ID not available

None - Child is a non-eligible beneficiary

**Related Persons**

Lookup Sponsor, Parent or Guardian...

Lookup or Enter the name of the sponsor, parent or guardian, by phone number, DoD ID, or name

Name	Employment Status	Relationship To Child *
<input type="button" value="+ Add New Person"/>		

\* Required Fields



# Involved Children

### Add New Child

**Name**

First Name\*  Middle Name

Last Name\*  Suffix

**Demographics**

Date of Birth\*

Sex\*

**Address Information**

Street

City  State  Zip

Country

**Identification**

Type\*

DOD-ID\*

Beneficiary  Yes

**Related Persons**

Lookup or Enter the name of the sponsor, parent or guardian, by phone number, DoD ID, or name

Name	Employment Status	Relationship To Child *
<b>+ Add New Person</b>		

\* Required Fields

# Involved Children



## Add New Person

### Name

Prefix  
Mr

First Name\*  
Ted

Middle Name

Last Name\*  
Test

Suffix

### Demographics

Date of Birth\*  
1/1/1992

Sex\*  
Male

### Address Information

Same as Child's Address

Street

City

State

Zip

Country

### Identification

DOD-ID  
9876543210

If this person is the Child's Sponsor then DOD-ID is required

### Employment Status

Employment Status\*

DoD Civilian

Other

Uniformed Service Member

### Contact Information

Phone Number

Type

Preferred +

Email Address



# Involved Children

UNCLASSIFIED



## Address Information

Same as Child's Address

## Contact Information

Preferred +

\* Required Fields

## Identification

If this person is the Child's Sponsor then DOD-ID is required

## Employment Status

## Uniform Service Member Information

- U.S. Naval Forces Central Command
- U.S. Naval Forces Europe- Naval Forces Africa
- U.S. Naval Forces Southern Command
- U.S. Naval Forces Special Warfare Command
- U.S. Navy Reserve
- U.S. Pacific Fleet

Cancel

Add Person

UNCLASSIFIED

# Involved Children

UNCLASSIFIED



**Address Information**

Same as Child's Address

Street

City State Zip

Country

**Contact Information**

Phone Number Type  Preferred +

Email Address

**Identification**

DOD-ID  
9876543210  
If this person is the Child's Sponsor then DOD-ID is required

**Employment Status**

Employment Status\*  
Uniformed Service Member

**Uniform Service Member Information**

Service\*  
US Navy

Command  
U.S. Naval Forces Southern Command

Rank

- E-1 / Seaman Recruit (SR)
- E-2 / Seaman Apprentice (SA)
- E-3 / Seaman (SN)
- E-4 / Petty Officer Third Class (P03)
- E-5 / Petty Officer Second Class (P02)
- E-6 / Petty Officer First Class (P01)

\* Required Fields

Cancel Add Person

# Involved Children

UNCLASSIFIED



## Add New Child

### Name

First Name\*

Middle Name

Last Name\*

Suffix

### Demographics

Date of Birth\*

Sex\*

### Address Information

Street

City

State

Zip

Country

### Identification

Type\*

DOD-ID\*

Beneficiary  Yes

### Related Persons

Lookup Sponsor, Parent or Guardian...

Lookup or Enter the name of the sponsor, parent or guardian name

Name	Employment Status
Ted Test	Uniformed Service Member

- Guardian
- Other
- Parent
- Sponsor

+ Add New Person

\* Required Fields

Cancel

Add Child



# Incident Details

Incidents > View Incident: I000224 > Edit Incident: I000224

Start Intake | Involved Children | **Incident Details** | Incident Source | Summary

## Incident Details

Cautionary

I000224

Please describe the Incident in as much detail as possible in the fields below.

- High Interest  No
- On/Off Installation  Off
- Incident subject to law enforcement investigation?  No

Incident Location

Choose the general location category where the incident occurred

Description of Behavior\*

Initial Safety Steps Taken\*

### Initial Incident Report Received

Initial Incident Report Received by

Date the Initial Incident Report was Received

Enter the date the Incident was first reported to the receiving office or person

### Initial Incident Report Assigned to

Assigned To

### Attachments

+ Attachment

No Attachments

< Previous

\* Required Fields

Save as Draft

> Continue



# Incident Details

Incidents > View Incident: I000224 > Edit Incident: I000224

Start Intake → Involved Children → **Incident**

## Incident Details

Please describe the Incident in as much detail as possible in the fields below.

High Interest  No

On/Off Installation  Off

Incident subject to law enforcement investigation?  No

Incident Location

- Bus Station
- Camp
- Child Development Center
- Construction Site
- Convenience Store / Supermarket
- Field / Woods

Incident Location

- Home / Other than Immediate Family or Caregiver
- Home / Immediate Family or Caregiver
- Home / Other than Immediate Family or Caregiver ✓
- Other / Unknown
- Playground / Park
- Recreational Facility
- Religious Facility

Incident Location

- Home / Other than Immediate Family or Caregiver
- Road / Alley / Street
- School
- School Bus
- School-Age Care Program
- Youth Program Facility
- Youth Program Sponsored Event/Activity



# Incident Details

**Add Attachment**

Clinical  No ⚠️ This attachment will be visible for non-clinical personnel.

Add Attachment

Attach supporting documentation related to the Incident (.pdf, .jpg, .jpeg or .png)

Description

**Add Attachment**

Clinical  Yes ℹ️ This attachment will be visible for clinical personnel only.

Add Attachment

Attach supporting documentation related to the Incident (.pdf, .jpg, .jpeg or .png)

Description

Enter the date the Incident was first reported



# Incident Details

Incidents > View Incident: I000224 > Edit Incident: I000224

Start Intake > Involved Children > **Incident Details** > Incident Source > Summary

## Incident Details

Cautionary

Please describe the Incident in as much detail as possible in the fields below.

I000224

High Interest  Yes

On/Off Installation  On

Incident subject to law enforcement investigation?  Yes

Law Enforcement Notes

Enter status and results of investigation and any other details available

MCIO Case Number

Incident Location

Home / Other than Immediate Family or Caregiver

Choose the general location category where the incident occurred

TEST

Attachments

+ Attachment

No Attachments

Initial Safety Steps Taken\*

NA Test

### Initial Incident Report Received

Initial Incident Report Received by

Date the Initial Incident Report was Received

12/12/2024

Enter the date the Incident was first reported to the receiving office or person

### Initial Incident Report Assigned to

Assigned To



# Incident Source

Incidents > View Incident: I000224 > Edit Incident: I000224

Start Intake | Involved Children | Incident Details | **Incident Source** | Summary

## Incident Source

Provide details about who initially reported the incident to FAP.

**Cautionary**

I000224

Initial Report Source\*

Choose a category for the initial report source

Initial Report Source POC

Enter the name of the initial report source

Notes on Initial Report

Date Referral was Received\*

Enter the date the incident was reported to FAP

< Previous \* Required Fields

Save as Draft > Continue





# Incident Source

## Incident Source

Provide details about who initially reported the incident to FAP.

Initial Report Source\*

- Child & Youth Serving Orgs - Child Development Center (CDC)
- Child & Youth Serving Orgs - DoDEA
- Child & Youth Serving Orgs - Home Based Child Care
- Child & Youth Serving Orgs - Installation MWR Program (sports, scouts, library etc.)
- Child & Youth Serving Orgs - School Age Care (SAC)
- Child & Youth Serving Orgs - Youth Center (YC)

Enter the date the incident was reported to FAP

## Incident Source

Provide details about who initially reported the incident to FAP.

Initial Report Source\*

- Command/Law Enforcement - CID
- Command/Law Enforcement - Command
- Command/Law Enforcement - Legal
- Command/Law Enforcement - Military Police/Security Forces
- Command/Law Enforcement - NCIS
- Community Member - Active Duty Family Member/Dependent

## Incident Source

Provide details about who initially reported the incident to FAP.

Initial Report Source\*

- Civilian Organization - Child Advocacy Center
- Civilian Organization - Child Protective Services
- Civilian Organization - Civilian Law Enforcement
- Civilian Organization - Other
- Civilian Organization - Public School
- Command/Law Enforcement - AFOSI

Enter the date the incident was reported to FAP

## Incident Source

Provide details about who initially reported the incident to FAP.

Initial Report Source\*

- Community Member - Active Duty Member
- Community Member - Anonymous
- Community Member - Contractor
- Community Member - Guard or Reserve Member
- Community Member - Other
- Family Services - DAVA

# Incident Source Continued



## Incident Source

Provide details about who initially reported the incident to FAP.

Initial Report Source\*

- Family Services - EFMP
- Family Services - FAP
- Family Services - Military Family Spt Svcs FFSC, ACS, AFRC, MFP
- Military Medical - AFCCP
- Military Medical - Behavioral Health Personnel
- Military Medical - Other MTF Personnel

## Incident Source

Provide details about who initially reported the incident to FAP.

Initial Report Source\*

- Military Support Programs - Chaplain/Chapel Staff
- Military Support Programs - FOCUS
- Military Support Programs - MFLC
- Military Support Programs - Other
- Military Support Programs - SAPR/SHARP
- Parent/Guardian



# Incident Summary

Incidents > View Incident: I000224 > Edit Incident: I000224

Start Intake

Involved Children

Incident Details

Incident Source

Summary

## Summary

Cautionary

### ✎ Incident Information

Date Incident Occurred:   
Risk:   
Status:

Created Date:  
Created By:  
Incident #:  
Installation:  
Service:

### ✎ Involved Children

Number of children involved:   
Involved children:

Impacted

### ✎ Incident Details

High Interest:   
On/Off Installation:   
Incident subject to law enforcement investigation?:   
Incident Location:   
Description of Behavior:   
Initial Safety Steps Taken:   
Initial Incident Report Received by:   
Date the Initial Incident Report was Received:

# Incident Summary Continued



Initial Incident Report  
Assigned to:  
Attached Artifacts:

## Incident Source

Initial Report Source:  
Initial Report Source POC:  
Notes on Initial Report:  
Date Referral was Received:

[< Previous](#) \* Required Fields

 Submit