

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



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

DEC

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

* Required Fields

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

Cancel

> Continue

* Required Fields



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

* 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)

* 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

NAS Corpus Christi

NAS Jacksonville

NAS Key West

NAS Kingsville

NAS Meridian

NAS Pensacola

Installation

This field is required

* Required Fields

Cancel

Continue

Start Intake – Installation

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*

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

☐ Cancel

☒ > Continue

* Required Fields

Involved Children

UNCLASSIFIED



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.

1000224

Number of children Involved*

1

Number of children Involved

Lookup Child...

test



Or

Add New Child

Jane Test



< Previous

* Required Fields

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

Age At Incident:

5

Sex:

Female

Involvement:

Exhibiting

Education Support Plan:

Unknown



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 "Lookup" button. Children 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".

Number of children Involved*
1

Number of children Involved

Lookup Child...
test



Age At Incident:	Sex:	Involvement:
5	Female	Exhibiting

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



Involved Children

Add New Child

Name

Address Information

Demographics

Sex***Beneficiary** ☒ Yes

Involved Children

UNCLASSIFIED



Add New Child

Name

First Name*

John

Middle Name

Last Name*

Test

Suffix

Demographics

Date of Birth*

1/1/2017

Sex*

Male

Address Information

Street

City

State

Zip

Country

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 *
<div>+ Add New Person</div>		

Identification

Type*

DoD ID

SSN

DoD ID

None - SSN/DoD ID not available

None - Child is a non-eligible beneficiary

* Required Fields

Cancel

Add Child

Excellence | People-Centric | Integrity | Collaboration | Respect

UNCLASSIFIED

14

Involved Children

UNCLASSIFIED



Add New Child

Name

First Name*

John

Middle Name

Last Name*

Test

Suffix

Demographics

Date of Birth*

1/1/2017

Sex*

Male

Address Information

Street

City

State

Zip

Country

Identification

Type*

DoD ID

DOD-ID*

1234567890

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 *
<div>+ Add New Person</div>		

* Required Fields

Cancel

Add Child

Involved Children

UNCLASSIFIED



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

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 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

* Required Fields

Cancel

Add Person

UNCLASSIFIED

Involved Children

UNCLASSIFIED



Address Information

☒ Same as Child's Address

Contact Information

☒ Preferred ☐ +

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

Involved Children

UNCLASSIFIED



Add New Child

Name

First Name*
John

Middle Name

Last Name*
Test

Suffix

Demographics

Date of Birth*
1/1/2017

Sex*
Male

Address Information

Street

City

State

Zip

Country

Identification

Type*
DoD ID

DOD-ID*
1234567890

Beneficiary ☒ Yes

Related Persons

Lookup Sponsor, Parent or Guardian...

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

Name Employment Status

Ted Test Uniformed Service Member

+ Add New Person

* Required Fields

Cancel

Add Child

Incident Details

UNCLASSIFIED



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

[illegible]

Incident Details

UNCLASSIFIED



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

Description of Behavior*

TEST

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

Attachments

+ Attachment

No Attachments



Incident Source

Incidents > View Incident: I000224 > Edit Incident: I000224

Start Intake

Involved Children

Incident Details

Incident Source

Summary

Incident Source

Cautionary

I000224

Provide details about who initially reported the incident to FAP.

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

UNCLASSIFIED



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

UNCLASSIFIED



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