

PSB-CY Information System Incident Intake Screenshots



Provided by MCA to OMB
for OMB number renewal
Dec 2024

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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.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				

* 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* [Dropdown menu with options: 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

Continue



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

Cancel

Add Child

* Required Fields

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 *
+ 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*

- 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 *
<div style="background-color: #003366; color: white; padding: 5px; display: inline-block; border-radius: 3px;">+ Add New Person</div>		

* Required Fields

✕ Cancel

➕ Add Child



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 *
<div style="border: 2px solid red; border-radius: 50%; padding: 5px; display: inline-block;"> + Add New Person </div>		

* 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*
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

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



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 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

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](#)