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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- . At any time, the USG may inspect and seize data stored on this IS.
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- This IS includes security measures (e.g., authentication and access controls) to protect USG interests—not for your personal benefit or privacy.
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 consent to PM, LE, or CI investigative searching or monitoring of
 the consent of privileged communications, or work product,
 related to personal representation or services by attorneys,
 psychotherapists, or clergy, and their assistants. Such
 communications and work product are private and confidential.
 See User Agreement for details.

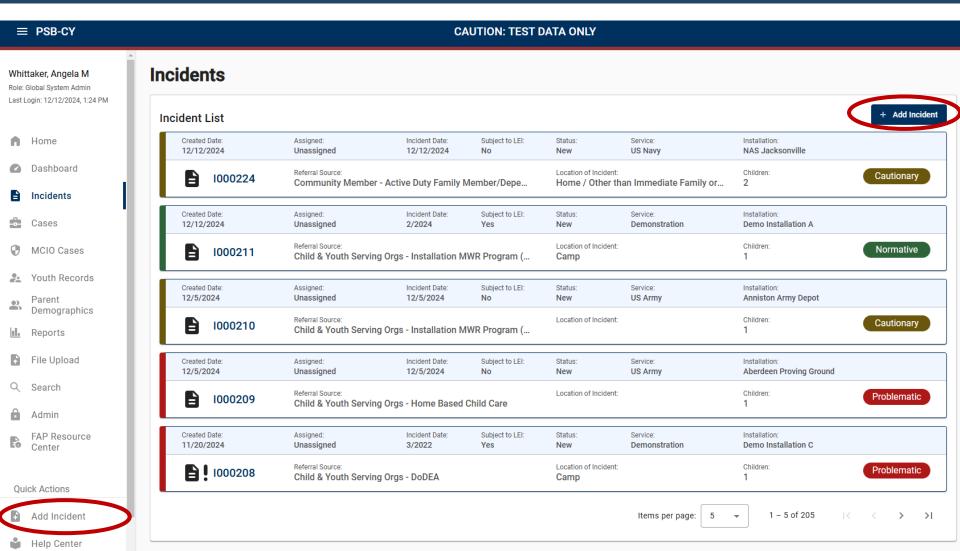
OMB CONTROL NUMBER: 0704-0620 OMB EXPIRATION DATE: 01/31/2025

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,

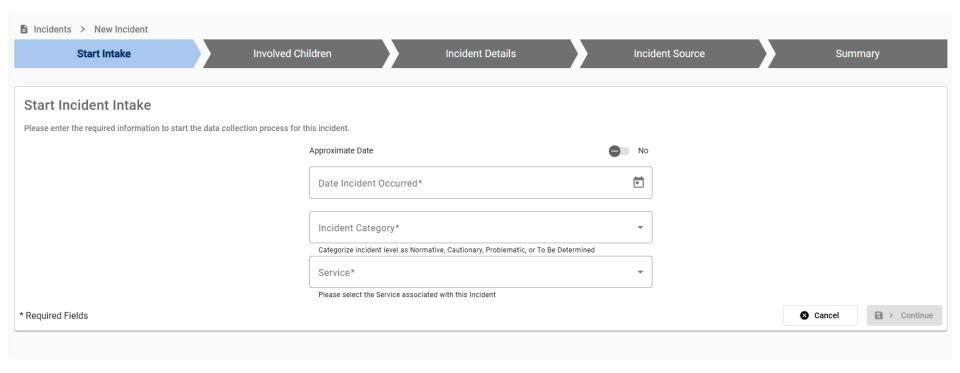
Add Incident





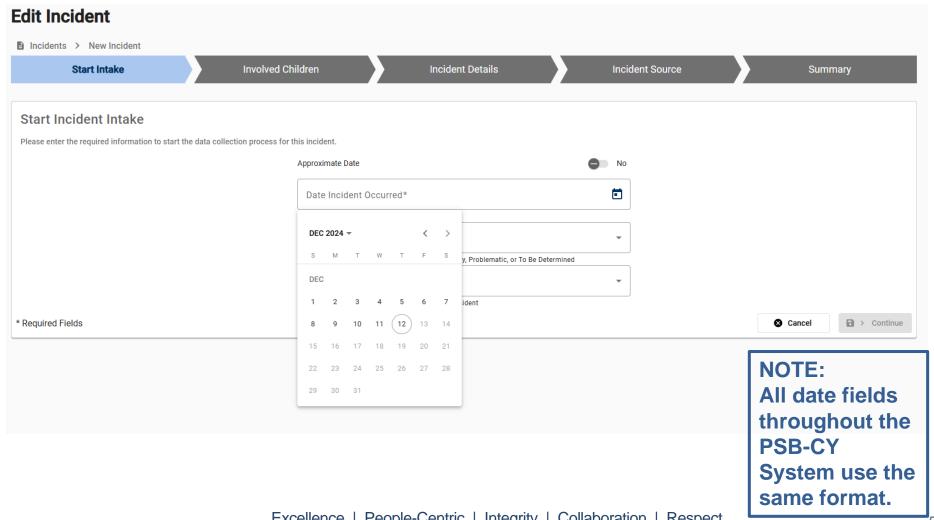
Start Intake





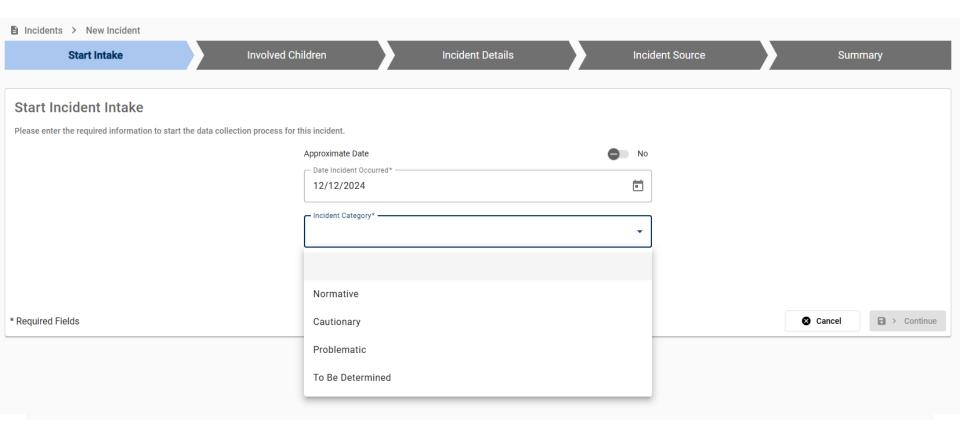
Start Intake – Date





Start Intake - Incident Category





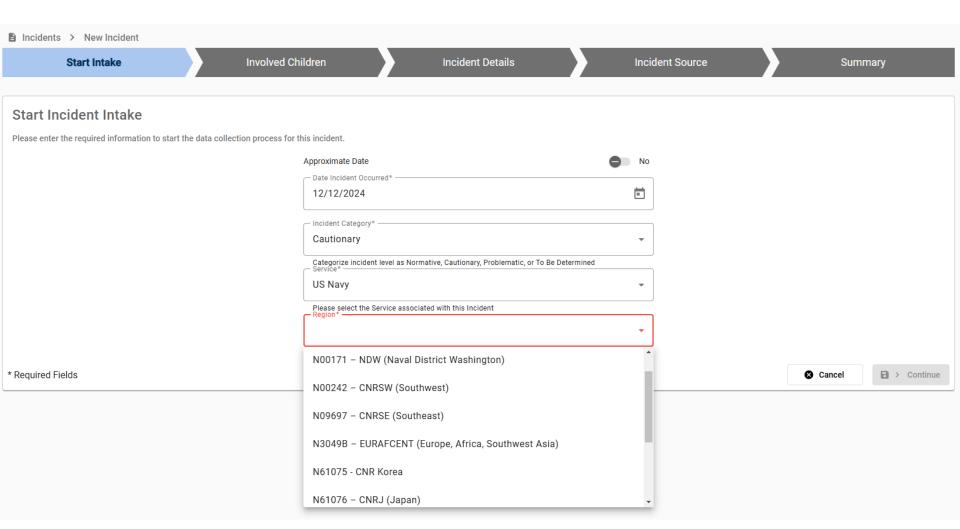
Start Intake – Service



lncidents > New Incident							
Start Intake	Involved Child	Iren	Incident Details	Inc	ident Source		Summary
Start Incident Intake							
Please enter the required information to start t	the data collection process for this	incident.					
	Α	pproximate Date		● No	•		
		Date Incident Occurred*					
		12/12/2024		Ē			
		Incident Category*					
		Cautionary		*			
		Categorize incident level as Nor	rmative, Cautionary, Problematic, or To Be D	Determined			
				•			
					•		
* Required Fields		Demonstration				⊗ Cance	Continue
		US Air Force					
		US Army					
		US Marine Corps					
		US Navy					

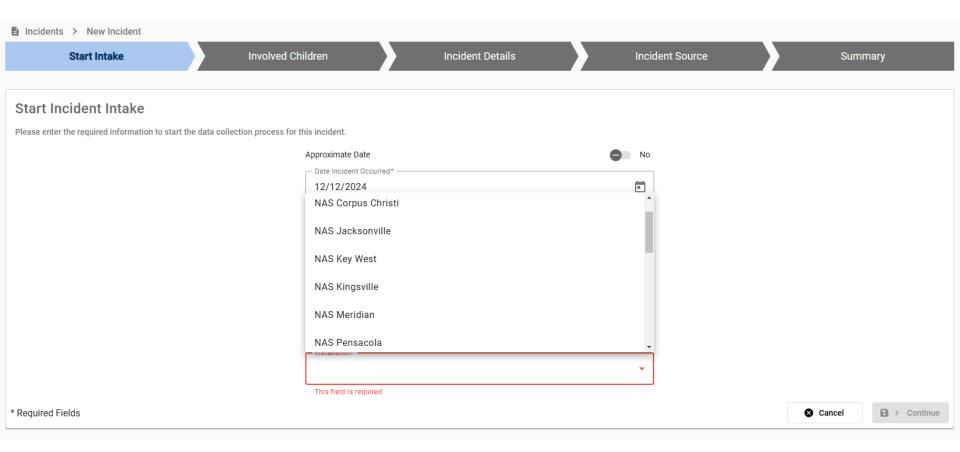
Start Intake - Region





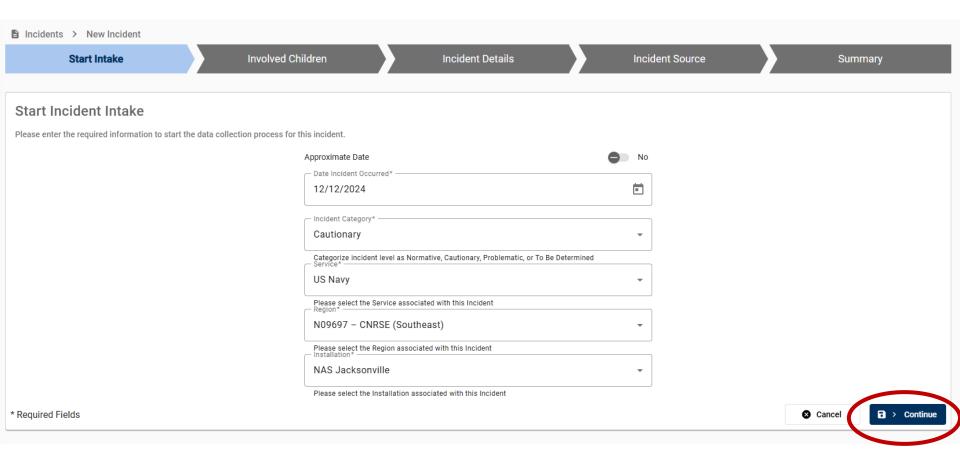
Start Intake - Installation



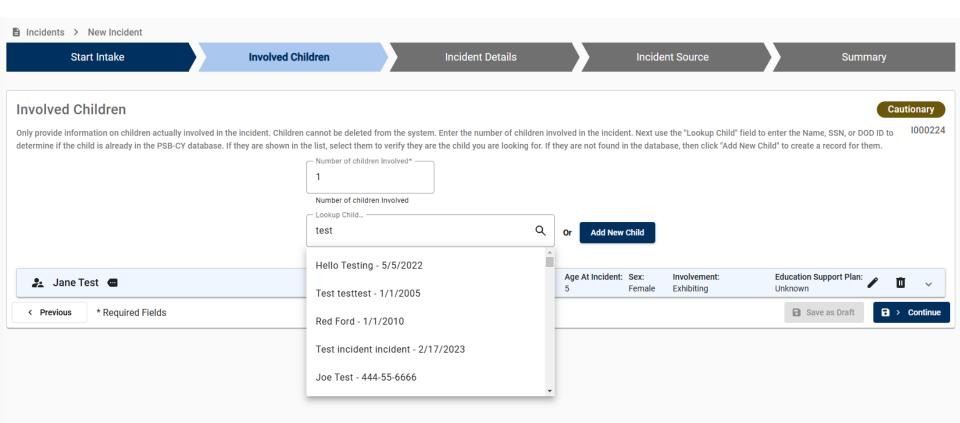


Start Intake – Installation

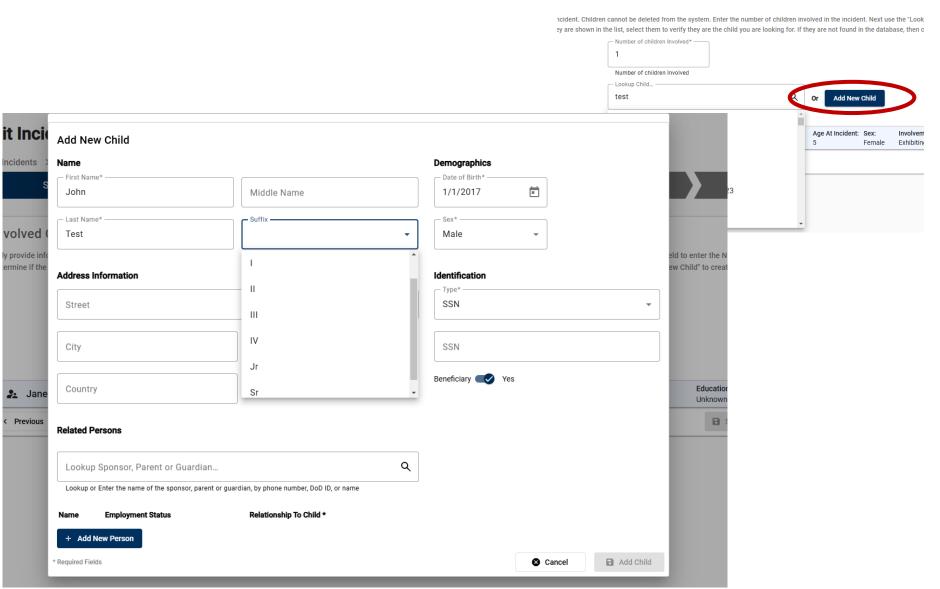








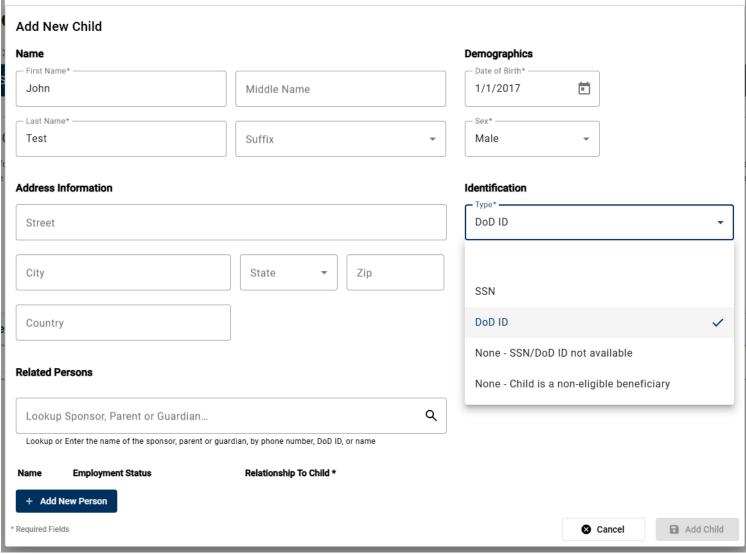




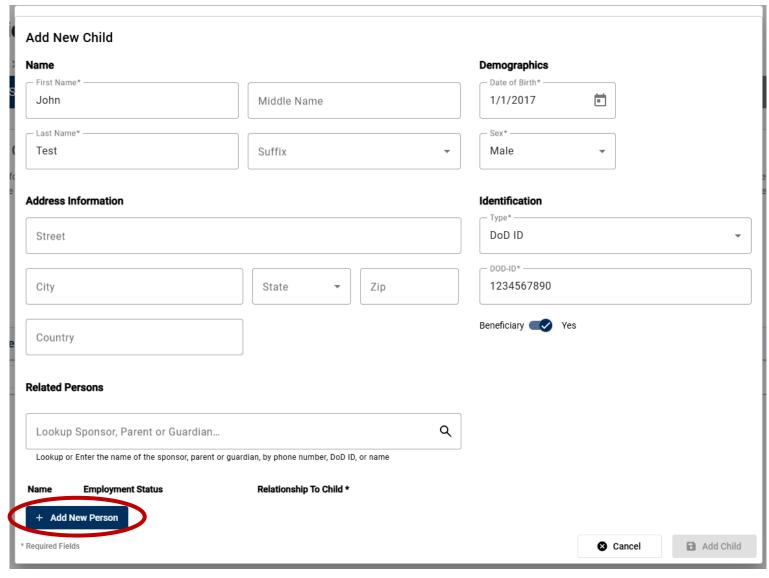


Add New Child				
Name			Demographics	
First Name*	Middle Name		Date of Birth*	
Last Name*	Suffix	•	Sex*	
Address Information				
Street			Female	•
			Male	
City	State •	Zip	Not Reported	
Country			Beneficiary Yes	





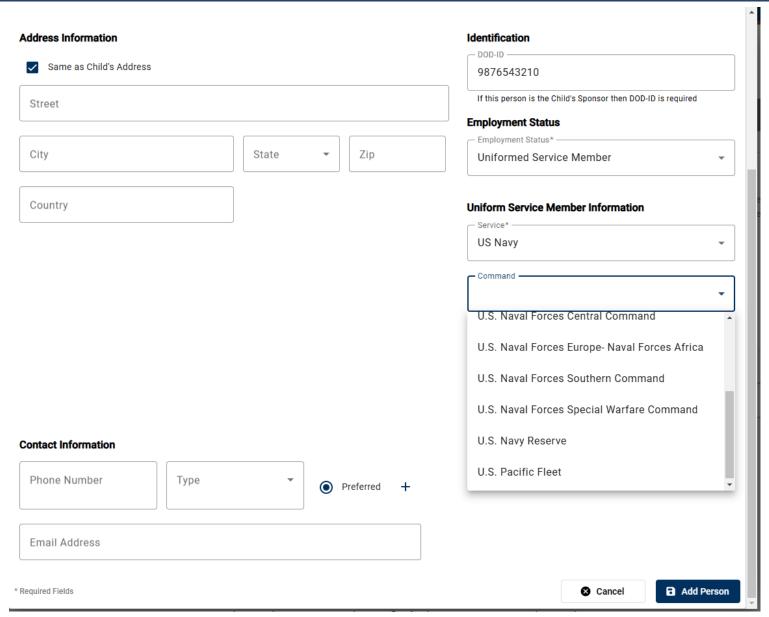






me Prefix —		Demographics — Date of Birth*
Mr	*	1/1/1992
First Name*		Sex*
Ted	Middle Name	Male ▼
- Last Name*		
Test	Suffix	*
ddress Information		Identification
✓ Same as Child's Address		9876543210
Street		If this person is the Child's Sponsor then DOD-ID is required
Street		Employment Status
City	State v Zip	Employment Status*
Country		
		DoD Civilian
Contact Information		Other
Phone Number Type	Preferred +	Uniformed Service Member
Email Address		

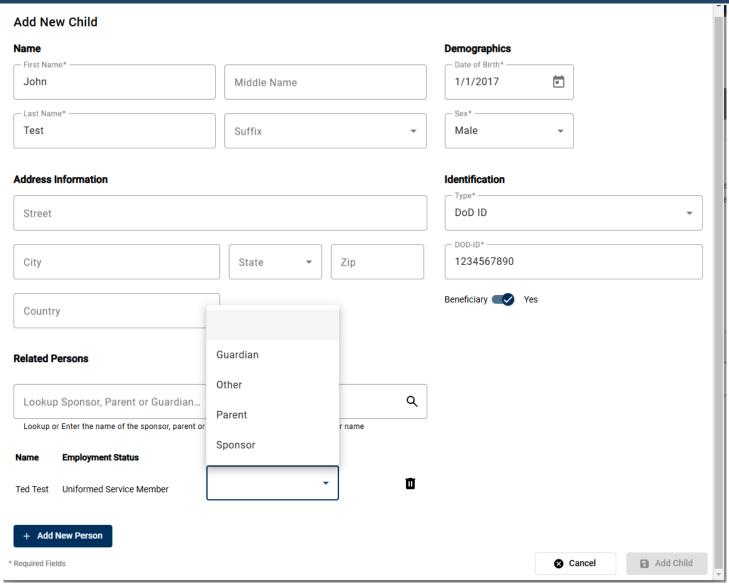




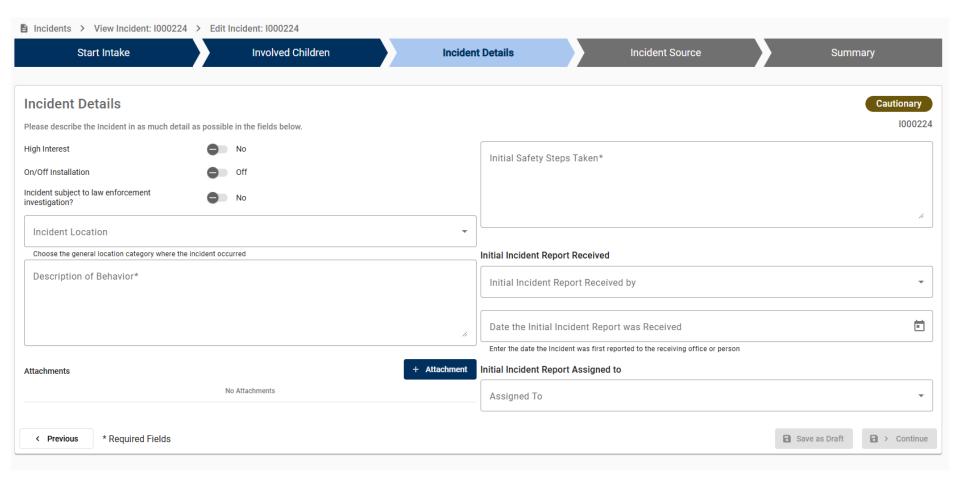


Address Information	Identification		
Same as Child's Address	9876543210		
Street	If this person is the Child's Sponsor then DOD-ID is required		
	Employment Status Employment Status*		
City State ▼ Zip	Uniformed Service Member		
Country	Uniform Service Member Information		
	Service* US Navy		
	U.S. Naval Forces Southern Command		
	Rank -		
	F 1 / Seemen Despuit (SD)		
	E-1 / Seaman Recruit (SR)		
	E-2 / Seaman Apprentice (SA)		
Contact Information	E-3 / Seaman (SN)		
Phone Number Type • Preferred +	E-4 / Petty Officer Third Class (PO3)		
	E-5 / Petty Officer Second Class (PO2)		
Email Address	E-6 / Petty Officer First Class (P01)		
* Required Fields	⊗ Cancel		

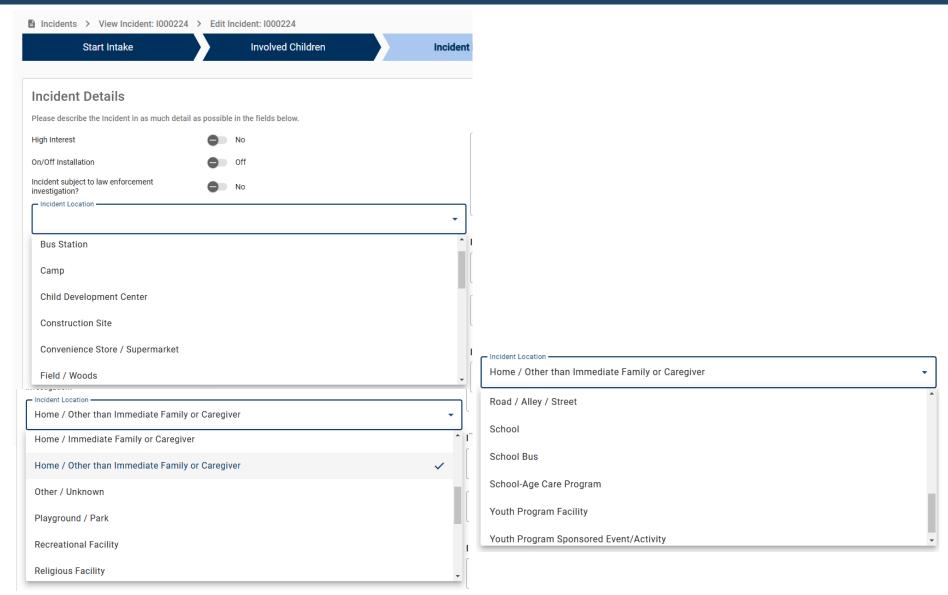




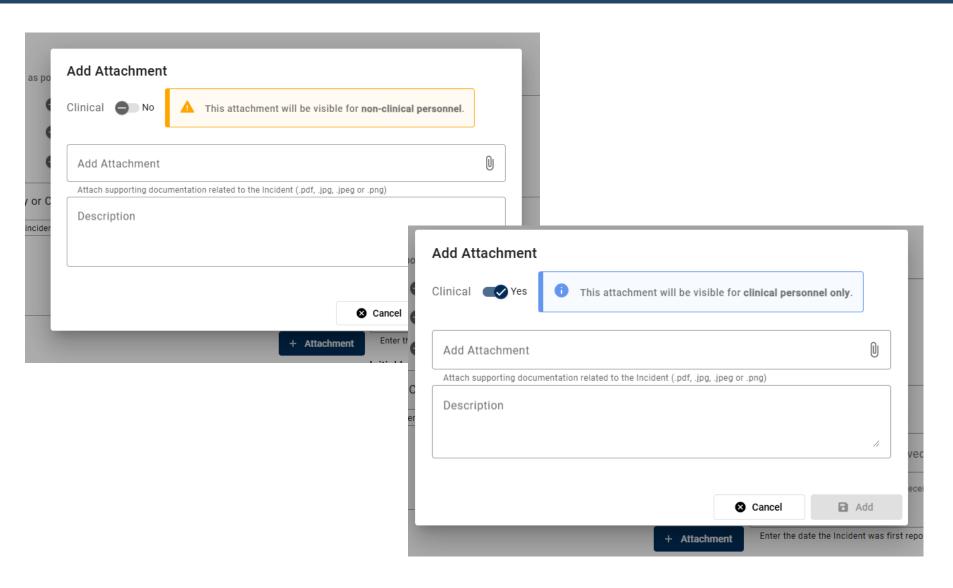




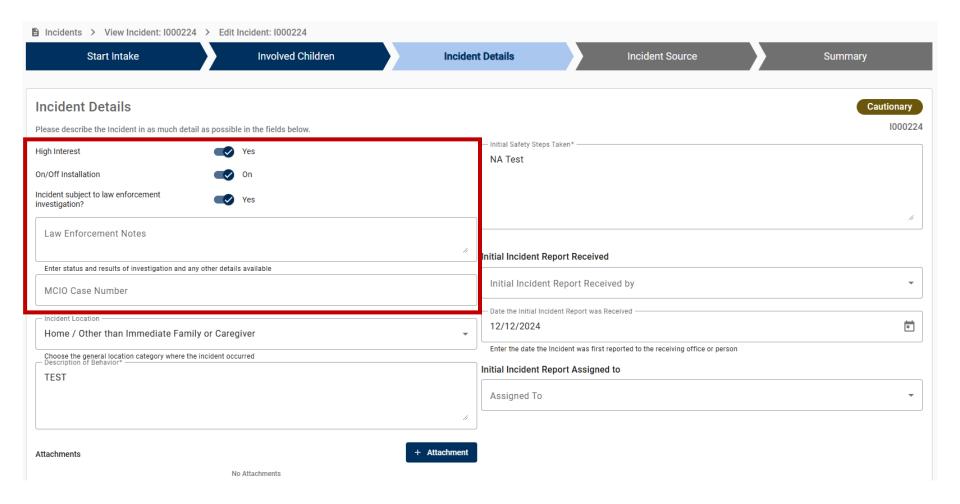






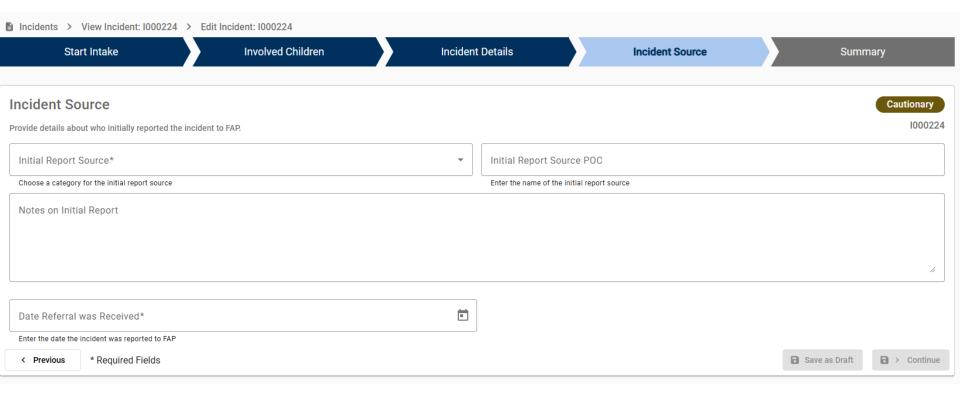






Incident Source





Incident Source



Incident Source	Incident Source
Provide details about who initially reported the incident to FAP. Initial Report Source*	Provide details about who initially reported the incident to FAP. — Initial Report Source*
initial report course	•
Child & Youth Serving Orgs - Child Development Center (CDC)	Command/Law Enforcement - CID
Child & Youth Serving Orgs - DoDEA	Command/Law Enforcement - Command
Child & Youth Serving Orgs - Home Based Child Care	Command/Law Enforcement - Legal
Child & Youth Serving Orgs - Installation MWR Program (sports, scouts, library etc.)	Command/Law Enforcement - Military Police/Security Forces
Child & Youth Serving Orgs - School Age Care (SAC)	Command/Law Enforcement - NCIS
Child & Youth Serving Orgs - Youth Center (YC) Enter the date the incident was reported to FAP	Community Member - Active Duty Family Member/Dependent
Incident Source	Incident Source
Provide details about who initially reported the incident to FAP. C Initial Report Source*	Provide details about who initially reported the incident to FAP.
	Initial Report Source*
Civilian Organization - Child Advocacy Center	Community Member - Active Duty Member
Civilian Organization - Child Protective Services	Community Member - Anonymous
Civilian Organization - Civilian Law Enforcement	Community Member - Contractor
Civilian Organization - Other	Community Member - Guard or Reserve Member
Civilian Organization - Public School	Community Member - Other
Command/Law Enforcement - AFOSI	Family Services - DAVA

Incident Source Continued



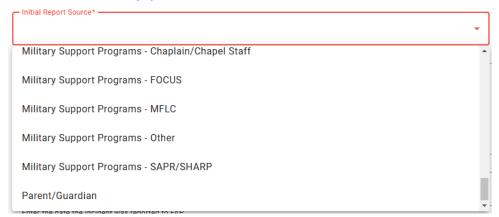
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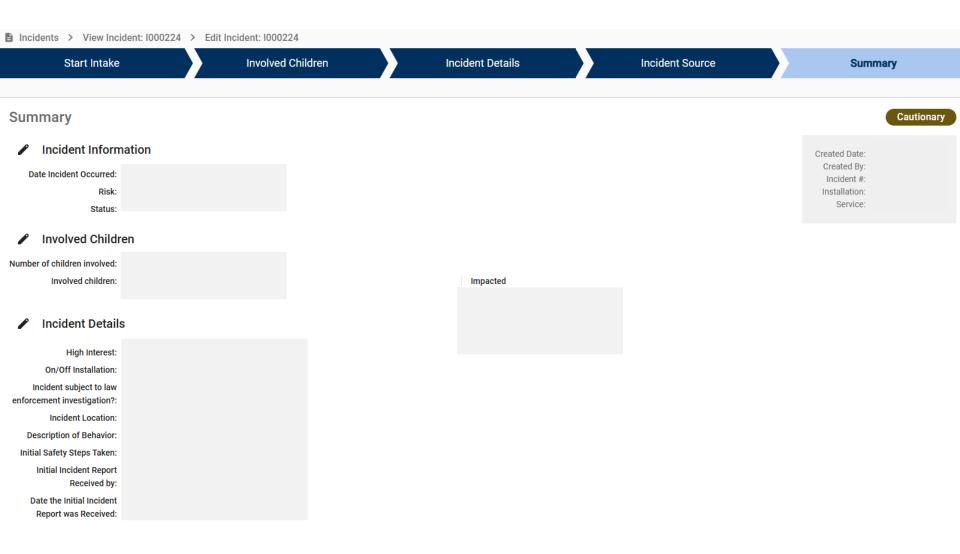
Incident Source

Provide details about who initially reported the incident to FAP.



Incident Summary





Incident Summary Continued





3 Submit