

CHILD & FAMILY DEVELOPMENT PROGRAMS

Community Action Team

I _____, am checking out an _____ and accept full responsibility for the device and its use. The device's serial number assigned to me is: _____

_____ I understand the intent of the device is to support quality services to children and families by/with:

- ☐ Videotaping teachers for the purpose of coaching; and
- ☐ Using the TSG documentation application to support assessment data
- ☐ Accessing resources
- ☐ Data entry of services
- ☐ Home visits
- ☐ Communication

_____ I understand that the device is used for work only and will follow CAT personnel policies for technology, having read and signed 1-83 Technology Resource Procedure.

_____ I understand that **only work email** will be accessed through the device, using the browser and not the app.

_____ I will monitor the use of the device to assure that it is a resource (not interference) for quality services to children and families.

_____ I will only add apps or change features, passwords, or other settings as requested by Center Manager or Admin.

_____ I will refund the program the cost to replace the device if the device is lost or broken due to misuse and neglect.

_____ I will provide routine care and maintenance to the device to keep it operating properly.

_____ I will keep device locked up at the end of the day.

Staff Signature

Date