

**Community Action Team**  
**CHILD & FAMILY DEVELOPMENT PROGRAMS**  
**Electronic Device Checkout**

Form 1-32

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