

# 2022 Partner Agency Annual Report

Please complete the following report in reference to the services provided to your organization by Sweet Cheeks Diaper Bank and/ or Tidal Babe Period Bank in 2022.

We completely understand that tracking data can sometimes be challenging; please try to be as accurate as possible in your responses. COVERD Greater Cincinnati's annual Impact Report is formulated based upon the collaborative statistical responses of our partner agencies.

Many of the previously required demographic categories are no longer required (including veteran status, disability, housing, etc). **Instead, we are asking for some basic demographic data at an agency/ organization level.** This data doesn't need to be tracked or reported by individual client, or limited to COVERD product recipients.

A few important things to remember:

- 1) Please submit the completed report by February 15, 2023.
- 2) This report is an important part of your annual renewal; we must receive it in order for your agency to continue receiving diapers.
- 3) If you are using a Google account, your online responses should save mid-progress.
  - **If you are not able to save your progress by using a Google account, it is highly recommended that you prepare your responses in advance using the report preview sheet, or [this PDF version of this form.](#)**
  - **If the form isn't working for you, please email Nick.**

Thank you very much for your participation and committed partnership!

If you have any questions, please don't hesitate to contact our Director of Program & Operations, Nick Reynolds, at [nick@sweetcheeksdiaaperbank.org](mailto:nick@sweetcheeksdiaaperbank.org).

\* Required

1. Agency Name \*

*Mark only one oval.*

- Adams/Brown County CAA-8446
- Baby Steps at St. Elizabeth-8498
- Bethany House-8542
- Brighton Center-8450
- Butler County WIC / SELF-8451
- CAIN-8452
- Calvary's Place-8454
- CHECK Clinic (CCHMC Gen Peds)-8584
- CHEP-8453
- Cincinnati College Preparatory Academy-11532
- City of Cincinnati- Cribs for Kids-8460
- CityLink-8511
- Community Builders-8457
- Community Matters-10633
- Complex Care (CCHMC Gen Peds)-8458
- CoStars (Best Point)-8456
- Cradle Cincinnati (CCHMC Neonatal Institute)-8459
- Crossroad Harrison-8461
- Crossroad Health Center (OTR)-8462
- Dohn Community School-8519
- Empowering Women Worldwide Ministries Inc.-11629
- Esperanza Latino Center-8712
- First Step Home-8463
- Gateway Community & Technical College-8465
- GCBH-8464
- General Pediatrics CCHMC-8466
- Healthy Moms and Babes-8467
- Helping Hearts-8468
- Found House IHN-8472
- Interparish Ministries-8470
- Jack's Closet-8473
- Kate's Cupboard-8474

- Learning Grove-8475
- Life Learning Center-8476
- Love In Action-8478
- Mary's Helping Hands-8480
- Mason Food Pantry-8481
- MEAC-8479
- Mt. Healthy City Schools-12556
- NKU-8483
- Pathways-8485
- Price Hill Will-11200
- ProKids-8486
- Queen City Kitchen-7729
- Salvation Army-8488
- Santa Maria Community Services-8489
- St. Augustines Outreach Center-8490
- SVDP-8487
- TIP (CCHMC Psych)-8419
- Trihealth Perinatal Programs-8494
- Urban League-8495
- YWCA-8497
- Agency not found

2. Agency name not on the list? Type it here:

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3. Representative completing this report: \*

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4. Your title: \*

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5. Your email: \*

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### Sweet Cheeks Diaper Bank Reporting

6. 1. Did your partner agency receive and distribute children's diapers through the Sweet Cheeks Diaper Bank program in 2022? \*

*Mark only one oval.*

Yes- proceed to Sweet Cheeks reporting questions

No- skip ahead to Tidal Babe Period Bank reporting questions *Skip to question 20*

Diaper  
Distribution

Please answer the following questions relating to diaper distribution to ONLY the families that received supplies from Sweet Cheeks Diaper Bank program in 2022.

7. 1a. Total # of diapers distributed in the year. (# of individual diapers, not bundles): \*

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8. (1a. Next year, this report will require a breakdown of distribution by client zip code. Please remember to begin tracking the number of products going to folks living in each zip code!) \*

*Mark only one oval.*

Got it, thanks!

9. 1b. This year, did you always distribute the required 50 diapers (2 bundles) per child per month? \*

*Mark only one oval.*

Yes

No

Other: \_\_\_\_\_

10. 1c. If quantities other than 50 diapers (2 bundles) per child per month were distributed, please explain why and how often:

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11. 1d. Total # of SCDB Outcome Surveys tracked or estimated to be completed: \*

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12. 1e. Were you able to meet the need of all diaper requests? If yes, enter "0". If no, please estimate how many families you had to turn away: \*

Fly &  
Dry  
Basic  
Needs  
Bank

In 2022, the only Fly & Dry program distributions were Potty Training Toolkits, which were made available to all Sweet Cheeks Diaper Bank partners. Please report your potty kit distribution total here.

13. 3a. Total # of potty training toolkits distributed: \*

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Sweet  
Cheeks  
Diaper  
Bank  
Impact

Please demonstrate the impact that Sweet Cheeks Diaper Bank's services had on your organization and the families you serve by checking any of the following options that are true for your organization:

14. 1f. How does providing free diapers to families impact your programming? \*

*Check all that apply.*

- It enhances client communication
- It enhances program retention
- It helps connect families with other services within our organization
- It positively impacts our organization's budget
- It aids with problem solving and critical thinking skills of our client
- It saves time and resources of our staff
- None of the above
- Other: \_\_\_\_\_

15. 1g. In your opinion, what has been the greatest benefit of receiving services from Sweet Cheeks Diaper Bank? \*

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16. 1h. In your opinion, what is the most impactful result that the diaper distributions have on the lives of your clients? \*

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17. 1i. What could we improve about our partnership, distribution, etc. to make it better/easier for you and/or your organization? \*

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Stories  
&  
Quotes-  
Sweet  
Cheeks  
Diaper  
Bank

Stories are extremely powerful! Please help us show the impact that diapers have on families, your organization, and the community. Share two (2) stories: They can be about specific clients whose lives were impacted by receiving diapers, OR the impact that Sweet Cheeks Diaper Bank's services had on your organization/programs. Please maintain client confidentiality by using pseudonyms and omitting any identifying information. Useful information to include in stories:

- > Basic family scenario (family status, household status, etc.)
- > How products specifically impacted the family (what were they able to do that they weren't able to do before)?
- > Emotional or verbal responses of the client

Example Client Story: "Christina first started coming to our weekly food distributions about six months ago. She is the mother of two small kids and, when she is able to find work, she works as an office cleaner. When she learned that one of our caseworkers was offering diapers to families in need, she quickly reached out and began receiving diapers on a regular basis. Each time Christina came in she opened up a little more, and every time she received diapers she took some time to speak with the caseworker about her kids. As our staff got to know her more, we learned what her needs were and therefore were able to determine how to best help her and her family."

18. 1j. Story 1: \*

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19. 1k. Story 2: \*

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### Tidal Babe Period Bank Reporting

20. 2. Did your agency participate in the Tidal Babe Period Bank Program in 2022, receiving and distributing period supplies? \*

*Mark only one oval.*

- Yes- proceed to Tidal Babe reporting questions
- No- skip Tidal Babe reporting questions      *Skip to question 61*

Period  
Product  
Distribution

Please answer the following questions relating to period product distribution to ONLY the individuals that received supplies from the Tidal Babe Period Bank program in 2022.

21. 2a. Total # of period kits distributed: \*

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22. (2a. Next year, this report will require a breakdown of distribution by client zip code. Please remember to begin tracking the number of products going to folks living in each zip code!) \*

*Mark only one oval.*

- Got it, thanks!

23. 2b. If period products were distributed outside of period kits, please indicate total # of these individual products were distributed:

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24. 2c. Total # of TBPB Outcome Surveys completed: \*

If untracked/unknown enter "0".

Please note: beginning in the 2023 year, Tidal Babe Period Bank Outcome Surveys are required.

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25. 2d. Were you able to meet the need of all period product requests? If yes, enter "0". If no, please estimate how many individuals you had to turn away. \*

Tidal  
Babe  
Period  
Bank  
Impact

Please demonstrate the impact that Tidal Babe Period Bank's services had on your organization and the families you serve by checking any of the following options that are true for your organization:

26. 2e. How does providing free period supplies to individuals impact your programming? \*

*Check all that apply.*

- It enhances client communication
- It enhances program retention
- It helps connect families with other services within our organization
- It positively impacts our organization's budget
- It aids with problem solving and critical thinking skills of our client
- It saves time and resources of our staff
- None of the above
- Other: \_\_\_\_\_

27. 2f. In your opinion, what has been the greatest benefit of receiving services from Tidal Babe Period Bank? \*

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28. 2g. In your opinion, what is the most impactful result that free period supplies have on the lives of your clients? \*

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29. 2h. What could we improve about our partnership, distribution, etc. to make it better/easier for you and/or your organization? \*

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Stories  
&  
Quotes-  
Tidal  
Babe  
Period  
Bank

Stories are extremely powerful! Please help us show the impact that period products have on families, your organization, and the community. Share two (2) stories: They can be about specific clients whose lives were impacted by receiving products, OR the impact that Tidal Babe Period Bank's services had on your organization/programs. Please maintain client confidentiality by using pseudonyms and omitting any identifying information. Useful information to include in stories:

- > Basic family scenario (family status, household status, etc.)
- > How products specifically impacted the family (what were they able to do that they weren't able to do before)?
- > Emotional or verbal responses of the client

Example Client Story: "Christina first started coming to our weekly food distributions about six months ago. She is the mother of two small kids and, when she is able to find work, she works as an office cleaner. When she learned that one of our caseworkers was offering diapers to families in need, she quickly reached out and began receiving diapers on a regular basis. Each time Christina came in she opened up a little more, and every time she received diapers she took some time to speak with the caseworker about her kids. As our staff got to know her more, we learned what her needs were and therefore were able to determine how to best help her and her family."

30. 2i. Story 1: \*

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31. 2j. Story 2: \*

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Distribution  
Data-  
Tracking  
Sheet

We are interested in understanding how data is being tracked and compiled. If you have a tracking sheet, either one you have created, or one provided by us, we would love to have a look at it.

This is entirely optional, and will only be used to help us understand the different ways our partners are tracking.

Please do not share any identifying client information.

32. 3a. Do you have a tracking spreadsheet you would be willing to share? If so, please upload a copy. No personal identifying information is requested. (If file upload does not work, you can email to [nick@sweetcheeksdiaperbank.org](mailto:nick@sweetcheeksdiaperbank.org))

Files submitted:

End-of-  
Year  
Inventory  
Count

Please complete a count of all products provided by COVERD programs you have on hand, not yet distributed to clients. Ideally, this count would take place at the end of December or beginning of January, if possible. This should represent a snapshot at a single point in time for your agency.

33. 5a. Date of inventory count: \*

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*Example: January 7, 2019*

34. **5b. Diapers- any size N through 6.** How many (25ct) bundles of diapers do you currently have? \*

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35. **5c. Potty Training Toolkits- all sizes.** How many do you currently have? \*

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36. **5d. Tidal Babe Period Kits (all).** How many total period kits do you have on hand (include all pad, tampon, cup, and refill kits) \*

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37. **5e. Bulk Tidal Babe Period Products.** If you have loose items, not in kits, how many total do you have on hand (pads, tampons, liners, etc.)?

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38. **5f.** How many **reusable laundry bags** do you currently have (total in-use + ready to return)? \*

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39. 5g. Notes:

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Race/  
Ethnicity

**Demographic Data is Requested at an Organization/ Program Level**

You are no longer asked to track or report this data at a per-client basis. Please provide this data as it applies to your agency or program as a whole.

**6a. Percentage of families/ individuals served by your agency who are of the following race/ethnicities:**

Please express percentages as a number from 0 to 100. Please ensure these responses add up to 100. Please base your responses on the best data or estimates available.

40. 6a. Asian Pacific Islander \*

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41. 6a. Black/African American \*

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42. 6a. Hispanic/Latino \*

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43. 6a. Native American/Alaskan Native \*

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44. 6a. White \*

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45. 6a. Biracial/Multiracial \*

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46. 6a. Other \*

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47. 6a. Race/Ethnicity Not Tracked/Unknown \*

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Families Served  
by Geographic  
Area- County

**Demographic Data is Requested at an Organization/ Program Level**  
You are no longer asked to track or report this data at a per-client basis.  
Please provide this data as it applies to your agency or program as a  
whole.

**6b. Percentage of families/ individuals served by your agency who live in the following counties:**

Please express percentages as a number from 0 to 100. Please ensure these responses add up to 100.  
Please base your responses on the best data or estimates available.

48. 6b. Hamilton (OH) percentage \*

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49. 6b. Clermont (OH) percentage \*

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50. 6b. Adams (OH) percentage \*

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51. 6b. Clermont (OH) percentage \*

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52. 6b. Butler (OH) percentage: \*

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53. 6b. Warren (OH) percentage: \*

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54. 6b. Boone (KY) percentage: \*

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55. 6b. Kenton (KY) percentage: \*

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56. 6b. Campbell (KY) percentage: \*

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57. 6b. Unknown county percentage: \*

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58. 6b. Other counties percentage: \*

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59. 6b. Please ensure the above numbers add up to 100. \*

*Check all that apply.*

They add up to 100.

Families Served  
by Geographic  
Area- Zip Code

**Demographic Data is Requested at an Organization/ Program Level**  
You are no longer asked to track or report this data at a per-client basis.  
Please provide this data as it applies to your agency or program as a whole.

60. 6c. Please list the zip codes most represented by your clients, separated by commas "," in order from most to least. \*

List between 5 and 10 zip codes.  
Use collected data, if available. If this data is not available, please respond to your best knowledge.  
If needed, refer to this map: <https://www.unitedstateszipcodes.org/>

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Confirmation

Thank you for taking time to complete your Partner Agency Annual Report!

-To review your responses before submission, you can hit the "back" button at the bottom of the page.

-If you later find that data needs to be updated in your submission, please contact Nick for assistance ([nick@sweetcheeksdiaperbank.org](mailto:nick@sweetcheeksdiaperbank.org)).

-You will receive a confirmation email with a link to the completed questionnaire, and the Executive Director of your organization may receive a copy as well:

61. Your Agency's Executive Director's Name \*

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62. Executive Director's Email Address \*

Please enter an email that the executive of your organization can be reached at and checks regularly.

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63. I certify that these responses are accurate and complete to the best of my knowledge. My name: \*

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