

Real Health Inc., dba Padma Sherni, Inc. a 501c3 nonprofit organization

Letter of Inquiry for Grant Funding from the Caplan Foundation for Early Childhood April 2026

1) The organization's official name, website address and contact information

Real Health Inc., dba. Padma Sherni Inc.
<https://www.padmasherni.org>

Contact Information

Pialee Roy (Program Director/Evaluator):
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2) **A brief (250 word maximum) summary of the organization's mission and recent program history**

Padma Sherni Inc. aims to build childhood resilience through, health & literacy promotion, play, & multicultural awareness through the arts! **Notable accomplishments:**

1. A 2017 multicultural dance event helped to raise money for purchasing and donating a developmental screening toolkit to completed the ages and stages questionnaire (ASQ by Brookes Publishing) which is valued at \$300 to a Wilmington, Delaware based resource library. The assessors there work in low income preschools where there is the greatest need for these tools. This charitable effort was accomplished through collaborations with local university students and community groups to present dance, music, and theater performances of multicultural groups. Speakers included people from the Delaware division of public health, a business consultant who specializes in early education and care programming, and a university based speaker who specializes in disability studies.
2. A 2019 recent dance and music program included approximately 100 attendees and performers including a youth jazz choir, musical theatre, ballet and jazz dance performances, and song and dance by invited local actresses who dressed as well recognized storybook princesses and encouraged audience participation.
3. Music and Literacy promotion project: The organization worked to promote cognition and socio emotional skills through song circle time, puzzle play, emerging literacy assessments, colors, shape recognition, and book donations.
4. A music CD for children with corresponding music sheets for voice, piano, and guitar.

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3) The organization's 501(c)(3) Tax Exempt Status letter from the IRS and Federal Tax ID# 47-1256775

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **AUG 01 2017**

Employer Identification Number:
47-1256775
DIN:
26053601001507
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
July 7, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

PADMA SHERNI INC
200 CONTINENTAL DRIVE - SUITE 401
NEWARK, DE 19713-0000

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 3106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

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PADMA SHERNI INC

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

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4) Annual Operating Budget: Approximately \$5,000 including grants from

- The Pollination Project Grant: \$1000
- The Walmart Foundation, \$1000
- Delaware Division for the Arts, \$500
- Believe in Reading Grant, \$2500

5) The total amount of the grant request (Budget): \$40,000

- Total number of participants: 120

6) An indication of the amount and type of support being requested from all sources:

Caplan Foundation: \$40,000

7) Study Title: Couple and Family Functioning and Socioemotional Availability, Parenting style and Children's Early Learning Patterns.

Statement of Purpose

We propose to implement a mixed methods study of 120 couples who are participants of counseling programs. We will assess how the level of couple and family functioning and socioemotional availability impacts the overall parenting style and relationship towards children. Finally, the impact of the couple's functioning score, emotional availability, level of anxiety or depression, quality of life satisfaction on children's cognitive processes (puzzle sort and emerging literacy) and socioemotional levels (ages and stages questionnaire) will be explored. The expected outcome from the study is that improving couples functioning and certain types of parent health education and duration in counseling programs can reduce parental negative thought patterns in order to improve child mental health outcomes and early learning patterns.

- Couple and Family Functioning Scores will be measured by:
 - Couples Satisfaction Index survey
- Socioemotional scores will be measured by:
 - Beringen scales,
 - Beck's scales
 - Ages and Stages Socioemotional survey
 - PEDS quality of life.
- Cognitive process scores will be measured by:
 - Scenarios Happiertherapy.com
 - ABCDE model with scenarios Betweensessions.com
 - Puzzle assessment for children
 - Emerging literacy

Background and Brief Literature Review

Healthy couple relationships and cohesive family functioning are closely linked to parents' emotional availability and children's socioemotional growth. Studies show that greater couple intimacy predicts stronger parent-child bonds and higher child social skills (Wu, 2024), while daily variations in marital quality directly affect parenting behaviors (Kouros, 2014). Supportive partnerships in infancy reduce behavioral problems later in childhood (Parkes, 2019), and emotionally available parenting protects children from the negative effects of parental trauma and depression (Wurster, 2020; Power, 2024). Observational research highlights that dyadic adjustment and emotional availability are key indicators of family health (Jiménez-Picón, 2021; Müller, 2025). Using validated frameworks, this study will examine how both family functioning domains, plus participation in counseling as a mediating variable, influences parents' emotional availability and, in turn, children's socioemotional and early learning outcomes.

The rationale to implement the selected surveys for assessment leads to learning about ideal times for early intervention in parenting approaches. Roy (2018) presents a logic model about Health Literacy and Health Seeking Behavior, which showcases timing of assessment based on health literacy. Therefore, if a health literacy score was found to be lower after a voluntary assessment completion, then that low score would indicate a prompt to referral. Then intervention through health education or in this case specialty care or mental health counseling could be recommended and navigation to relevant supports could be offered.

The participation in counseling helps to possibly reduce couples conflict by comparison of individual outlooks on resolving Difficult Situations scenarios and receiving talk therapy on how to reduce conflict and reach consensus through Solution Focused or narrative therapy, Cognitive Behavioral therapy including Rational Emotive Behavioral Therapy, Art Therapy and Story telling.

Some topics that will be evaluated with open and closed questions on a survey include the following talk support scenarios include:

- (1) Coping with caregiver burnout and depression or anxiety
- (2) Coping with older parents with mental health issues or disability

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- (3) Coping with anyone who had chronic health conditions in their family
- (4) Coping with problems with interpersonal relationships with their own parents or family
- (5) Coping with school or career related issues for the couple.

During observation of the counseling session, as parents describe a response to scenarios, Parents will also be evaluated about the following six indicators by qualitative narrative descriptions for 6 guided questions that measure components of analysis in story telling in expressive arts therapy “(1) self-awareness, (2) self-expression, (3) interpersonal, and communication skills, (4) self-cognitive reconstruction ability, (5) social role ability and (6) decision making ability,” (Chang, Liu, Yang, 2019). Storytelling can prompt the realization of how to define and resolve conflicts presented and interchanged through role play. The components include: “ (1) an ability to transport oneself to and from ordinary reality, (2) a particular quality, (3) roles and characters, (4) Patterns: Plot, themes, and conflicts, (5) a Response to it, (6)a subtext,” (Chang, Liu, Yang, 2019). The approach relates “not only to medical science but also in communities, education fields, and other special fields,” (Chang, Liu, Yang, 2019).

Although we are just collecting baseline data, families coping with problematic couples’ dynamics might see a positive change result from 4, 8 or 12 weeks of counseling and role play also through the style of counseling approach applied: Cognitive Behavioral Therapy or Rational Emotive Behavioral Therapy, Art Therapy or other techniques applied consistently through behavior change and understanding the antecedents of behavior and how belief systems and coping mechanisms. Stress management can be from a variety of motivating factors, and reasons, nutrition and physical activity or rest, and relationship improvements, education and career and financial management, are all important components, (Health Coach Institute, 2019).

We will only evaluate a baseline timepoint for the purpose of our evaluation. We will implement health surveys and behavioral intervention will indicate progress or status quo patterns before and after the one meeting for 1 hour.

Results of this study can impact recommendations for the combination of parent education, navigation to family support services including counseling interventions and overall family health promotion strategies to provide optimum health outcomes for parents and children.

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Family support through assessments at preschools and consequently, referrals to primary care medical homes and counseling or specialty care can offer huge interventions for families coping with stress, depression, anxiety, and socioeconomic disparities as well as chronic health conditions like obesity (Roy, 2018). Roy (2018) found that private pay preschools offered health referrals at twice the rate as Head Start programs in order to get to the same level of health seeking behavior to offset those disparities. Therefore, referrals to counseling and early intervention after the utilization of assessment tools may also offer healthful support for family conflict resolution and behavior change from participation in CBT and REBT and drama play or expressive arts counseling techniques. Health promoting activities offered can make a huge difference for health status intergenerationally in families with young children.

Relationship to Foundation Interests

This project fits squarely within the Foundation's focus on how parent education, children's play and socio emotional child development. Integral to these concepts is the trajectory of interpersonal relationships. We examine the couple relationship and the mother child relationship in the same Delaware families of 5 year olds at a baseline time point. We will code couple behavior with the surveys then observe mother child play and an emerging literacy task. This is a research project with clear hypotheses and pre specified measures, not a service or education program. The surveys are central to our design, qualifying the work for the \$40,000. By anchoring the science in observed interactions, the study shows how couple dynamics connect to maternal emotional availability and to children's social and early literacy development.

Scientific Importance

This study will add direct, observed evidence on how changes in couple dynamics relate to changes in maternal emotional availability and child outcomes in the same families. Using the Lewis Scales gives us a fine grained, behavior based view of couple functioning, while the Emotional Availability Scales, ASQ:SE 2, PedsQL, BDI, CAHPS, and Get Ready to Read provide validated measures across social, mental, health, and literacy domains. The three time point design lets us test within family change, not just static links, and ask whether improvement in couple functioning predicts improvement in maternal availability and child socio emotional skills and early literacy scores. Because all observations are repeated and coded to reliability, we can separate real change from measurement noise. Findings will

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point to concrete targets for counseling programs, such as session scripts and coaching moves that boost couple cooperation, which in turn can raise parenting quality, child social skills, and school readiness.

Scholarly Significance.

The rationale is that given the levels of social isolation that happened after Covid 19, and the number of work from home efforts that resulted, sedentary behavior resulted in increased chronic health conditions, stress, and caregiver burnout from lack of available supports and decreased home visiting and day program availability, (Gonzalez, Fuentes, and Marquez, 2017). Retrieved online, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5451443/>). We will determine if reduction of stress, anxiety, depression, and chronic health conditions result in a more comprehensive way than with only one to one counseling intervention alone? We will work on combining behavior change through health coaching, and various outreach formats, online and in person and various settings, school based, and clinic based, and home based support to determine the best combination of support, intervention, and treatment. Results could help reduce caregiver burnout and improved coping with chronic health conditions, and improved interpersonal relationships or perception of quality of life. Combining health coaching, with drama arts therapy may offer a more generalizable complex resolution to prior trauma, stress, and what is considered categories of adjustment disorders. Hopefully increasing coping skills will offset problems.

Who Stands to Benefit

According to some NIH RFPs in the past 5 years “early access, engagement and coordination of mental health treatment and services for children and adolescents” is a priority. The public health impact of this strategy is that there will be a possible increase of health care utilization for addressing the unmet response to mental health symptoms that are identified in school based settings incorporating teachers, and parents, and youth in a shared comprehensive model, so that that the first instance of notice of care includes the self efficacy of all three perspectives to take interest an action in health care utilization and shared decision making alongside of counselors.

Timeline

- Recruitment will begin in June of 2026
- The informed consent processes will completed by phone and online in August 2026
- Time 1 is in August 2026
- Data clean up for any data entry will be ongoing with preliminary data analysis to take place in Summer 2026.
- Data analysis and report writing will take place Fall 2026
- Dissemination of research findings could be to area conferences including for APHA or SRCDD after that.

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Real Health, Inc. dba Padma Sherni, Inc.	Budget	Narrative
Salary	\$10,000	Salary, Project Director, and Data entry, Data analysis, Evaluation, Report Writing
Wages	\$8,000	4 Health Providers who are Mental Health Clinicians, Wages.
Wages	\$8,000	2 Student Project Coordinators for data collection, data entry
Program Incentives	\$12,000	Program Incentive Gift Cards, Books, Toys for 120 families
Office Supplies/Postage/ IRB approval	\$1,000	IRB approval and Citi training costs
Printing/Publications	\$500	Surveys and Informed consent
Furniture/Equip/Hardware	\$500	Laptops, Subscriptions and webpage
Travel	N/A	N/A
Other (please use lines below to identify additional expenses for this program not specified above):		
Total Expenses	\$40,000	

References

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Power, J., Watson, S., Chen, W., Lewis, A. J., van IJzendoorn, M. H., & Galbally, M. (2024). Maternal emotional availability and perinatal depressive symptoms as predictors of early childhood executive function. *Journal of Affective Disorders*, 365, 332–340.

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Wu, Q., Han, S., Tawfiq, D., Jalapa, K., Lee, C., & Pocchio, K. (2024). A family systems investigation on couple emotional intimacy, parent-child relationships, and child social skills in middle childhood. *Child Development*, 95(6), 2195–2214.

Notes:

[Sample size in quantitative instrument validation studies: A systematic review of articles published in Scopus, 2021 - ScienceDirect](#)

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Appendix A

Data Collection Tools and Measures of Assessment are all validated Surveys.

1. Beck's scales of depression or anxiety of the adults by self report:

“**The Beck Depression Inventory (BDI)** is a 21-item, self-rated scale that evaluates key symptoms of depression including mood, pessimism, sense of failure, self-dissatisfaction, guilt, punishment, self-dislike, self-accusation, suicidal ideas, crying, irritability, social withdrawal, indecisiveness, body image change, work difficulty, insomnia, fatigability, loss of appetite, weight loss, somatic preoccupation, and loss of libido (Beck & Steer, 1993; Beck, Steer & Garbing, 1988).”

2. **Beringen Scales of emotional availability** by observation of the counseling intern or research assistant. Measures scales of Emotional Sensitivity, Structuring, Nonhostility, Nonintrusiveness.
3. **Parent Survey for demographics** by self report of the mother

This one page survey created by the researcher includes only eight questions that about the following variables: child date of birth, child height and weight (for BMI calculation), number of health books at home (for measuring home health literacy environment), whether or not a health referral had been received (to primary care, dental care, or mental health care support), and household income (with information requested about the number adults and children living at the house). Each question has the option for a “don't know” or “prefer not to say”/ “refuse”.

4. **AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS 2.0)** by self report of parent.

“Since its launch in 1997, this survey has become the national standard for measuring and reporting on the experiences of consumers with their health plans and services,” (Agency for Healthcare Research and Quality, 2018). The CAHPS offers a standardized questionnaire with optional supplemental items that can be administered to adults and children enrolled in Medicaid and commercial health plans in the previous 12 months (Agency for Healthcare Research and Quality, AHRQ, 2018). The agency, AHRQ, (2018) states:

A version of this survey is conducted in almost every State in the U.S. Sponsors of this survey include health plans, State agencies that purchase and regulate health care, and Federal agencies, such as the Department of Defense and the Centers for Medicare & Medicaid Services...All versions of the CAHPS Health Plan Survey produce the following measures of patient experience:

- Getting needed care
- Getting care quickly
- How well doctors communicate
- Health plan customer service
- How people rated their health plan
- The survey also collects basic demographic information about participants. (p. 1).

5. **Scenario of story and or difficult situation conversation** guided in interview style or role play.

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Method: *Research Design*

This study is a mixed methods combination of quantitative and qualitative research design on 120 couples. The study will involve a combination of surveys, and other techniques like “interviews, observations, and textual analysis,” (Hassan, 2024). Surveys will be completed on paper or a computer tablet through survey monkey or qualtrics after the survey is transformed into an online checklist. Some data will be gathered also by self reported surveys.

- **Key Methods** described by Hassan (2024) include:
 - **Case Study:** In-depth analysis of a specific individual, group, or event is being conducted on adult parents of 5 year old children.
 - **Grounded Theory:** Development of a theory based on observed data.
 - **Phenomenology:** Exploration of lived experiences and perceptions.
 - **Experimental:** Involves manipulation of variables to establish cause-and-effect relationships.
 - **Approach:**
 - Randomly assign participants to control and experimental groups.
 - Manipulate the independent variable and measure changes in the dependent variable.
 - Use statistical analysis to interpret results.

Participants

The parents, age 18 years of age and older might be clients of counseling practices or early education systems or family child care in across Delaware. This inquiry is a mixed methods study of 120 couples who are parents of 5 year olds who are participants of counseling program. After gathering permission from center directors, we will outreach to 12 counseling centers and 12 preschool sites across the state of Delaware in three counties.. We will ask for assessments to be completed in the preferred language out of five language choices: English, Spanish, Hindi, Mandarin, and possibly French (Creole). Therefore, translation of paperwork will be made available and or language interpreters or the hired student intern will be trained to do data collection in that language. We will be able to compare trends in and across three counties. The outreach efforts will involve a recruitment flyer with survey link to complete sign up and some assessments online. The surveys will be completed on paper or online during wait time at the counseling appointment. The three counties in Delaware are New Castle, Kent, and Sussex County.

Roy (2018) describes the demographics in New Castle County:

Procedure

The recruitment flyer will have the contact information for the participant collected so that the researcher can complete informed consent process by phone or by the waiting room after that. The study

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will be introduced and opportunity to ask questions will be offered before proceeding. The surveys for the study can be completed in person on paper or a computer tablet while waiting for an appointment for counseling.

The participants will determine by self report how often they have been participating in counseling. After determining the parents' level of involvement in counseling appointments as low, medium, or high, we will conduct our own assessment (1) talk therapy session with stories and cognitive behavioral therapy like rational emotive behavior therapy or solution or narrative therapy, (2) mental health surveys and (3) cognitive assessments. (4) Self report of an activity of shared story time and shapes peg board puzzle play will be evaluated according to emerging literacy tasks and relationship dynamic evaluated with Beringen scales (Sensitivity, Nonhostility, Nonintrusiveness, and Structuring). They can complete this portion of the evaluation at home on their own time and complete an online survey link.

Counseling programs will be approached to recruit participants. The total number of recruitment flyers will be 1000 across 12 sites in order to get the requested response rate. In terms of eligibility for participation, all parents must have been able to read and write in the 5 languages. Data collection will take place in August 2026. Participants will be told their total participation time would take approximately 1 hour of filling out paperwork after the informed consent process and completing tasks.

During the visit at the counseling sessions, the couples will be presented with a set of scenarios and also write their own to describe their typical couple dynamics as a conversational piece in a paragraph. A counseling intern will ask for permission to observe the counselors working with the families during these conversations at these three time points.

Therefore, the research design for the proposed study is a combination of observation of conversations and play and shared reading and emerging literacy assessment. Utilizing the scores from couple and family evaluation scales on multiple domains during a counseling appointment we will then analyze to what level there is a correlation with secure or insecure or anxious or avoidant response style.

There will be evaluation of socioemotional availability of caregivers of parents to young children ages 5 years old. Parents will be provided a book, puzzle play and lego duplo to interact with their child, and the emerging literacy score that results plus socio emotional scale of ages and stages will be

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evaluated. The parents will be taught how to implement an emerging literacy assessment for their 5 year old utilizing the Get Ready to Read assessment. The assessment can be found both as a small hand held book or online. Counselors who are LMFTs or Psychologists or LCSWs or LPCs or LPCMHs or their interns will be approached to ask voluntarily participating clients complete a written story by the participating couples. Domains of human development include the variables for child socioemotional wellbeing and cognitive processes and might relate to health literacy and health seeking behavior levels.

Institutional Review Board Approval

After completion of the IRB packet through BRANY institutional review board the following study will approach counseling offices in Delaware to recruit voluntary participants to complete a research study. The informed consent process will be completed both by paper and by phone by a hired research assistant who is interning while enrolled in a counseling or psychology program of study at a center based visit.

The process involves human subject protection training for all study personnel (Principal Investigator and Spanish Speaking Research Assistant) online through CITI, an online forum for training and regulation purposes. After an expedited review of the paperwork, for English and Spanish speakers to be surveyed at twelve counseling centers we will complete any additional requests through BRANY institutional review board. Potential research sites were identified by checking their availability and description on