



Rhode Island KIDS COUNT is a children's policy organization that provides information on child well-being, stimulates dialogue on children's issues, and promotes equity, accountability, and action. Rhode Island KIDS COUNT appreciates the generous support of the Rhode Island Foundation, United Way of Rhode Island, The Annie E. Casey Foundation, Prince Charitable Trusts, Alliance for Early Success, Nellie Mae Education Foundation, van Beuren Charitable Foundation, Alletta Morris McBean Charitable Trust, Partnership for America's Children, the Hasbro Foundation, Neighborhood Health Plan of Rhode Island, Blue Cross & Blue Shield of Rhode Island, Delta Dental of Rhode Island, UnitedHealthcare Community Plan, the Rhode Island Department of Public Safety, Pritzker Children's Initiative, Papitto Opportunity Connection, Georgetown University's Center for Children and Families, Hassenfeld Institute-Brown University, and Providence College.

The annual *Rhode Island KIDS COUNT Factbook* is one of fifty state-level projects designed to provide a detailed community-by-community picture of the condition of children. A national Data Book with comparable data for the U.S. is produced annually by The Annie E. Casey Foundation.

Additional copies of the *2024 Rhode Island KIDS COUNT Factbook* are available for \$30.00 per copy. Reduced rates are available for bulk orders. To receive copies of the Factbook, please contact:

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Factbook design by Greenwood Associates.
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2024 Rhode Island KIDS COUNT Factbook
Providence, RI: Rhode Island KIDS COUNT

2024 Rhode Island KIDS COUNT Factbook

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* *New Indicator*

Overview

Youth Powered

by Wujuudat Balogun

Power To voices

For too long, what was for us was not made with us.

Power to voices

Times are changing.

Look around you— Look at the youth and the path they are displaying.

This is not a game we are playing, it's the future we are making.
A future not just for us but for the upcoming generation.

Power To Voices

The past is a place for mistakes and the present is for raising the stakes.

Youth need to be the center face so we can go on and change the space.

Power To Voices—

Powered By The Youth

The *2024 Rhode Island KIDS COUNT Factbook* is the thirtieth annual profile of the well-being of children in Rhode Island. The annual Factbook is an important tool for planning and action by community leaders, policymakers, advocates, and others working toward changes that will improve the quality of life for all children.

The *2024 Rhode Island KIDS COUNT Factbook* provides a statistical portrait of the status of Rhode Island's children and youth. Information is presented for the state of Rhode Island, for each city and town, and for an aggregate of the four cities with the highest concentration of children living in poverty. These four core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

The Factbook provides community-level information on indicators in order to emphasize the significance of the surrounding physical, social, and economic environment in shaping outcomes for children. Communities and neighborhoods do matter – the actions of community leaders, government leaders, elected officials, businesses, faith organizations, and parents greatly influence children's chances for success and the challenges they will face.

By examining the best available data statewide and in Rhode Island's 39 cities and towns, Rhode Island KIDS COUNT provides an information base that can result in more effective policy and community action on behalf of children. Tracking changes in selected indicators can help communities to set priorities, identify strategies to reverse negative trends, and monitor progress.

The *2024 Rhode Island KIDS COUNT Factbook* examines 70 indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety, and Education. All areas of child well-being are interrelated and critical throughout a child's development. A child's safety in their family and community affects school performance; a child's economic security affects that child's health and education. The *2024 Rhode Island KIDS COUNT Factbook* reflects these interrelationships and builds a framework to guide policy, programs, and individual services on behalf of children and youth.



Family Economic Security

Children in poverty are most at risk of not achieving their full potential. Rhode Island's child poverty rate was 14% between 2018 and 2022 during which time 28,774 children were living in families with incomes below the federal poverty threshold. Many families with incomes above the poverty level also have a difficult time meeting the high costs of housing, utilities, food, child care, and health care. Access to affordable and high-quality early learning opportunities, Pre-K to 12 education, health insurance coverage, housing, and nutrition, along with policies that support working families, are important tools to ensure the economic well-being of Rhode Island families and to improve child outcomes.



Child Poverty is Concentrated in Four Core Cities

Poverty is linked to every KIDS COUNT indicator. Between 2018 and 2022, almost two-thirds (65%) of Rhode Island's children living in poverty lived in just four cities. These communities (Central Falls, Pawtucket, Providence, and Woonsocket) are the four core cities highlighted throughout the Factbook. Children in poverty live in every community in Rhode Island, but these four communities deserve special attention because they are where child poverty is most concentrated. Other communities with high poverty rates include Newport and West Warwick.



Racial and Ethnic Disparities

Data on racial and ethnic disparities are presented in as many indicators as possible and summarized in the Racial and Ethnic Disparities indicator. Collecting and reporting on data disaggregated by race and ethnicity is an important first step to identifying ways to eliminate them. Data on disparities and information about the historical and systemic racism that has resulted in these disparities can be used to identify policies to dismantle racism and reduce and eliminate disparities.

Family and Community

My backyard

by Ivan Nanson

Great and green

Each blade of grass sharp as a piercing sword streams with the wind.

Like an array of dancers all garnished in green

Glimmers of grass speck the stone wall.

Roots of the trees emerge up out of the ground.

Bugs dot the air all around.

As somber shadows cascade over my head squirrels bound from
branch to branch.

I hear the “crack” of sticks snapping as deer roam the land.

As a run haze of dust picks up and sails through the sky.

Birds chirp and squawk as they dive between the branches
of a low hanging tree.

A fox slyly slides between stones in the wall.

I see a car spy on me from up above as I sit here in the shade.

Raccoons rummage amongst the garbage and scamper off when

I come near for I am great and he is spares.

But when the day comes to an end I settle away after a long day in
my backyard.



Child Population

DEFINITION

Child population is the total number of children under age 18 and the percentage change between 2010 and 2020 in the total number of children under age 18.

SIGNIFICANCE

According to the 2020 U.S. Census, there were 1,097,379 Rhode Island residents in 2020. Children under age 18 make up 19% of the population. Rhode Island's child population decreased from 247,822 in 2000 to 223,956 in 2010 and then further to 209,785 in 2020 (15% decrease from 2000 to 2020).^{1,2,3} Between 2018 and 2022, there were 118,016 households with children under age 18 in Rhode Island, representing 27% of all households.⁴ Between 2018 and 2022, 26% of Rhode Island children were under age five, 27% were ages five to nine, 29% were ages 10 to 14, and 18% were ages 15 to 17.⁵

In Rhode Island, between 2018 and 2022, 120,885 (58%) children under age 18 lived in married-couple households, 65,796 (32%) children lived in single-parent households, and 17,161 (8%) children lived with relatives, including grandparents. A total of 3,994 (2%) children lived with foster families or other non-relative heads of household. There were 440 (<1%) children and youth under age 18

who lived in group quarters and 48 (<1%) youth who were householders or spouses.^{6,7,8}

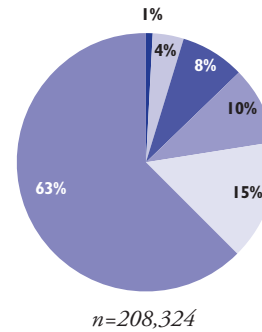
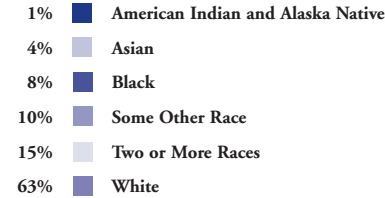
Rhode Island's children are diverse in race, ethnicity, language, and country of origin. Mirroring the national trend, the Hispanic child population in Rhode Island has grown since 2000, both in numbers and as a percentage of the child population. Hispanic children make up 26% of children under age 18 in the United States and 28% of children under age 18 in Rhode Island.^{9,10}

Between 2018 and 2022, there were 10,733 foreign-born children under the age of 18 living in Rhode Island, representing approximately 5% of the child population.¹¹ Of Rhode Island children ages five to 17, 77% speak only English at home, 17% speak Spanish, 4% speak other Indo-European languages, 2% speak Asian or Pacific Island languages, and 1% speak other languages at home.¹²

Sexual orientation and gender identity are other important facets of diversity among youth. According to the *2023 Youth Risk Behavior Survey*, 17.5% of high school students in Rhode Island described themselves as lesbian, gay, or bisexual. In addition, 5.2% described themselves as other and 4.8% as questioning. Among high school students, 3.9% described themselves as transgender.¹³

Rhode Island Children Under Age 18, 2018-2022

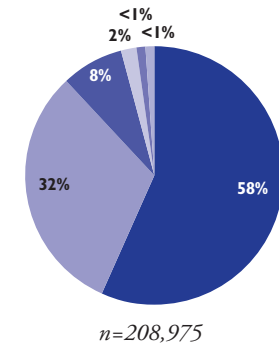
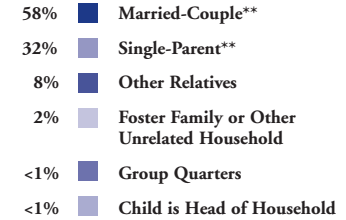
By Race/Ethnicity*



*Hispanic children may be included in any race category. Of Rhode Island's 208,324 children, 57,436 (28%) were Hispanic.

Source: U.S. Census Bureau, American Community Survey, 2018-2022. Tables B01001A, B01001B, B01001C, B01001D, B01001E, B01001F, B01001G, and B01001I. Percentages may not sum to 100% due to rounding.

By Family Structure



**Only includes children who are related to the head of household by birth or adoption.

Source: U.S. Census Bureau, American Community Survey, 2018-2022. Tables B09001, B09002, and B09018. Percentages may not sum to 100% due to rounding.

Decennial Census 2020

★ In 2020, the U.S. Census Bureau conducted its most recent decennial Census. Although the overall population of Rhode Island (1,097,379) grew by 4.3% from 2010 to 2020, the child population (209,785) declined by 6.3% over this same period.^{14,15}

★ Certain populations have been historically hard to count in the decennial Census, including young children under age five, immigrants, low-income populations, People of Color, people experiencing homelessness, and people in non-traditional households.¹⁶ The 2020 Census reveals that People of Color and young children continue to be undercounted, and Children of Color were undercounted at an even higher rate than in 2010.^{17,18}

Table 1.

Child Population, Rhode Island, 2010 and 2020

CITY/TOWN	2010 TOTAL POPULATION UNDER AGE 18	2020 TOTAL POPULATION UNDER AGE 18	CHANGE IN POPULATION UNDER AGE 18	% CHANGE IN POPULATION UNDER AGE 18
Barrington	4,597	4,489	-108	-2.3%
Bristol	3,623	2,887	-736	-20.3%
Burrville	3,576	3,229	-347	-9.7%
Central Falls	5,644	6,411	767	13.6%
Charlestown	1,506	1,161	-345	-22.9%
Coventry	7,770	6,655	-1,115	-14.4%
Cranston	16,414	15,744	-670	-4.1%
Cumberland	7,535	7,550	15	0.2%
East Greenwich	3,436	3,465	29	0.8%
East Providence	9,177	7,886	-1,291	-14.1%
Exeter	1,334	1,175	-159	-11.9%
Foster	986	790	-196	-19.9%
Glocester	2,098	1,896	-202	-9.6%
Hopkinton	1,845	1,613	-232	-12.6%
Jamestown	1,043	871	-172	-16.5%
Johnston	5,480	5,119	-361	-6.6%
Lincoln	4,751	4,640	-111	-2.3%
Little Compton	654	568	-86	-13.1%
Middletown	3,652	3,487	-165	-4.5%
Narragansett	2,269	1,651	-618	-27.2%
New Shoreham	163	189	26	16.0%
Newport	4,083	3,660	-423	-10.4%
North Kingstown	6,322	5,496	-826	-13.1%
North Providence	5,514	5,802	288	5.2%
North Smithfield	2,456	2,274	-182	-7.4%
Pawtucket	16,575	16,455	-120	-0.7%
Portsmouth	3,996	3,444	-552	-13.8%
Providence	41,634	41,021	-613	-1.5%
Richmond	1,849	1,627	-222	-12.0%
Scituate	2,272	1,866	-406	-17.9%
Smithfield	3,625	3,411	-214	-5.9%
South Kingstown	5,416	4,339	-1,077	-19.9%
Tiverton	2,998	2,723	-275	-9.2%
Warren	1,940	1,826	-114	-5.9%
Warwick	15,825	14,034	-1,791	-11.3%
West Greenwich	1,477	1,251	-226	-15.3%
West Warwick	5,746	5,787	41	0.7%
Westerly	4,787	3,826	-961	-20.1%
Woonsocket	9,888	9,467	-421	-4.3%
Four Core Cities	73,741	73,354	-387	-0.5%
Remainder of State	150,215	136,431	-13,784	-9.2%
Rhode Island	223,956	209,785	-14,171	-6.3%

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2010, Summary File 1 and Census 2020, Table P2 and Table P4.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

¹¹⁵ U.S. Census Bureau, Census 2020. Table P2 and Table P4.

² U.S. Census Bureau, Census 2000 Summary File 1. Table DP-1.

³¹⁴ U.S. Census Bureau, Census 2010 Summary File 1. Table DP-1.

⁴ U.S. Census Bureau, American Community Survey, 2018-2022. Table DP02.

⁵ U.S. Census Bureau, American Community Survey, 2018-2022. Table B01001.

⁶ U.S. Census Bureau, American Community Survey, 2018-2022. Table B09002.

⁷ U.S. Census Bureau, American Community Survey, 2018-2022. Table B09018.

⁸ U.S. Census Bureau, American Community Survey, 2018-2022. Table B09001.

⁹ U.S. Census Bureau, Census 2000 Redistricting Summary File. Table QT-PL.

¹⁰ U.S. Census Bureau, American Community Survey, 2018-2022. Table B01001I.

¹¹ U.S. Census Bureau, American Community Survey, 2018-2022. Table B05003.

¹² U.S. Census Bureau, American Community Survey, 2018-2022. Table B16007.

¹³ 2023 Youth Risk Behavior Survey, Rhode Island Department of Health.

¹⁶ 2020 Census: Counting everyone once, only once, and in the right place. (2018). Washington, DC: U.S. Census Bureau.

¹⁷ U.S. Census Bureau. (2022). Census Bureau releases estimates of undercount and overcount in the 2020 Census [Press release]. Retrieved February 2, 2023, from www.census.gov.

(continued on page 174)

Babies

DEFINITION

Babies is the number of babies born to Rhode Island families.

SIGNIFICANCE

Births have been declining for most of the past decade, both nationally and in Rhode Island. In 2022, the U.S. general fertility rate was 56.1 births per 1,000 women ages 15 to 44, a non-significant decline from 2021.¹

In 2021, Rhode Island had the second lowest fertility rate among states (48.3 births per 1,000 women ages 15 to 44). The general decline in the fertility rate is due to women delaying childbearing, as well as having fewer total children. Nationally, fertility rates have declined across all racial and ethnic groups; however, Black, Hispanic, and Native Hawaiian and Other Pacific Islander women have higher fertility rates than other groups.^{2,3,4}

Fertility rates, as well as immigration, an increase in multiracial marriages, and the proportion of women of childbearing age among racial and ethnic groups has led to an increasingly diverse child population, both in Rhode Island and nationally.⁵ In 2022 in Rhode Island, 45% of babies born were Babies of Color.⁶

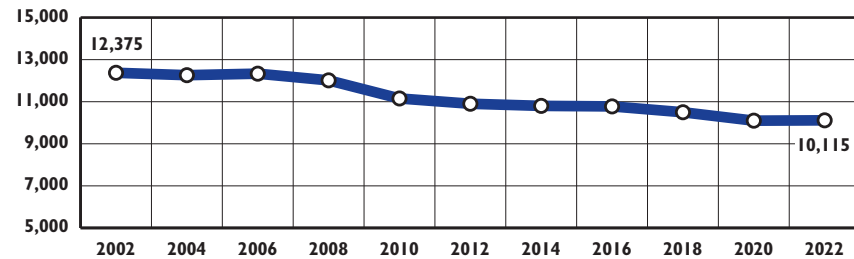
One factor that contributes to the decision to have a child is the high cost of raising a child in the U.S. A middle-class family spends an average of

\$311,000 from birth to age 17 on housing, child care and other costs.⁷ Policies such as paid family leave, subsidized child care and housing, universal Pre-K, and tax credits can help families afford the high cost of raising a child and improve the health and well-being of children.^{8,9}

The basic architecture of the human brain develops during the infant and toddler years. Babies who have positive early childhood experiences, stable, loving relationships with parents and caregivers, and good health and nutrition have a sturdy foundation to thrive. Babies who don't get what they need for healthy growth and development in the first few years of life can encounter lifelong educational, social, health, and developmental challenges.^{10,11}

Infancy is a time of great opportunity and vulnerability. A child's development can be harmed by toxic stress caused by adverse childhood experiences (including extreme poverty, child abuse, caregiver mental health or substance use disorders, and household violence) and factors such as community violence, food insecurity, and racism. These negative experiences in early childhood place a child at increased risk for developmental delays, mental health challenges, and health issues. Timely interventions can prevent or reverse the effects of early adversity.^{12,13,14}

Rhode Island Births, 2002-2022



Source: Rhode Island Department of Health, Vital Records, Rivers Database 2002-2022. Note: Birth data includes babies born to mothers living in Rhode Island at the time of birth whether the baby was born in Rhode Island or elsewhere.

★ The number of babies born to mothers living in Rhode Island at the time of birth declined 18% between 2002 and 2022, from 12,375 babies in 2002 to 10,115 babies in 2022.¹⁵

★ The U.S. teen birth rate reached a record low in 2022, with 13.5 births per 1,000 teens ages 15 to 19. Rhode Island had the fifth lowest teen birth rate in the U.S. in 2021, with 7.8 births per 1,000 teens ages 15 to 19.^{16,17}

Births by Factors, Rhode Island, 2023

★ In Rhode Island in 2023, 5,092 babies (55%) were born with private insurance, 4,112 babies (44%) were born with Medicaid/RIte Care insurance, 30 babies (<1%) had no insurance, and 37 babies (<1%) insurance status was unknown.¹⁸

★ All babies born in Rhode Island are screened through the Rhode Island Department of Health's Newborn Risk Assessment Program. In 2023, there were 6,090 newborns (66%) who had developmental, socio-economic and/or health factors that potentially put them at risk for later poor outcomes. Babies in families considered "at risk" are referred to First Connections at the Department of Health to help support healthy child development.^{19,20}

Table 2.

Babies, Rhode Island, 2023*

CITY/TOWN	# OF BABIES BORN TO FAMILIES WITH MEDICAID/ RITECARE	# OF BABIES BORN TO SINGLE MOMS	# OF BABIES BY MATERNAL RACE/ETHNICITY						TOTAL # OF BIRTHS
			AMERICAN INDIAN ALASKA NATIVE	ASIAN	BLACK	SOME OTHER/ TWO OR MORE RACES	WHITE	HISPANIC	
Barrington	11	12	0	<5	<5	9	74	<5	91
Bristol	23	30	0	<5	0	8	98	12	108
Burrillville	45	52	0	<5	0	<5	114	11	121
Central Falls	214	186	<5	<5	41	86	97	169	250
Charlestown	10	8	0	<5	<5	<5	41	<5	46
Coventry	52	86	<5	10	<5	9	230	21	259
Cranston	330	321	<5	62	84	141	483	249	795
Cumberland	55	76	0	22	14	30	198	28	268
East Greenwich	10	18	<5	6	<5	6	100	7	119
East Providence	147	168	0	18	46	61	303	60	437
Exeter	<5	12	0	<5	0	<5	34	<5	36
Foster	12	18	0	0	0	<5	38	<5	42
Glocester	8	9	0	<5	<5	<5	48	<5	54
Hopkinton	22	22	0	<5	0	5	57	<5	64
Jamestown	<5	5	0	0	0	0	28	0	28
Johnston	93	114	<5	16	20	44	187	69	273
Lincoln	51	56	<5	12	18	9	129	24	173
Little Compton	<5	<5	0	0	0	0	9	0	9
Middletown	33	41	0	<5	7	12	99	16	122
Narragansett	14	21	<5	<5	0	<5	51	<5	58
New Shoreham	<5	5	0	0	0	<5	6	<5	7
Newport	90	82	<5	6	12	25	139	44	190
North Kingstown	22	36	<5	9	5	12	148	8	178
North Providence	111	132	0	12	53	45	172	83	285
North Smithfield	16	22	0	5	<5	6	79	11	93
Pawtucket	461	449	<5	14	205	166	319	254	750
Portsmouth	14	18	0	<5	<5	5	78	<5	91
Providence	1,470	1,288	25	84	341	714	917	1,316	2,136
Richmond	10	17	0	<5	<5	<5	55	<5	62
Scituate	14	23	0	0	<5	<5	80	6	89
Smithfield	14	19	0	<5	0	<5	90	7	99
South Kingstown	35	40	<5	8	6	14	150	15	182
Tiverton	31	32	0	<5	0	<5	77	<5	82
Warren	16	23	0	<5	<5	5	63	<5	70
Warwick	183	239	<5	32	40	48	554	85	682
West Greenwich	8	5	0	<5	<5	<5	38	<5	45
West Warwick	112	137	<5	9	17	34	221	47	288
Westerly	46	54	<5	6	<5	12	103	5	131
Woonsocket	317	298	<5	25	65	99	257	148	458
Four Core Cities	2,462	2,221	33	125	652	1,065	1,590	1,887	3,594
Remainder of State	1,650	1,955	24	257	351	573	4,374	838	5,677
Rhode Island	4,112	4,176	57	382	1,003	1,638	5,964	2,725	9,271

Source of Data for Table/Methodology

Rhode Island Department of Health, KIDSNET Database, 2023. Birth data from 2023 are provisional. Data include only babies born in Rhode Island to Rhode Island residents.

Data for cities and towns with fewer than five babies are suppressed by the Rhode Island Department of Health due to the policy regarding sensitive reproductive health information of a potentially socially-stigmatizing age group. These births are still counted in the remainder of state and state totals.

*Unknowns were excluded for each category (227 babies had unknown maternal race information, nine had unknown maternal ethnicity information)

**Hispanic can be of any Race

“# of Babies Born to Single Moms” include single, separated, divorced, or widowed mothers.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

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^{2,17} Osterman, M. J. K., Hamilton, B. E., Martin, J. A., Driscoll, A. K., & Valenzuela, C. P. (2023). Births: Final data for 2021. *National Vital Statistics Reports, 72*(1). Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

⁴ Population Reference Bureau. (2021). *Why is the U.S. birth rate declining?* Retrieved February 9, 2023, from www.prb.org

⁵ Frey, W. H. (2021). *New 2020 census results show increased diversity countering decades-long declines in America's white and youth populations.* Retrieved February 9, 2023, from www.brookings.edu

⁶ The Annie E. Casey Foundation KIDS COUNT Data Center, datacenter.kidscount.org

(continued on page 174)

Children in Single-Parent Families

DEFINITION

Children in single-parent families is the percentage of children under age 18 who live in families headed by an unmarried person of any gender regardless of whether both parents live in the home but are unmarried or if only one parent lives in the home. These numbers include “own children” defined as never-married, under age 18, and related to the family head by birth, marriage, or adoption.

SIGNIFICANCE

According to the U.S. Census Bureau’s American Community Survey, there were 186,681 children living with one or more parents in Rhode Island between 2018 and 2022. Of these, 35% (65,796) were living with an unmarried parent, the same percentage of children between 2013 and 2017.^{1,2}

Between 2018 and 2022, 78% of children living in poverty in Rhode Island were living in single-parent families. Children in single-parent families in Rhode Island were five times more likely to be living in poverty than those in married-couple families. Between 2018 and 2022 in Rhode Island, 29% of children in single-parent families lived in poverty, compared to 5% of children in married-couple families.³

Single-parent families led by mothers were more likely to live in poverty than single-parent families led by fathers.⁴ Between 2018 and 2022, the median

family income for married two-parent families (\$128,469) was twice that of male-headed single-parent families (\$60,777) and more than three times that of female-headed single-parent families (\$39,573).⁵

The financial hardship, and associated stress of single parenthood can contribute to differences in the socioeconomic well-being of children in single-parent households compared to those in two-parent households.⁶ Increasing parents’ education levels can make a significant difference in their earning power. Single mothers with associate degrees earn an average of \$152,927 more over their lifetimes than those with high school diplomas, and single mothers with bachelor’s degrees earn \$296,044 more. Increasing the incomes of low-income families with young children under age six by \$3,000 per year can improve long-term outcomes for their children.⁷ Supports like child care assistance, paid family leave, and paid sick time are also vital supports for single parents and their children.⁸

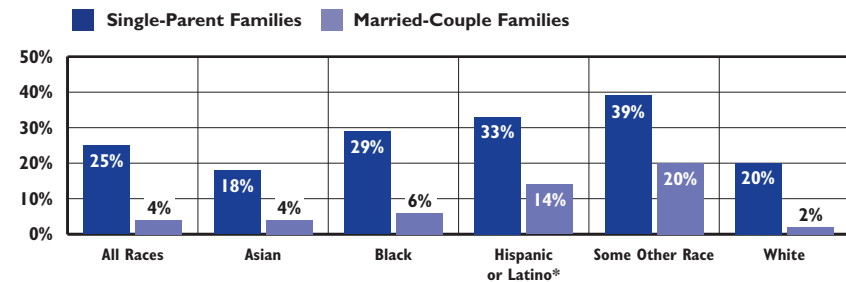
Single-Parent Families		
	2012	2022
RI	40%	37%
US	35%	34%
National Rank*		40th
New England Rank**		6th

*1st is best; 50th is worst

**1st is best; 6th is worst

The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Families With Children Under Age 18 and Income Below the Poverty Threshold, by Race & Ethnicity, Rhode Island, 2018-2022



Source: U.S. Census Bureau, American Community Survey, 2018-2022. Tables B17010, B17010A, B17010B, B17010D, B17010F, B17010I. *Hispanic or Latino may be in any race category.

★ **Hispanic and Black single-parent families and single-parent families of Some other race in Rhode Island are almost one and a half times as likely as white single-parent families to live in poverty. Hispanic, Black, and married-couple families of Some other race are more likely than white and Asian married-couple families in Rhode Island to live in poverty.⁹**

Family Structure and Child Well-Being

★ **In the United States, one in four parents living with a child is unmarried (25%). This marks a dramatic change from 50 years ago, when fewer than one in 10 parents living with their children was unmarried (7%). At the same time, the profile of unmarried parents has shifted so that now 35% of all unmarried parents are living with a partner.¹⁰**

★ **Children in the U.S. live in a variety of family structures. Among those who live with at least one of their biological parents, 59% live in families with only biological parent(s) and full sibling(s), and 41% live in families with single parents, stepparents, stepsiblings, and/or half siblings.¹¹**

★ **After increasing for several decades, the rate of births per 1,000 unmarried women in the U.S. has decreased to 38 per 1,000 in 2021 since its peak of 52 per 1,000 between 2007 and 2008.^{12,13} Babies born to cohabiting couples comprise 25% of all births and 60% of nonmarital births in the U.S., and they account for nearly the entire increase in nonmarital births.¹⁴**

Children in Single-Parent Families

Table 3.

Children's Living Arrangements, Rhode Island, 2010

CITY/TOWN	CHILDREN LIVING IN HOUSEHOLDS	CHILDREN WHO ARE A HOUSEHOLDER OR SPOUSE		CHILDREN LIVING WITH NON-RELATIVES		CHILDREN LIVING WITH OTHER RELATIVES		CHILDREN LIVING IN MARRIED-COUPLE FAMILIES		CHILDREN LIVING WITH GRANDPARENTS		CHILDREN LIVING IN SINGLE-PARENT FAMILIES	
		N	%	N	%	N	%	N	%	N	%	N	%
Barrington	4,597	2	<1%	31	1%	15	0%	3,871	84%	85	2%	593	13%
Bristol	3,621	1	<1%	37	1%	51	1%	2,564	71%	225	6%	743	21%
Burrillville	3,548	0	0%	110	3%	26	1%	2,353	66%	232	7%	827	23%
Central Falls	5,634	3	<1%	90	2%	209	4%	2,159	38%	429	8%	2,744	49%
Charlestown	1,506	0	0%	15	1%	20	1%	1,059	70%	106	7%	306	20%
Coventry	7,762	2	<1%	148	2%	72	1%	5,343	69%	549	7%	1,648	21%
Cranston	16,262	5	<1%	226	1%	324	2%	10,462	64%	1,027	6%	4,218	26%
Cumberland	7,535	0	0%	97	1%	53	1%	5,651	75%	334	4%	1,400	19%
East Greenwich	3,436	0	0%	21	1%	13	0%	2,889	84%	71	2%	442	13%
East Providence	9,100	2	<1%	127	1%	154	2%	5,329	59%	675	7%	2,813	31%
Exeter	1,300	0	0%	23	2%	16	1%	996	77%	82	6%	183	14%
Foster	986	0	0%	24	2%	10	1%	741	75%	69	7%	142	14%
Glocester	2,098	0	0%	39	2%	26	1%	1,581	75%	137	7%	315	15%
Hopkinton	1,845	0	0%	46	2%	24	1%	1,327	72%	113	6%	335	18%
Jamestown	1,043	0	0%	3	0%	5	0%	799	77%	49	5%	187	18%
Johnston	5,473	2	<1%	90	2%	114	2%	3,591	66%	380	7%	1,296	24%
Lincoln	4,743	3	<1%	61	1%	52	1%	3,270	69%	211	4%	1,146	24%
Little Compton	654	0	0%	5	1%	1	0%	528	81%	42	6%	78	12%
Middletown	3,634	3	<1%	45	1%	38	1%	2,606	72%	166	5%	776	21%
Narragansett	2,240	2	<1%	35	2%	25	1%	1,533	68%	105	5%	540	24%
New Shoreham	163	0	0%	1	1%	1	1%	111	68%	4	2%	46	28%
Newport	4,060	2	<1%	66	2%	56	1%	2,034	50%	204	5%	1,698	42%
North Kingstown	6,322	1	<1%	57	1%	49	1%	4,639	73%	247	4%	1,329	21%
North Providence	5,481	0	0%	81	1%	131	2%	3,266	60%	378	7%	1,625	30%
North Smithfield	2,456	0	0%	40	2%	13	1%	1,831	75%	96	4%	476	19%
Pawtucket	16,550	17	<1%	239	1%	460	3%	7,488	45%	1,228	7%	7,118	43%
Portsmouth	3,940	2	<1%	47	1%	24	1%	2,977	76%	172	4%	718	18%
Providence	41,497	41	<1%	632	2%	1,663	4%	16,931	41%	3,094	7%	19,136	46%
Richmond	1,836	0	0%	32	2%	16	1%	1,437	78%	104	6%	247	13%
Scituate	2,272	0	0%	24	1%	22	1%	1,731	76%	139	6%	356	16%
Smithfield	3,615	2	<1%	46	1%	29	1%	2,802	78%	164	5%	572	16%
South Kingstown	5,364	0	0%	81	2%	31	1%	3,951	74%	248	5%	1,053	20%
Tiverton	2,998	1	<1%	41	1%	20	1%	2,109	70%	162	5%	665	22%
Warren	1,935	4	<1%	42	2%	19	1%	1,124	58%	136	7%	610	32%
Warwick	15,795	3	<1%	308	2%	223	1%	10,476	66%	1,109	7%	3,676	23%
West Greenwich	1,468	2	<1%	22	1%	13	1%	1,131	77%	79	5%	221	15%
West Warwick	5,746	1	<1%	151	3%	121	2%	3,118	54%	365	6%	1,990	35%
Westerly	4,787	4	<1%	82	2%	83	2%	3,012	63%	269	6%	1,337	28%
Woonsocket	9,842	10	<1%	203	2%	176	2%	4,237	43%	683	7%	4,533	46%
Four Core Cities	73,523	71	<1%	1,164	2%	2,508	3%	30,815	42%	5,434	7%	33,531	46%
Remainder of State	149,621	44	<1%	2,304	2%	1,890	1%	102,242	68%	8,534	6%	34,607	23%
Rhode Island	223,144	115	<1%	3,468	2%	4,398	2%	133,057	60%	13,968	6%	68,138	31%

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2010. Children's Living Arrangements data from the Census 2020 will not be available until Fall 2024.

The denominator is the number of children under age 18 living in family households according to Census 2010. A family household is defined by the U.S. Census Bureau as consisting of a householder and one or more people living together in the same household who are related to the householder by birth, marriage, or adoption – it may include others not related to the householder.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

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(continued on page 174)

Grandparents Caring for Grandchildren

DEFINITION

Grandparents caring for grandchildren is the percentage of family households in which a grandparent is financially responsible for food, shelter, clothing, child care, etc. for any or all grandchildren under age 18 living in the household.

SIGNIFICANCE

The number of grandparents raising grandchildren is on the rise. In the United States, eight million children live in households headed primarily by grandparents or other relatives, and 2.5 million of these children are in families where grandparents or other relatives or a close family friend serve as the primary caregiver. Children of Color are more likely to be cared for by grandparents than other groups.¹

A grandparent caregiver reduces the trauma of separation when a child cannot remain with their parents and provides better outcomes for children than those who are placed with non-relatives. Children may be in a grandparent's care because of child neglect or abuse, unemployment, or incarceration. Increasingly, parental substance use is the reason a grandparent becomes the primary caregiver.^{2,3}

Twice as many grandmothers are involved in raising grandchildren than grandfathers. Forty percent of grandmother-only caregivers live below

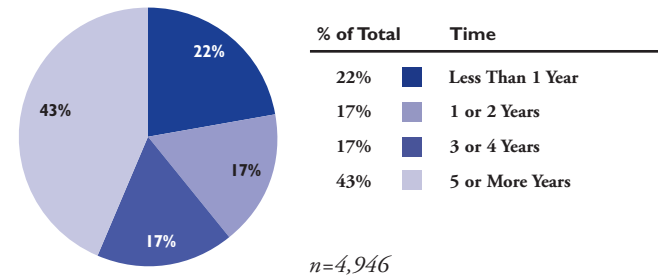
the poverty line, and 76% receive public assistance. Nearly one in five grandparent caregivers lives in poverty.^{4,5}

Many grandparents have informal custody arrangements and are not involved with child welfare agencies, often receiving fewer services than traditional foster parents.⁶ Compared to the general population, children in informal kinship care are more likely to live in poverty, less likely to be covered by health insurance, and are more likely to have physical and mental disabilities.⁷

Grandparents and other relative caregivers often lack information about the support services (such as training, respite, and peer support), resources, programs, and policies available to them. Nearly all children in kinship care are eligible for cash assistance through Temporary Assistance for Needy Families regardless of their household's income level, yet children in informal custody arrangements are much less likely to receive these payments.^{8,9}

Grandparent caregivers are at risk for poor physical and mental health.¹⁰ They may have difficulty enrolling children in school and/or seeking health insurance or medical care for the children in their care. Many caregivers do not pursue the legal process required for permanent status to avoid strain on family relationships and due to cost.¹¹ Grandparents make up the largest percentage of relative caregivers, but other family members may face similar obstacles.¹²

Rhode Island Grandparents Financially Responsible for Their Grandchildren, by Length of Time Responsible, 2018-2022



Source: U.S. Census Bureau, American Community Survey, 2018-2022. Table B10050.

★ **Between 2018 and 2022, there were a total of 13,248 children in Rhode Island living in households headed by grandparents.¹³ During this time period, there were 4,946 grandparents who were financially responsible for their grandchildren, 60% of whom had been financially responsible for three or more years.¹⁴**

★ **Children in kinship foster care have better physical and mental health outcomes, more stability, and are more likely to have a permanent home than children in foster care with non-relatives.¹⁵ Rhode Island regulations state that the Department of Children, Youth and Families (DCYF) must give priority to relatives when placing a child in out-of-home care.¹⁶ On December 1, 2023, there were 512 children and youth in DCYF care who were in out-of-home placements with a grandparent or other relative. Children in kinship foster care made up 37% of all children in out-of-home placements in Rhode Island.¹⁷**

★ **The federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* helps keep families together and improve outcomes by allowing federal dollars to support children exiting foster care to permanent homes with relative guardians.¹⁸ Rhode Island is one of 42 states with a Guardianship Assistance Program that provides financial assistance payments to grandparents and other relative caregivers who assume legal guardianship.¹⁹**

Grandparents Caring for Grandchildren

Table 4.

Children's Living Arrangements, Rhode Island, 2010

CITY/TOWN	CHILDREN LIVING IN HOUSEHOLDS	CHILDREN WHO ARE A HOUSEHOLDER OR SPOUSE		CHILDREN LIVING WITH NON-RELATIVES		CHILDREN LIVING WITH OTHER RELATIVES		CHILDREN LIVING IN MARRIED IN COUPLE FAMILIES		CHILDREN LIVING IN SINGLE PARENT FAMILIES		CHILDREN LIVING WITH GRANDPARENTS	
		N	%	N	%	N	%	N	%	N	%	N	%
Barrington	4,597	2	<1%	31	1%	15	0%	3,871	84%	593	13%	85	2%
Bristol	3,621	1	<1%	37	1%	51	1%	2,564	71%	743	21%	225	6%
Burrillville	3,548	0	0%	110	3%	26	1%	2,353	66%	827	23%	232	7%
Central Falls	5,634	3	<1%	90	2%	209	4%	2,159	38%	2,744	49%	429	8%
Charlestown	1,506	0	0%	15	1%	20	1%	1,059	70%	306	20%	106	7%
Coventry	7,762	2	<1%	148	2%	72	1%	5,343	69%	1,648	21%	549	7%
Cranston	16,262	5	<1%	226	1%	324	2%	10,462	64%	4,218	26%	1,027	6%
Cumberland	7,535	0	0%	97	1%	53	1%	5,651	75%	1,400	19%	334	4%
East Greenwich	3,436	0	0%	21	1%	13	0%	2,889	84%	442	13%	71	2%
East Providence	9,100	2	<1%	127	1%	154	2%	5,329	59%	2,813	31%	675	7%
Exeter	1,300	0	0%	23	2%	16	1%	996	77%	183	14%	82	6%
Foster	986	0	0%	24	2%	10	1%	741	75%	142	14%	69	7%
Glocester	2,098	0	0%	39	2%	26	1%	1,581	75%	315	15%	137	7%
Hopkinton	1,845	0	0%	46	2%	24	1%	1,327	72%	335	18%	113	6%
Jamestown	1,043	0	0%	3	0%	5	0%	799	77%	187	18%	49	5%
Johnston	5,473	2	<1%	90	2%	114	2%	3,591	66%	1,296	24%	380	7%
Lincoln	4,743	3	<1%	61	1%	52	1%	3,270	69%	1,146	24%	211	4%
Little Compton	654	0	0%	5	1%	1	0%	528	81%	78	12%	42	6%
Middletown	3,634	3	<1%	45	1%	38	1%	2,606	72%	776	21%	166	5%
Narragansett	2,240	2	<1%	35	2%	25	1%	1,533	68%	540	24%	105	5%
New Shoreham	163	0	0%	1	1%	1	1%	111	68%	46	28%	4	2%
Newport	4,060	2	<1%	66	2%	56	1%	2,034	50%	1,698	42%	204	5%
North Kingstown	6,322	1	<1%	57	1%	49	1%	4,639	73%	1,329	21%	247	4%
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Tiverton	2,998	1	<1%	41	1%	20	1%	2,109	70%	665	22%	162	5%
Warren	1,935	4	<1%	42	2%	19	1%	1,124	58%	610	32%	136	7%
Warwick	15,795	3	<1%	308	2%	223	1%	10,476	66%	3,676	23%	1,109	7%
West Greenwich	1,468	2	<1%	22	1%	13	1%	1,131	77%	221	15%	79	5%
West Warwick	5,746	1	<1%	151	3%	121	2%	3,118	54%	1,990	35%	365	6%
Westerly	4,787	4	<1%	82	2%	83	2%	3,012	63%	1,337	28%	269	6%
Woonsocket	9,842	10	<1%	203	2%	176	2%	4,237	43%	4,533	46%	683	7%
Four Core Cities	73,523	71	<1%	1,164	2%	2,508	3%	30,815	42%	33,531	46%	5,434	7%
Remainder of State	149,621	44	<1%	2,304	2%	1,890	1%	102,242	68%	34,607	23%	8,534	6%
Rhode Island	223,144	115	<1%	3,468	2%	4,398	2%	133,057	60%	68,138	31%	13,968	6%

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2010. Children's Living Arrangements data from the Census 2020 will not be available until Fall 2024.

The denominator is the number of children under age 18 living in family households according to Census 2010. A family household is defined by the U.S. Census Bureau as consisting of a householder and one or more people living together in the same household who are related to the householder by birth, marriage, or adoption – it may include others not related to the householder.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

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- ¹¹ *A place to call home: Building affordable housing for grandfamilies.* (2019). Washington, DC: Generations United.
- ¹³ U.S. Census Bureau, American Community Survey, 2018-2022. Table B09018.

(continued on page 174)

Mother's Education Level

DEFINITION

Mother's education level is the percentage of total births to women with less than a high school diploma. Data are self-reported at the time of the infant's birth.

SIGNIFICANCE

Parental educational attainment can have an impact on many aspects of child well-being, including children's health and health-related behaviors, school readiness, educational achievement, and involvement in pro-social activities.¹ Children of parents without high school degrees are more likely to struggle in school, including receiving lower achievement scores, repeating grades, and failing to graduate from high school.²

Infant mortality rates increase as mother's education levels decrease.³ In Rhode Island between 2018 and 2022, babies born to mothers with a high school degree or less had a higher infant mortality rate (5.4 per 1,000) than babies born to mothers with more advanced education (3.1 per 1,000 births).⁴

Children of more educated parents participate in early learning programs and home literacy activities more frequently and enter school with higher levels of academic skills. Increasing maternal education can improve children's school readiness, language and

academic skills, health, and educational attainment. Higher levels of parental education can decrease the likelihood that a child will live in poverty.^{5,6,7,8} Between 2018 and 2022, women with bachelor's degrees in Rhode Island earned twice as much as those with less than a high school diploma and 1.6 times more than women with a high school diploma.⁹

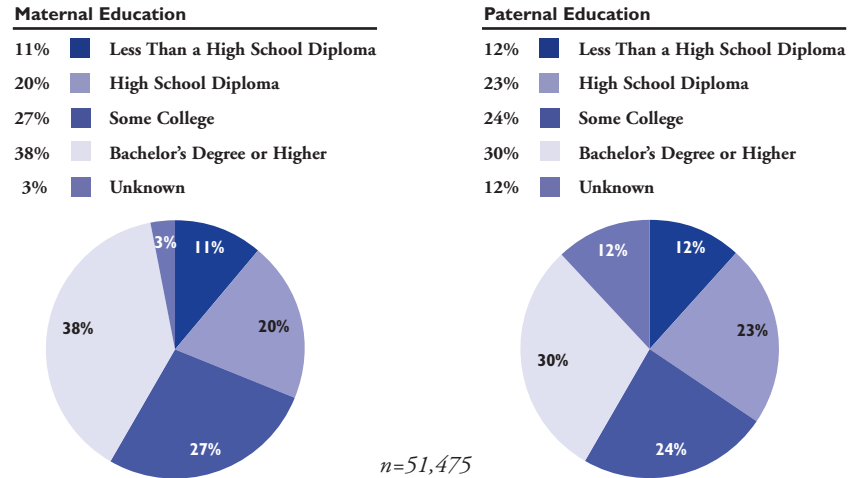
Between 2018 and 2022, 11% of Rhode Island births were to mothers with less than a high school diploma and 66% were to mothers with at least some college education.¹⁰ Nationally in 2022, 11% of children under age 18 lived in families in which the head of household had less than a high school diploma, and 47% lived in families in which the head of household had an associate degree or higher.¹¹

Births to Mothers with Less Than a High School Diploma, by Race and Ethnicity, Rhode Island, 2018-2022

RACE/ETHNICITY	% OF BIRTHS
All Races	11%
American Indian Alaskan Native	21%
Asian	7%
Black	11%
Hispanic	25%
White	7%

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2018-2022.

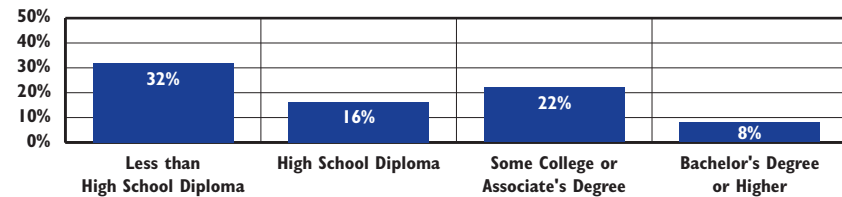
Births by Parental Education Levels, Rhode Island, 2018-2022



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2018-2022. Percentages may not sum to 100% due to rounding.

★ In Rhode Island between 2018 and 2022, 32% of all infants were born to mothers with a high school diploma or less, and 34% were born to fathers with a high school diploma or less.¹²

Poverty Rates for Families Headed by Single Women by Educational Attainment, Rhode Island, 2018-2022



Source: U.S. Census Bureau, American Community Survey, 2018-2022. Table S1702.

★ In Rhode Island between 2018 and 2022, 32% of families headed by single women with less than a high school diploma lived in poverty, compared with 8% of those with a bachelor's degree or higher.¹³

Mother's Education Level

Table 5.

Births by Education Level of Mother, Rhode Island, 2018-2022

CITY/TOWN	TOTAL # OF BIRTHS	BACHELOR'S DEGREE OR ABOVE		SOME COLLEGE		HIGH SCHOOL DIPLOMA		LESS THAN A HIGH SCHOOL DIPLOMA	
		N	%	N	%	N	%	N	%
Barrington	585	478	82%	60	10%	21	4%	5	*
Bristol	673	381	57%	177	26%	78	12%	26	4%
Burrillville	654	252	39%	237	36%	124	19%	25	4%
Central Falls	1,505	112	7%	373	25%	449	30%	507	34%
Charlestown	280	146	52%	71	25%	41	15%	14	5% [^]
Coventry	1,491	670	45%	481	32%	250	17%	56	4%
Cranston	3,810	1,641	43%	1,142	30%	668	18%	268	7%
Cumberland	1,740	1,034	59%	387	22%	202	12%	52	3%
East Greenwich	614	483	79%	79	13%	27	4%	9	*
East Providence	2,229	932	42%	644	29%	448	20%	146	7%
Exeter	242	140	58%	51	21%	32	13%	12	5% [^]
Foster	208	95	46%	68	33%	30	14%	8	*
Glocester	359	182	51%	123	34%	45	13%	4	*
Hopkinton	316	148	47%	89	28%	60	19%	12	4% [^]
Jamestown	131	102	78%	19	15% [^]	5	*	3	*
Johnston	1,361	522	38%	433	32%	273	20%	98	7%
Lincoln	914	503	55%	222	24%	129	14%	36	4%
Little Compton	77	52	68%	18	23% [^]	2	*	0	0%
Middletown	763	417	55%	167	22%	120	16%	49	6%
Narragansett	273	170	62%	60	22%	31	11%	8	*
New Shoreham	31	16	52% [^]	12	39% [^] [^]	3	*	0	36% [^]
Newport	1,048	469	45%	205	20%	201	19%	154	15%
North Kingstown	1,094	695	64%	233	21%	113	10%	36	3%
North Providence	1,605	664	41%	524	33%	271	17%	102	6%
North Smithfield	481	252	52%	139	29%	63	13%	10	*
Pawtucket	4,332	982	23%	1,380	32%	1,196	28%	602	14%
Portsmouth	659	442	67%	145	22%	53	8%	11	2% [^]
Providence	11,726	2,651	23%	2,987	25%	3,031	26%	2,572	22%
Richmond	348	184	53%	97	28%	48	14%	11	3% [^]
Scituate	445	246	55%	126	28%	54	12%	11	2% [^]
Smithfield	747	433	58%	207	28%	74	10%	17	2% [^]
South Kingstown	827	549	66%	154	19%	70	8%	30	4%
Tiverton	550	279	51%	159	29%	77	14%	19	3% [^]
Warren	405	202	50%	117	29%	67	17%	14	3%
Warwick	3,528	1,684	48%	1,048	30%	600	17%	139	4%
West Greenwich	249	134	54%	75	30%	33	13%	4	*
West Warwick	1,462	423	29%	518	35%	368	25%	121	8%
Westerly	874	377	43%	247	28%	175	20%	52	6%
Woonsocket	2,604	384	15%	762	29%	855	33%	521	20%
Unknown**	235	83	35%	76	*	44	19%	25	*
Four Core Cities	20,167	4,129	20%	5,502	27%	5,531	27%	4,202	21%
Remainder of State	31,073	15,397	50%	8,534	27%	4,856	16%	1,562	5%
Rhode Island	51,475	19,609	38%	14,112	27%	10,431	20%	5,789	11%

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2018-2022. Data are self-reported and reported by the mother's place of residence, not the place of the infant's birth.

Percentages may not sum to 100% for all communities and the state because the number and percentage of births with unknown parental education levels are not included in this table. Between 2018 and 2022, maternal education levels were unknown for 1,534 births (3%).

*The data are statistically unreliable, and rates are not reported and should not be calculated.

[^]The data are statistically unstable, and rates or percentages should be interpreted with caution.

**Unknown births have missing maternal residence data.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

- ¹ *Parental education*. (2015). Washington, DC: Child Trends.
- ^{2,5} Hussar, B., et al. (2020). *The condition of education 2020* (NCES 2020-144). Washington, DC: U.S. Department of Education, National Center for Education Statistics.
- ³ Green, T., & Hamilton, T. G. (2019). Maternal educational attainment and infant mortality in the United States: Does the gradient vary by race/ethnicity and nativity? *Demographic Research*, 41, 713-752.
- ^{4,10,12} Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2018-2022.
- ⁶ Napoli, A., Korucu, I., Lin, J., Schmitt, S., & Purpura, D. (2021). Characteristics related to parent-child literacy and numeracy practices in preschool. *Frontiers in Education*, 6:535682.
- ⁷ National Center for Education Statistics. (2022). *Characteristics of Children's Families. Condition of Education*. U.S. Department of Education, Institute of Education Sciences. Retrieved February 2, 2023, from <https://nces.ed.gov/programs/coe/indicator/ccc>.

(continued on page 174)

Racial and Ethnic Diversity

DEFINITION

Racial and ethnic diversity is the percentage of children under age 18 by racial and ethnic categories as defined by the U.S. Census Bureau. Racial and ethnic categories are chosen by the head of household or person completing the Census form.

SIGNIFICANCE

Racial and ethnic diversity has increased in the United States over the last several decades and is projected to rise in the future. Since 2000, all of the growth in the child population in the U.S. has been among Children of Color.^{1,2} In 2022, 51% of all U.S. children were Children of Color.³ In Rhode Island between 2010 and 2020, the Hispanic child population grew by 22% while the non-Hispanic white child population declined by 22%.^{4,5} In 2020, 47% of children in Rhode Island were Children of Color, up from 36% in 2010. The number of Children of Color in Rhode Island grew by over 70,000 between 2010 and 2020, and the number of non-Hispanic white children decreased by over 31,000 during the same period.^{6,7}

In 2020 in Rhode Island, 53% of children under age 18 were white, 8% were Two or more races, 6% were Black or African American, 3% were Asian, 1% identified as Some other race, and less than 1% were American Indian or

Alaska Native. In 2020, 27% of children living in Rhode Island were Hispanic.⁸

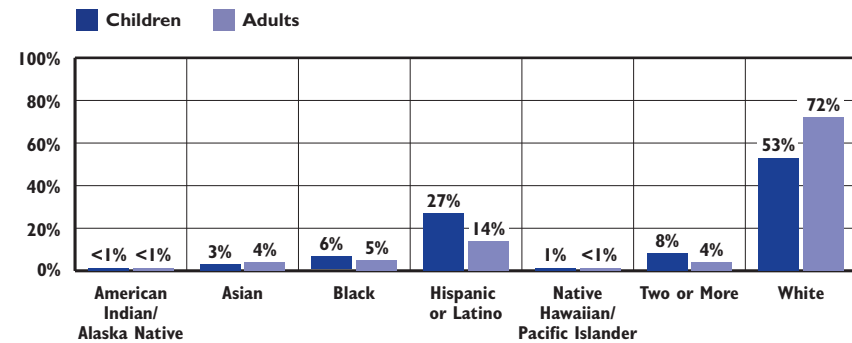
In 2020, more than half (59%) of all Children of Color in Rhode Island lived in the four core cities of Central Falls, Pawtucket, Providence, and Woonsocket. More than three-quarters (77%) of children living in the four core cities were Children of Color.⁹

Between 2018 and 2022, there were 10,319 foreign-born children living in Rhode Island, 21% of whom were naturalized U.S. citizens.¹⁰ Of Rhode Island's immigrant children, 43% were born in the Caribbean, 24% were born in Central or South America, 19% were born in Asia, 9% were born in Africa, 3% were born in Europe, and 1% were born in North America (Canada or Mexico).¹¹

Between 2018 and 2022, 23% of children between the ages of five and 17 living in Rhode Island spoke a language other than English at home. During this same time, 17% of children spoke Spanish, 4% spoke other Indo-European languages, 2% spoke Asian and Pacific Island languages, and 1% spoke other languages.¹²

Many schools, child care providers, health care providers, social service agencies, and other community organizations are working to adapt their practices to be more culturally competent and better serve this increasingly diverse child population.¹³


Population by Race/Ethnicity, Rhode Island, 2020



Source: U.S. Census Bureau, Census 2020. Table P2 and Table P4.

★ **Children in Rhode Island are more likely to be identified as People of Color than adults. In 2020 in Rhode Island, 47% of children under age 18 were People of Color, compared with 28% of adults.**¹⁴

★ **The diversity of Rhode Island is an asset; however, there are wide, persistent, and unacceptable disparities in children's economic well-being by race and ethnicity. Between 2018 and 2022, 53% of Native American, 38% of Hispanic, and 22% of Black children in Rhode Island lived in poverty, followed by 11% of Asian/Pacific Islander children and 8% of white children.**¹⁵

★ **In 2022, 29% of children in Rhode Island lived in immigrant families, which is higher than the U.S. rate of 25%. Nationally and in Rhode Island, nearly all children in immigrant families (97%) have parents who have been in the U.S. for more than five years.**¹⁶

★ **Limited English proficiency can be a barrier to education, employment opportunities, higher earnings, and parental engagement with their children's education.¹⁷ Providing translators, offering child care, and asking parents about other barriers can improve parent involvement. Improving communication between immigrant families and schools increases students' attendance and homework completion rates.**^{18,19}

Table 6.

Child Population, by Race and Ethnicity, Rhode Island, 2020

CITY/TOWN	UNDER AGE 18 BY RACE AND ETHNICITY								2020 POPULATION UNDER AGE 18
	AMERICAN INDIAN AND ALASKA NATIVE	ASIAN	BLACK	HISPANIC OR LATINO	NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER	SOME OTHER RACE	TWO OR MORE RACES	WHITE	
Barrington	0	299	59	252	0	16	400	3,463	4,489
Bristol	7	39	36	200	1	14	180	2,410	2,887
Burrillville	9	16	34	224	2	12	213	2,719	3,229
Central Falls	9	26	368	4,628	1	246	502	631	6,411
Charlestown	29	2	15	45	0	11	102	957	1,161
Coventry	18	105	93	457	1	27	488	5,466	6,655
Cranston	28	1344	747	4,566	2	145	1134	7,778	15,744
Cumberland	10	436	197	941	0	65	527	5,374	7,550
East Greenwich	1	230	34	228	1	8	242	2,721	3,465
East Providence	11	187	415	1171	1	252	1001	4,848	7,886
Exeter	5	17	3	65	0	9	70	1,006	1,175
Foster	0	0	3	48	0	0	31	708	790
Glocester	0	10	6	138	0	19	129	1,594	1,896
Hopkinton	9	6	10	71	0	10	93	1,414	1,613
Jamestown	0	8	6	43	0	3	57	754	871
Johnston	11	157	255	1245	3	43	333	3,072	5,119
Lincoln	12	209	152	544	0	49	388	3,286	4,640
Little Compton	0	3	2	23	0	9	27	504	568
Middletown	6	113	191	504	4	45	374	2,250	3,487
Narragansett	12	24	17	53	4	6	117	1,418	1,651
New Shoreham	0	0	5	26	0	0	12	146	189
Newport	48	55	252	981	1	59	534	1,730	3,660
North Kingstown	37	115	93	404	1	23	465	4,358	5,496
North Providence	12	202	709	1462	6	92	512	2,807	5,802
North Smithfield	1	37	24	171	0	17	133	1,891	2,274
Pawtucket	75	176	2,614	5,488	10	757	2,652	4,683	16,455
Portsmouth	10	52	69	244	1	17	314	2,737	3,444
Providence	205	1,516	5,455	24,570	10	616	2,409	6,240	41,021
Richmond	13	4	7	65	2	17	100	1,419	1,627
Scituate	1	19	14	123	0	8	109	1,592	1,866
Smithfield	7	49	18	257	0	25	233	2,822	3,411
South Kingstown	78	95	79	266	0	22	429	3,370	4,339
Tiverton	0	39	43	131	3	17	236	2,254	2,723
Warren	9	32	39	108	0	17	157	1,464	1,826
Warwick	33	572	366	1,688	0	119	1149	10,107	14,034
West Greenwich	1	41	12	48	0	16	124	1,009	1,251
West Warwick	23	153	205	897	0	42	573	3,894	5,787
Westerly	48	85	26	362	4	22	294	2,985	3,826
Woonsocket	36	482	789	3,376	7	64	979	3,734	9,467
Four Core Cities	325	2,200	9,226	38,062	28	1,683	6,542	15,288	73,354
Remainder of State	489	4,755	4,236	18,051	37	1,256	11,280	96,327	136,431
Rhode Island	814	6,955	13,462	56,113	65	2,939	17,822	111,615	209,785

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2020 Table P2 and Table P4. All categories are mutually exclusive. If Hispanic was selected as ethnicity, individuals are not included in other racial categories. Likewise, if more than one race was selected, individuals are included in Two or more races and not in their individual race categories.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

¹ Federal Interagency Forum on Child and Family Statistics. (2021). *America's children: Key national indicators of well-being, 2021*. Washington, DC: U.S. Government Printing Office.

² O'Hare, W. (2011). *The changing child population of the United States: Analysis of data from the 2010 Census*. Baltimore, MD: The Annie E. Casey Foundation.

^{3,16,18} The Annie E. Casey Foundation KIDS COUNT Data Center, datacenter.kidscount.org

⁴ U.S. Census Bureau, Census 2010.

^{5,7,8,9,14} U.S. Census Bureau, Census 2020. Table P2 and Table P4.

⁶ U.S. Census Bureau, Census 2010 Redistricting Data Summary File. Table QT-PL.

¹⁰ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022. Table B05003.

¹¹ Population Reference Bureau analysis of 2018-2022 American Community Survey PUMS data.

¹² U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022. Table B16007.

¹³ López, M., Hofer, K., Bumgarner, E., & Taylor, D. (2017). *Developing culturally responsive approaches to serving diverse populations: A resource guide for community-based organizations*. Retrieved March 3, 2022, from hispanicresearchcenter.org

¹⁵ U.S. Census Bureau, American Community Survey, 2018-2022. Tables B17020, B17020A, B17020B, B17020C, B17020D, B17020E, B17020F, B17020G, & B17020I.

(continued on page 175)

Racial and Ethnic Disparities

DEFINITION

Racial and ethnic disparities is the gap that exists in outcomes for children of different racial and ethnic groups in Rhode Island. Child well-being outcome areas include economic well-being, health, safety, and education.

SIGNIFICANCE

Rhode Island's children are diverse in racial and ethnic background. In 2020 in Rhode Island, less than 1% of children under 18 were American Indian or Native Alaskan, 3% Asian, 1% Pacific Islander, 6% Black, 27% Hispanic or Latino, 1% Some other race, 8% Two or more races, and 53% white.¹

Children who live in poverty, especially those who experience deep poverty in early childhood, are more likely to have health, behavioral, educational, economic, and social problems.^{2,3} Between 2018 and 2022, 14% of all Rhode Island children lived in poverty, 77% of whom were Children of Color.⁴

Black, Latino, and Native American children are more likely to live in neighborhoods of concentrated poverty and face challenges above and beyond the burdens of individual poverty.⁵ In Rhode Island, 12% of Black children and 8% of Hispanic children live in concentrated poverty compared to only 1% of white children.⁶ In 2020, more than half (59%) of Rhode Island's Children of Color lived in one of the four core cities (those

cities with the highest concentration of children living in poverty), and more than three quarters of the children in Central Falls (90%) and Providence (85%) were Children of Color.⁷

Racial and ethnic disparities in child well-being can be traced to the founding of the United States and the inequitable practices and policies that harmed Families of Color. From the removal of Native Americans from their lands and the use of Africans as enslaved labor, the country's first People of Color were prevented from fully participating in the economy while simultaneously building wealth for the country and its white citizens. Racism became an economic tool infused into laws, policies, and practices that has harmed Asian, Black, Latino, Native American, and low-income white people for centuries. Substantial changes to these laws and policies did not occur until the late 1960s, and the harm continues to reverberate in the lives of Children of Color.^{8,9,10}

Long-standing racial and ethnic disparities in wealth continue to persist.¹¹ Children in immigrant families (defined as children living with at least one foreign-born parent) also face additional barriers. In 2022, 29% (60,000) of Rhode Island children were living in immigrant families. More than half (54%) of Rhode Island's Hispanic children live in an immigrant family, and Hispanic workers are disproportionately represented in low-wage blue-collar and service sectors.^{12,13,14}



Root Causes of Racial and Ethnic Disparities in Child Well-being

- ★ **Economic Well-being:** Historic policies such as the *Homestead Acts* and the *Federal Housing Act* built the foundation of the American middle class by facilitating homeownership; however, People of Color were excluded from many of these wealth-building opportunities due to discriminatory policies in housing and banking.^{15,16} The results of this past discrimination and current systemic racism can be seen in current disparities in homeownership, an important component of wealth for many families in the United States and a tool to building intergenerational wealth.¹⁷
- ★ **Health:** Health care only accounts for 10-20% of an individual's overall health outcomes and is just one of the social determinants of health, which is defined as the conditions and environments where people are born, live, learn, work, and play that greatly impact health outcomes.¹⁸ These social determinants of health, including economic stability, education access, neighborhood and the built environment, and social context account for over 80% of health outcomes. Inequities in these determinants along with pervasive racial bias and unequal treatment of Communities of Color from the medical system contribute to significant unintended outcomes and disparities.^{19,20}
- ★ **Safety:** Structural racism (e.g., policies that concentrate policing in Communities of Color), institutional racism (e.g., policies that disproportionately place Children of Color out of their homes), and racial bias and discrimination (e.g., beliefs held by workers about people from different racial or ethnic groups) all contribute to worse outcomes for Children of Color who come in contact with these systems.^{21,22,23}
- ★ **Education:** An increase in segregation of schools has resulted in students in schools with high concentrations of low-income students and Students of Color having unequal educational opportunities.²⁴ Additionally, students living in poverty often face a host of challenges outside the classroom that can negatively impact academic performance, including inadequate housing, less access to health care, lower parental educational levels, and fewer opportunities for enriching after-school and summer activities.^{25,26}

Economic Well-Being Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	AMERICAN INDIAN/ALASKA NATIVE	ASIAN	BLACK	HISPANIC	NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	WHITE
Children in Poverty	14%	53%	11%**	22%	28%*	11%**	8%
Births to Mothers with <12 Years Education	11%	21%	7%	11%	25%	NA	4.4%
Unemployment Rate	3.3%	NA	NA	5.1%	6.5%	NA	2.9%
Median Family Income	\$104,033	\$44,917	\$116,523	\$82,694	\$56,952	NA	\$113,860
Homeownership	63%	22%	54%	35%	36%	28%	68%

Sources: *Children in Poverty* data are from the U.S. Census Bureau, American Community Survey, 2018-2022. Tables S1701, B17020A, B17020B, B17020C, B17020D & B17020I. **Data is for Asian/Pacific Islander *Maternal Education* data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022 (race data is non-Hispanic). *Unemployment Rate* data are from the Bureau of Labor Statistics, Local Area Unemployment Statistics, 2023. *Median Family Income* data are from the U.S. Census Bureau, American Community Survey, 2018-2022, Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113E & B19113I. *Homeownership* data are from the U.S. Census Bureau, American Community Survey, 2018-2022, Tables B25003, B25003A, B25003B, B25003C, B25003D, B25003E & B25003I. For U.S. Census Bureau data, Hispanics may be included in any of the race categories. All Census data refer only to those individuals who selected one race. NA indicates that the rate was suppressed because the number was too small to calculate a reliable rate.

★ Between 2018 and 2022 in Rhode Island, 14% of all children, 53% of American Indian or Alaska Native children, 28% of Hispanic children, 22% of Black children, 11% of Asian/Pacific Islander children, and 8% of white children in Rhode Island lived in families with incomes below the federal poverty threshold.²⁷

★ In 2023 in Rhode Island, the unemployment rate was 6.5% for Hispanic workers, 5.1% for Black workers, and 2.9% for white workers. Nationally, the unemployment rate was 5.5% for Black workers, 4.6% for Hispanic workers, and 3.3% for white workers.²⁸

★ People of Color are overrepresented among low-income working families. In Rhode Island, 51% of Latino two-parent families earn less than the income required to meet their basic needs, compared to 19% of white two-parent families.²⁹

★ In Rhode Island, white residents have a homeownership rate almost double the rate of Black and Latino residents, and higher than Asian residents.³⁰ About 40% of Black and Latino homeowners experience cost burdens and 14% of Black homeowners spend more than 50% of their income on housing.³¹ Nationally, median Black and Latino households would require 242 and 94 years respectively to gain wealth equal to that of white families.³²

Health Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	AMERICAN INDIAN/ALASKA NATIVE	ASIAN	BLACK	HISPANIC	NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	WHITE
Children Without Health Insurance	2.1%	NA	8.1%	4.0%	2.4%	NA	0.8%
Women with Delayed or No Prenatal Care	15.8%	26.0%	16.3%	21.7%	18.2%	*	12.9%
Low Birthweight Infants	7.7%	8.5%	8.9%	11.4%	8.3%	*	6.6%
Infant Mortality (per 1,000 live births)	4.6	*	*	8.1	6.7	0.0	2.7
Any Infant Breastfeeding	76%	65%	82%	69%	70%	73%	79%
Combined Overweight and Obesity	37%	NA	NA	44%	49%	NA	32%

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022 unless otherwise specified. Race and ethnicity is self-reported. Race data is non-Hispanic. *Children Without Health Insurance* data are from the U.S. Census Bureau, American Community Survey, 2022, Tables B27001, B27001A, B27001B, B27001D & B27001I. For U.S. Census Bureau data, Hispanic also may be included in any of the race categories. For *Combined Overweight and Obesity* data are from Brown University School of Public Health analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Cigna HealthCare, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Rhode Island Department of Health, 2023. NA data not available.

★ Rhode Island ranks second in the nation for children's health insurance coverage. However, Black and Hispanic children are more likely to be uninsured than white children.^{32,33}

★ Although progress has been made on many health indicators across racial and ethnic populations, disparities still exist for a number of maternal and infant health outcomes in Rhode Island. Women of Color are more likely than white women to receive delayed or no prenatal care and have infants with low birth weight. The Black infant mortality is the highest of any racial and ethnic group even after controlling for socioeconomic factors.^{34,35}

★ American Indian and Alaska Native and Hispanic children in Rhode Island are more likely to live in older housing (which increases risk for lead exposure, environmental allergens and dust).^{36,37} Black and Hispanic children have higher rates of asthma than non-Hispanic white children, and between 2016-2020 were more likely to visit the emergency room due to asthma.³⁸

Racial and Ethnic Disparities

Safety Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	AMERICAN INDIAN/ALASKA NATIVE	ASIAN/PACIFIC ISLANDER	BLACK	HISPANIC	WHITE
Youth at the Training School (per 1,000 youth ages 13-18)	2.5	2.7	1.4	8.6	3.9	0.8
Children of Incarcerated Parents (per 1,000 children)	11.8	38.1	2.4	61.9	11.9	8.0
Child Neglect & Abuse (per 1,000 children)	11.7	25.8	3.3	29.0	14.0	14.2

Sources: *Youth at the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, Calendar Year 2023. *Children of Incarcerated Parents* data are from the Rhode Island Department of Corrections, September 30, 2023 and reflect the race of the incarcerated parent (includes only the sentenced population). *Child Neglect & Abuse* data are from the Rhode Island Department of Children, Youth and Families, RIC HIST Database, December 31, 2023. Population denominators used for *Youth at the Training School* are youth ages 13 to 18 by race from the U.S. Census Bureau, Census 2020, DHC. Population denominators used for *Children of Incarcerated Parents* and *Child Neglect & Abuse* are the populations under age 18 by race from the U.S. Census Bureau, Census 2020, P2,P4.

★ Nationally, racial and ethnic disproportionality in the juvenile justice, adult corrections, and child welfare systems is well-documented with disproportionality occurring at multiple steps within each system.^{40,41}

★ During 2023 in Rhode Island, Black youth were 11 times more likely to be at the Rhode Island Training School compared to white youth and were over three times more likely compared to youth of all races. American Indian/Alaskan Native youth were over three times more likely and Hispanic youth were five times more likely to be at the Training School compared to white youth.⁴² Black and American Indian/Alaskan Native children in Rhode Island are nearly twice as likely to be victims of neglect or abuse as white children and children of all races in 2023.⁴³

★ In Rhode Island on September 30, 2023, 61.9 per 1,000 Black children had an incarcerated parent compared to 8.0 per 1,000 white children. Native American children also experience higher rates of parent incarceration (38.1 per 1,000).⁴⁴

Education Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	ASIAN*	BLACK	HISPANIC	NATIVE AMERICAN	WHITE
3rd Grade Students Meeting Expectations in Reading	37%	54%	20%	21%	9%	48%
3rd Grade Students Meeting Expectations in Math	35%	56%	19%	20%	10%	45%
Four-Year High School Graduation Rates	84%	92%	82%	77%	74%	88%
Immediate College Enrollment Rates	65%	71%	61%	55%	60%	71%
% of Adults Over Age 25 With a Bachelor's Degree or Higher	36%	54%	25%	10%	17%	33%

Sources: *Third Grade Students Meeting Expectations in Reading and Math* data are from the Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2023. *Four-Year High School Graduation Rates* data are from the Rhode Island Department of Education, Class of 2023. *Immediate College Enrollment Rates* data are from the Rhode Island Department of Education, Class of 2023. *Adult Educational Attainment* data are from the U.S. Census Bureau, American Community Survey, 2018-2022, Tables B15003, C15002A, C15002B, C15002C, C15002D & C15002I. All Census data refer only to those individuals who selected one race and Hispanic or Latino also may be included in any of the race categories. *Data for Asian and Pacific Islander students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

★ Educators of Color benefit all students, especially Students of Color.⁴⁵ In October 2022, 48% of Rhode Island public school students identified as Students of Color while 88% of Rhode Island public school educators identified as white.⁴⁶

★ In Rhode Island, Black and Hispanic children are more likely to attend school in the four core cities and less likely to meet expectations in reading and mathematics in third grade than white or Asian children.^{47,48}

★ The students with the highest levels of chronic absence were also in the populations hardest hit by the COVID-19 pandemic. In Rhode Island during the 2022-2023 school year, Native American (32%), Hispanic (39%), and Black (29%) K-12 students had higher rates of chronic absence than Asian (23%) and white (25%) students.⁴⁹

★ In Rhode Island, Native American, Hispanic, and Black students are less likely to graduate from high school within four years and are less likely to immediately enroll in college than white or Asian students. Gaps in college enrollment are particularly large for four-year college enrollment.⁵⁰



Rhode Island's Southeast Asian Children and Youth

★ The Asian American community is diverse, the fastest-growing, and the most economically divided racial and ethnic group in the United States.⁵¹ Southeast Asian children and youth identify with one or more ethnic groups originating from countries in Southeast Asia including Burma, Cambodia, the Philippines, Laos, Thailand, and Vietnam.⁵²

★ Cambodians make up the largest Southeast Asian population in Rhode Island. Providence has the eighth highest Cambodian population (8,000) in the United States.^{53,54}

★ The disparity across Asian subgroups can be attributed to differences in immigration origins, educational attainment, occupations, and generational wealth. The lack of disaggregated data for the Asian population contributes to the misperception that all Asian Americans are excelling, resulting in underrepresentation in equity initiatives, especially for Southeast Asians where the largest disparities are found.^{55,56}

Economic Well-Being

★ Nationally, from 1970 to 2016, the gap in the standard of living between higher-income Asian households and lower-income Asian households has nearly doubled.⁵⁷

★ Cambodian children in the U.S. and Rhode Island have higher poverty rates, lower median household incomes, and lower postsecondary attainment rates compared to all Asians.^{58,59}

Health

★ Nationally, although the Asian population has the lowest infant mortality rate per 1,000 live births (3.39), there are significant differences within subgroups. The Filipino (4.52) and Vietnamese (3.62) infant mortality rates are significantly higher than Korean (2.43) and Chinese rates (1.96).⁶⁰

Education

★ In 2017, The Rhode Island General Assembly passed the *All Students Count Act* which requires the Rhode Island Department of Education to collect and publicly report disaggregated education data on the many subgroups within the Asian American and Pacific Islander population and requires disaggregation of this data by gender, disability, and English proficiency.⁶¹ Rhode Island was the third state in the country to pass this law.⁶²

★ The Rhode Island Department of Education does not currently report disaggregated data for Asian students by ethnic group.

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(continued on page 175)

Economic Well-Being

Chyrel of the Light

by Max Chartier

Chyrel turned the light on again.
She couldn't sleep.
The light bounced from wall to wall,
Glistening like a crystal in the ruff. The light was like a fragile
egg on a rocky cliff,
Daring to fall,
But shying away last second.
Chyrel loved the light.
She thought of it like a diamond that lit up any shadow it touched.
As the light dims,
Chyrel's mind calms.
As the light dies out,
Chyrel rests her head down till the morning light.
Then she was renewed as if she was light,
As if she was light,
As if she was light.



Median Family Income

DEFINITION

Median family income is the dollar amount which divides Rhode Island families' income distribution into two equal groups – half with incomes above the median and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

SIGNIFICANCE

Median family income is a measure of the ability of families to meet the costs of food, clothing, housing, health care, transportation, child care, and higher education. In 2022, the median family income for Rhode Island families with their own children was \$96,190.¹

Between 2018 and 2022, in Rhode Island, the median family income for married two-parent families (\$119,934) was twice that of male-headed single-parent families (\$55,671) and more than three times that of female-headed single-parent families (\$35,779).²

Rhode Island's unemployment rate fell back to the pre COVID-19 rate of 3.5% in 2022, and decreased further to 3.3% in 2023. Rhode Island continues to have gaps in unemployment rates by race and ethnicity. In 2023, the unemployment rate was 6.5% for Hispanic workers, 5.1% for Black workers, and 2.9% for white workers.^{3,4}

Even when Rhode Island's unemployment rate is low, many workers are unable to find full-time work and struggle to make ends meet with inadequate and unpredictable income. In 2018, more than 22 million people in the U.S. worked in low-wage jobs (less than \$12 per hour), and job losses during the pandemic disproportionately affected low-wage workers.^{5,6,7} Conditions at low-wage jobs, such as unstable and inadequate work hours, lack of paid time off, and strict attendance policies can harm children's development by making it difficult for parents to find and keep affordable high-quality child care for their children.⁸

In the U.S., income inequality has grown substantially since the 1970s.⁹ In 2018 in Rhode Island, the top 1% of households held almost 17% of total income. Rhode Island has the 32nd highest income inequality of the 50 states based on the share of income held by the top 1% of households.¹⁰

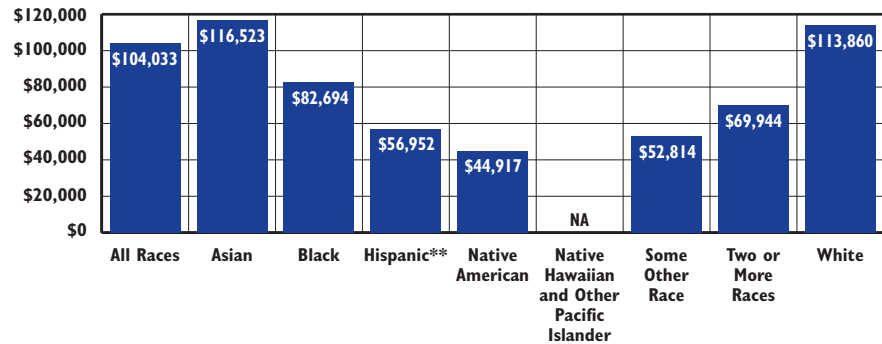
Median Family Income	
	2022
RI	\$104,400
US	\$91,100
National Rank*	10th
New England Rank**	4th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Median Family Income, by Race and Ethnicity, Rhode Island, 2018-2022*



Source: U.S. Census Bureau, American Community Survey, 2018-2022. Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113E, B19113F, B19113G, and B19113I. *Median Family Income by race and ethnicity includes all families because data for families with “own children” are not available by race and ethnicity. **Hispanics may be in any race category.

★ The median income for Asian and white families in Rhode Island is higher than that of Black families, and much higher than Hispanic, Native American, and Native Hawaiian and other Pacific Islander families, and families of Some other race or Two or more races.¹¹

★ Educational attainment is strongly associated with economic well-being. Rhode Islanders who have achieved a bachelor's degree have double the median earnings compared to workers who have not completed high school. In Rhode Island, one in four Hispanic adults, one in seven Black adults, and one in 12 white adults lack a high school diploma.¹²

★ According to the 2022 Rhode Island Standard of Need, it costs a single-parent family with two young children \$66,567 a year to pay basic living expenses, including housing, food, health care, child care, transportation, and other miscellaneous items. This family would need an annual income of \$78,219 to meet this budget without government subsidies.¹³

★ An adequate minimum wage and income support programs (including RIte Care health insurance, child care subsidies, SNAP benefits, the Child Tax Credit, and the Earned Income Tax Credit) are critical for helping low- and moderate-income working families in Rhode Island make ends meet, and expanding these programs would help decrease racial and ethnic disparities in meeting basic needs.¹⁴

Median Family Income

Table 7. Median Family Income, Rhode Island, 2018-2022

2018-2022 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18

CITY/TOWN	ESTIMATES WITH HIGH MARGINS OF ERROR*	ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR
Barrington		\$172,363
Bristol		\$141,006
Burrillville		\$119,375
Central Falls		\$45,159
Charlestown		\$97,222
Coventry		\$115,919
Cranston		\$101,598
Cumberland		\$131,159
East Greenwich		\$223,333
East Providence		\$97,865
Exeter	\$108,750	
Foster	\$126,875	
Glocester	\$106,620	
Hopkinton	\$101,250	
Jamestown	\$250,000+	
Johnston		\$100,457
Lincoln		\$128,095
Little Compton	\$179,167	
Middletown		\$105,772
Narragansett	\$92,392	
New Shoreham		\$62,989
Newport	\$49,781	
North Kingstown		\$140,873
North Providence		\$80,944
North Smithfield		\$104,306
Pawtucket		\$63,012
Portsmouth		\$180,956
Providence		\$62,009
Richmond		\$119,948
Scituate		\$146,818
Smithfield		\$152,173
South Kingstown		\$119,599
Tiverton		\$123,919
Warren		\$119,914
Warwick		\$98,301
West Greenwich		\$134,746
West Warwick		\$75,664
Westerly		\$111,750
Woonsocket		\$50,592
Four Core Cities		NA
Remainder of State		NA
Rhode Island		\$96,190

Source of Data for Table/Methodology

Median family income data include only households with children under age 18 who meet the U.S. Census Bureau's definition of a family. The U.S. Census Bureau defines a family as a household that includes a householder and one or more people living in the same household who are related to the householder by birth, marriage, or adoption.

The 2018-2022 data come from a Population Reference Bureau analysis of 2018-2022 American Community Survey data. The American Community Survey is a sample survey, and therefore the median family income is an estimate. The reliability of estimates varies by community. In general, estimates for small communities are not as reliable as estimates for larger communities.

*The Margin of Error around the estimate is greater than or equal to 25 percent of the estimate.

The Margin of Error is a measure of the reliability of the estimate and is provided by the U.S. Census Bureau. The Margin of Error means that there is a 90 percent chance that the true value is no less than the estimate minus the Margin of Error and no more than the estimate plus the Margin of Error. See the Methodology Section for Margins of Errors for all communities.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

**The estimate or margin of error could not be computed due to an insufficient number of observations.

NA: Median family income cannot be calculated for combinations of cities and towns (i.e., Four Core Cities and Remainder of State).

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Cost of Housing

DEFINITION

Cost of housing is the percentage of income needed by a very low-income family to cover the average cost of rent.¹ The U.S. Department of Housing and Urban Development (HUD) defines a very low-income family as a family with an income less than 50% of the Area Median Income. A cost burden exists when more than 30% of a family's monthly income is spent on housing.

SIGNIFICANCE

Poor quality, unaffordable, or crowded housing has a negative impact on children's physical health, development, school performance, and emotional well-being and on a family's ability to meet a child's basic needs. In contrast, when children live in high-quality housing that is safe, affordable, and located in well-resourced, low-poverty neighborhoods, they do better in school and their parents report improved mental health.^{2,3}

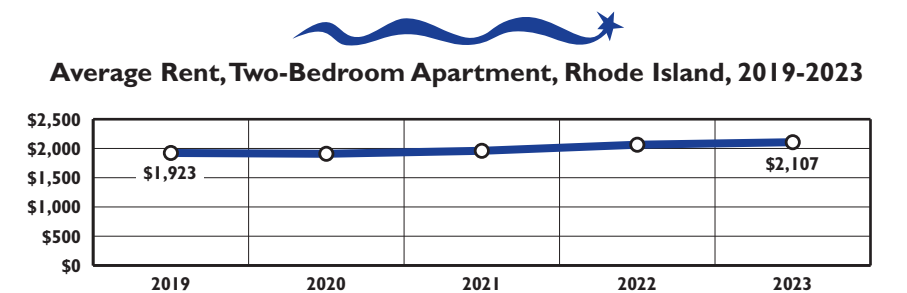
In 2023, a worker had to earn \$40.51 an hour or \$84,270 per year to be able to afford the average rent in Rhode Island without a cost burden. This hourly wage was over three times the minimum wage of \$13.00 per hour in 2023.^{4,5} In 2023, Rhode Island required the 15th highest hourly wage of any state to afford the rent for a two-bedroom home and the median renter

in Rhode Island could affordably rent in only one Rhode Island city or town – Burrillville.^{6,7}

According to HousingWorks RI, a household earning the state's median household income of \$74,489 would not be able to affordably buy in any of Rhode Island's cities or towns.⁸

Federally-funded Section 8 Housing Choice rental vouchers can help low-income individuals and families afford the cost of rent; however, there are not enough vouchers to meet the need and long waiting periods are common.⁹ In 2021, the General Assembly enacted legislation that prohibits discrimination in housing based on lawful source of income, including housing vouchers.¹⁰

Rhode Island law establishes a goal that at least 10% of every community's housing stock qualify as Low- and Moderate-Income Housing (LMIH).¹¹ Currently, only five of Rhode Island's 39 cities and towns meet that goal. From FY 2018 to FY 2022, Rhode Island more than tripled its per capita investments in affordable housing. However, Rhode Island's per capita investments are still far lower than neighboring Connecticut and Massachusetts, and the state still relies heavily on federal resources.¹²



Source: Rhode Island Housing, Rhode Island Rent Survey, 2019-2023. Rents are adjusted to 2023 dollars and include adjustments for the cost of gas, fuel, water, and electricity. Adjustments for utilities for each year vary according to U.S. Census American Community Survey's (ACS) annual one-year estimates. Due to a change in methodology, data cannot be compared to Factbooks prior to 2019.

★ In 2023, the average cost of rent for a two-bedroom apartment in Rhode Island was \$2,107. Even when adjusting for 2023 dollars, rents have increased 10% from 2019 to 2023.¹³

★ Nationally, households with children are twice as likely as other households to be threatened with eviction, and Black renters are four times more likely to be evicted than white renters. Studies show that experiencing an eviction increases a child's likelihood of lead poisoning, food insecurity, emotional trauma, and academic decline.^{14,15}

★ States can reduce evictions by investing in eviction diversion programs, providing a right to counsel for those facing eviction, automatically sealing eviction records, enacting just cause eviction legislation, and passing source of income discrimination laws.¹⁶

Legislative and Budget Initiatives Addressing Affordable Housing

★ Rhode Island's FY 2024 budget included \$71 million in federal funds from the *American Rescue Plan Act* dedicated to housing production and support for people experiencing homelessness in addition to the \$250 million approved in the FY 2023 budget.^{17,18}

★ In 2023, the Rhode Island General Assembly approved a package of bills designed to address the state's housing crisis. This new legislation allowed for the adaptive reuse of certain commercial properties into high-density residential developments, encouraged the construction of housing near transportation hubs, streamlined the permitting, application, and appeal processes for housing development, created a rental registry, allowed residential eviction records to be sealed if a motion is filed, and prohibited rental application fees.^{19,20}

Table 8.

Cost of Housing for Very Low-Income Families, Rhode Island, 2023

CITY/TOWN	FAMILY INCOME		HOMEOWNERSHIP COSTS		RENTAL COSTS		
	2023 POVERTY LEVEL FAMILY OF THREE	2023 VERY LOW-INCOME FAMILY	TYPICAL MONTHLY HOUSING PAYMENT	% INCOME NEEDED FOR HOUSING PAYMENT, VERY LOW-INCOME FAMILY	AVERAGE RENT 2-BEDROOM APARTMENT	% INCOME NEEDED FOR RENT POVERTY LEVEL FAMILY OF THREE	% INCOME NEEDED FOR RENT VERY LOW-INCOME FAMILY
Barrington	\$24,860	\$46,100	\$5,437	142%	\$1,504	73%	39%
Bristol	\$24,860	\$46,100	\$3,785	99%	\$1,247	60%	32%
Burrillville	\$24,860	\$46,100	\$3,077	80%	\$1,073	52%	28%
Central Falls	\$24,860	\$46,100	\$2,259	59%	\$1,637	79%	43%
Charlestown*	\$24,860	\$46,100	\$4,392	114%	\$1,409	68%	37%
Coventry	\$24,860	\$46,100	\$2,832	74%	\$1,975	95%	51%
Cranston	\$24,860	\$46,100	\$2,959	77%	\$2,108	102%	55%
Cumberland	\$24,860	\$46,100	\$3,398	88%	\$2,498	121%	65%
East Greenwich	\$24,860	\$46,100	\$5,480	143%	\$1,889	91%	49%
East Providence	\$24,860	\$46,100	\$3,054	79%	\$2,316	112%	60%
Exeter*	\$24,860	\$46,100	\$3,928	102%	\$1,409	68%	37%
Foster*	\$24,860	\$46,100	\$3,183	83%	\$1,409	68%	37%
Glocester*	\$24,860	\$46,100	\$3,080	80%	\$1,409	68%	37%
Hopkinton*	\$24,860	\$50,000	\$3,123	75%	\$1,416	68%	34%
Jamestown*	\$24,860	\$46,100	\$6,958	181%	\$1,409	68%	37%
Johnston	\$24,860	\$46,100	\$3,219	84%	\$2,228	108%	58%
Lincoln	\$24,860	\$46,100	\$4,027	105%	\$1,798	87%	47%
Little Compton*	\$24,860	\$46,100	\$5,893	153%	\$1,409	68%	37%
Middletown	\$24,860	\$55,600	\$5,005	108%	\$2,179	105%	47%
Narragansett	\$24,860	\$46,100	\$5,421	141%	\$3,175	153%	83%
New Shoreham*	\$24,860	\$50,000	\$11,327	272%	\$1,416	68%	34%
Newport	\$24,860	\$55,600	\$5,796	125%	\$1,923	93%	42%
North Kingstown	\$24,860	\$46,100	\$4,373	114%	\$2,119	102%	55%
North Providence	\$24,860	\$46,100	\$3,041	79%	\$1,987	96%	52%
North Smithfield	\$24,860	\$46,100	\$3,253	85%	\$2,304	111%	60%
Pawtucket	\$24,860	\$46,100	\$2,638	69%	\$1,765	85%	46%
Portsmouth	\$24,860	\$55,600	\$4,937	107%	\$2,082	100%	45%
Providence**	\$24,860	\$46,100	\$2,685	70%	\$2,078	100%	54%
Richmond*	\$24,860	\$46,100	\$3,693	96%	\$1,409	68%	37%
Scituate*	\$24,860	\$46,100	\$3,379	88%	\$1,409	68%	37%
Smithfield	\$24,860	\$46,100	\$3,338	87%	\$1,941	94%	51%
South Kingstown*	\$24,860	\$46,100	\$4,251	111%	\$1,409	68%	37%
Tiverton	\$24,860	\$46,100	\$3,291	86%	\$2,036	98%	53%
Warren	\$24,860	\$46,100	\$3,289	86%	\$2,397	116%	62%
Warwick	\$24,860	\$46,100	\$2,829	74%	\$2,157	104%	56%
West Greenwich	\$24,860	\$46,100	\$4,373	114%	\$3,191	154%	83%
West Warwick	\$24,860	\$46,100	\$2,717	71%	\$2,195	106%	57%
Westerly	\$24,860	\$50,000	\$3,608	87%	\$1,428	69%	34%
Woonsocket	\$24,860	\$46,100	\$2,534	66%	\$1,483	72%	39%
Four Core Cities	\$24,860	\$46,100	\$2,529	66%	\$1,741	84%	45%
Remainder of State	\$24,860	\$47,249	\$4,164	106%	\$2,073	100%	53%
Rhode Island	\$24,860	\$46,900	\$3,154	81%	\$2,107	102%	54%

Source of Data for Table/Methodology

Family Income: 2023 poverty level for a family of three as reported in: Federal Register, 88(12), January 19, 2023, pages 3424-3425.

A very low-income family as defined by the U.S. Department of Housing and Urban Development (HUD) is a three-person family with income 50% of the Area Median Income and is defined separately for each of the three metropolitan areas comprising Rhode Island and for the state as a whole. Core city and remainder of state are calculated by Rhode Island KIDS COUNT using unweighted community data. Reported by Rhode Island Housing. (2023). *FY2023 Rhode Island income limits for low- and moderate-income households*. Retrieved March 20, 2024, from www.rihousing.com

Homeownership costs: Data on typical monthly housing payments are from HousingWorks RI's *2023 Housing Fact Book*. They are based on the median selling price of a single-family home using year-end 2022 data and calculated based on a 30-year mortgage at a 5.34% interest rate with a 3.5% downpayment. The typical monthly housing payment for the state comes from HousingWorks RI, but core city and remainder of state are calculated by Rhode Island KIDS COUNT using unweighted community data.

Rental Costs: Rhode Island Housing, Rhode Island Rent Survey, 2023. Estimates include rent and utility costs. Starting with the *2019 Factbook* average rent is calculated using the CoStar database for two-bedroom units. Average utility costs are from the U.S. Census American Community Survey's (ACS) annual one-year sample, which includes gas, fuel, water, and electricity for two-bedroom units. For 2021, 2019 ACS data were used for utility costs due to COVID-related data collection issues for the 2020 ACS. All values are adjusted for 2023 dollars. Statewide average based on all units in state. Core city and remainder of state are calculated by Rhode Island Housing. Data cannot be compared to Factbooks prior to 2019.

(Sources continued with References on page 175)

Children Experiencing Homelessness

DEFINITION

Children experiencing homelessness is the number of children in preschool through grade 12 who are identified as homeless by public school personnel because they meet the federal *McKinney-Vento* definition of homelessness, which includes any child who does not have a “fixed, regular, and adequate nighttime residence,” including children doubled up with families due to financial hardship.

SIGNIFICANCE

In the United States, 1.4 million school-age children experience homelessness each year, meaning that one in 41 school-age children are homeless. The rate is even higher for young children under age six -- one in 18.¹ Black children and families are more likely to experience homelessness than other racial and ethnic groups.²

For many families living in deep poverty, episodes of homelessness are part of a cycle of housing instability that often includes living in housing that is unaffordable and/or unsafe, doubling up with families or friends, and being evicted. For these families, the shortage of housing that is affordable to them is the primary reason they become homeless. However, family violence is another major factor. More than 80% of women with children who experience homelessness have experienced domestic violence.³

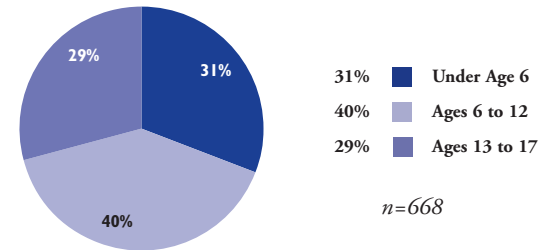
Lack of stable housing is often a

precipitating factor for a family’s involvement in the child welfare system, and unstable or inadequate housing can delay family reunification. Addressing families’ housing needs can reduce child neglect and abuse and help families stay together.^{4,5}

Children experiencing homelessness have higher rates of acute and chronic health problems than low-income children who have homes. Compared to their peers, homeless children have four times as many respiratory infections, twice as many ear infections, and five times as many gastrointestinal problems. They are also at higher risk of abuse and exposure to violence. This trauma can lead to an increase in developmental delays and emotional stress. When homeless children are exposed to multiple traumatic events, they may have increased levels of anxiety, poor impulse control, or difficulty developing trusting relationship.^{6,7,8}

In Rhode Island in 2023, 363 families with 668 children stayed at an emergency homeless shelter, domestic violence shelter, transitional housing facility, or hotel paid for by DCYF. Children made up almost one fifth (18%) of the 3,762 people who used emergency homeless shelters, domestic violence shelters, and transitional housing in 2023. One-third (31%) of these children were under age six. As of January 19, 2024, 86 families with 114 children reported that they had slept outside for at least one night in the previous month.⁹

Children in Emergency Shelters, Domestic Violence Shelters, Transitional Housing Facilities, or Hotels Paid by DCYF by Age, 2023



Source: Rhode Island Coalition to End Homelessness, 2023.

Supporting Homeless Children in Schools

★ Family residential instability and homelessness contribute to poor educational outcomes for children. Homeless children are more likely to change schools, be chronically absent from school, and have lower academic achievement than children who have housing.¹⁰

★ The federal *McKinney-Vento Homeless Assistance Act (McKinney-Vento Act)* requires that states identify homeless children, allow them to enroll in school even if they lack required documents, allow them to stay in their “home school,” provide transportation when needed, and provide access to all services and programs that the child is eligible for, including preschool, before- and after-school care, school meals, and services for Multilingual Learners.¹¹

★ The *McKinney-Vento Act* defines a child as homeless if he or she does not have a “fixed, regular and adequate night-time residence.”¹² During the 2022-2023 school year, Rhode Island public school personnel identified 1,739 children as homeless. Of these children, 66% (1,142) lived with other families (“doubled up”), 17% (288) lived in hotels or motels, 15% (266) lived in shelters, and 2% (43) were unsheltered.¹³

★ The number of students identified as homeless is likely a severe undercount. Nationally, an estimated 300,000 students entitled to services are unidentified because there is little national or state enforcement of laws requiring identification of these students and inadequate funding to support schools’ efforts.¹⁴

Children Experiencing Homelessness



★ Children under age five are the age group most at risk of eviction in the United States.¹⁵ Eviction, crowded housing, frequent moves, and homelessness can all have negative effects on a child's early development.¹⁶

★ Homelessness during pregnancy is associated with low birthweight and preterm births, and homelessness during infancy is associated with language, literacy, and socioemotional delays. The younger a child is and the longer they are homeless the more severe the impact can be.¹⁷

★ Access to high-quality early childhood programs can help mitigate the effects of homelessness on young children, but many families with young children have difficulty accessing these programs. Congress has updated requirements for many federal early care, education, and homelessness programs to increase access. For example, children experiencing homelessness are now categorically eligible for Early Head Start and states must prioritize young children experiencing homelessness for child care assistance.¹⁸

★ In Rhode Island, only 27.3% (about one in four) of young children experiencing homelessness are enrolled in an early childhood program.¹⁹

Table 9. Homeless Children Identified by Public Schools, Rhode Island, 2022-2023 School Year

SCHOOL DISTRICT	TOTAL ENROLLMENT	# OF CHILDREN IDENTIFIED AS HOMELESS BY PUBLIC SCHOOL PERSONNEL
Barrington	3,405	11
Bristol Warren	2,888	27
Burrillville	2,070	50
Central Falls	2,596	143
Chariho	3,102	25
Coventry	4,267	23
Cranston	10,225	36
Cumberland	4,784	23
East Greenwich	2,543	*
East Providence	5,272	67
Exeter-West Greenwich	1,550	*
Foster	221	0
Foster-Glocester	1,359	*
Glocester	577	*
Jamestown	418	*
Johnston	3,144	24
Lincoln	3,281	30
Little Compton	201	0
Middletown	1,971	93
Narragansett	1,128	*
New Shoreham	131	0
Newport	1,906	36
North Kingstown	3,842	48
North Providence	3,516	50
North Smithfield	1,618	*
Pawtucket	8,056	94
Portsmouth	2,183	*
Providence	20,725	374
Scituate	1,194	*
Smithfield	2,415	43
South Kingstown	2,509	32
Tiverton	1,634	*
Warwick	8,005	78
West Warwick	3,511	27
Westerly	2,296	45
Woonsocket	5,690	215
<i>Charter Schools</i>	<i>11,284</i>	<i>69</i>
<i>State-Operated Schools</i>	<i>1,766</i>	<i>32</i>
<i>UCAP</i>	<i>131</i>	<i>0</i>
<i>YouthBuild</i>	<i>38</i>	<i>0</i>
<i>Four Core Cities</i>	<i>37,067</i>	<i>826</i>
<i>Remainder of State</i>	<i>87,166</i>	<i>812</i>
<i>Rhode Island</i>	<i>137,452</i>	<i>1,739</i>

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in grades preschool to 12 on October 1, 2022.

Number of children identified as homeless by public school personnel includes children in preschool through grade 12 who are identified by public school personnel as meeting the *McKinney-Vento* definition of homelessness, which includes any child who does not have a "fixed, regular, and adequate nighttime residence." This includes children who are living with other families ("doubled up"), in shelters, living in hotels or motels, and unsheltered.

Charter schools reporting include Achievement First Rhode Island, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Beacon Charter High School for the Arts, Charette High School, Paul Cuffee Charter School, Excel Academy Rhode Island, The Greene School, Highlander Charter School, Hope Academy, The Learning Community, Nuestro Mundo Public Charter School, Rhode Island Nurses Institute Middle College, RISE Prep Mayoral Academy, Sheila C. "Skip" Nowell Leadership Academy, SouthSide Elementary Charter School, Trinity Academy for the Performing Arts, and The Village Green Virtual Public Charter School.

State-operated schools reporting include the Metropolitan Regional Career & Technical Center and William M. Davies Jr. Career and Technical High School.

The Central Falls, Middletown, Newport, North Kingstown, Providence, Warwick, West Warwick, and Woonsocket school districts received grants that provide additional resources to identify and serve homeless students.

*Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These students are still counted in district totals and in the four core cities, remainder of state, and state totals.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Rhode Island totals are not the sum of all of the districts because some students move districts during the school year and are counted as homeless in both districts.

(References are on page 176)

Secure Parental Employment

DEFINITION

Secure parental employment is the percentage of children living with at least one parent who has full-time, year-round employment.

SIGNIFICANCE

Secure parental employment increases family income and reduces poverty. Children with parents who have steady employment are more likely to have access to health care. Secure parental employment improves family functioning by reducing the stress brought on by unemployment and underemployment of parents. Children with working parents are more engaged academically and less likely to repeat a grade or be suspended or expelled from school than children with non-working parents.^{1,2}

Rhode Island's annual unemployment rate decreased from 5.5% in 2021 to the pre-COVID rate of 3.5% in 2022. In 2023, Rhode Island's unemployment rate declined further to 3.3%, slightly lower than the U.S. unemployment rate of 3.6%.^{3,4,5}

In 2022, 4% of children in Rhode Island and in the U.S. had at least one unemployed parent.⁶ Children with unemployed parents are at increased risk for homelessness, child neglect or abuse, and failure to finish high school or college.⁷

Even when families have adults with secure parental employment, low wages cause many families to remain in poverty. People of Color are overrepresented among low-income working families. In 2016 in the U.S., families headed by People of Color represented 41% of all working families, while accounting for 60% of low-income working families.⁸ In Rhode Island, 88% of Latino single-parent families and 51% of Latino two-parent families earn less than the income required to meet their basic needs, compared to 59% of white single-parent families and 19% of white two-parent families. The COVID-19 pandemic created challenges for Rhode Island's essential workers, many of whom were Black and Latino, earned low wages, and did not have the luxury of working from home during the pandemic.⁹

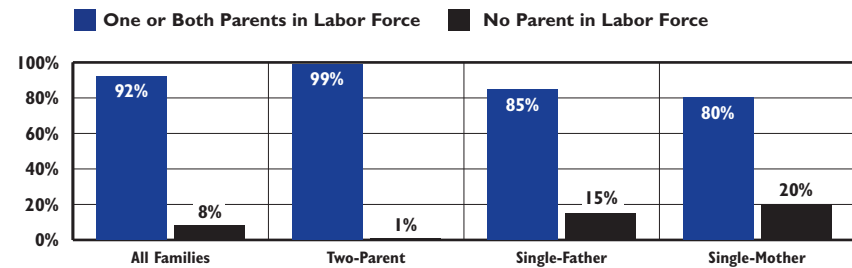
Children Living in Families Where No Parent Has Full-Time, Year-Round Employment		
	2021	2022
RI	32%	22%
US	29%	26%
National Rank*	11th	
New England Rank**	2nd	

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Employment Status of Parents by Family Type, Rhode Island, 2018-2022



Source: U.S. Census Bureau, American Community Survey, 2018-2022. Table B23008.

★ The majority of children living in Rhode Island between 2018 and 2022 had one or both parents in the labor force. Children living with a single parent were 20 times more likely than children living in a two-parent family to have no employed parent. Of children in two-parent families, 75% had both parents in the labor force.¹⁰

★ Between 2018 and 2022, there were 15,562 Rhode Island children living in families with no parent in the labor force. Children living in families with a single parent represented 91% (14,177) of families with no employed parents.¹¹

★ Between 2018 and 2022, 15% (2,858) of Rhode Island families with incomes below the federal poverty threshold had at least one adult with full-time, year-round employment, and 36% (6,902) of Rhode Island families living in poverty had at least one adult working part-time.¹²

★ According to the 2022 *Rhode Island Standard of Need*, 70% of Rhode Island single-parent families with two children and 25% of two-parent families with two children earn less than the income required to meet their basic needs without work supports, such as SNAP, the Earned Income Tax Credit (EITC), child care subsidies, and health insurance.¹³

★ Between 2018 and 2022, 74% of children under age six and 79% of children ages six to 17 in Rhode Island had all parents in the labor force. In comparison, nationally, 67% of children under age six and 72% of children ages six to 17 had all parents in the labor force.¹⁴

Secure Parental Employment



Barriers to Secure Employment for Low-Income Families

- ★ Families leaving cash assistance can face many barriers to employment. Research shows that families who leave due to time limits or sanctions often have barriers such as mental and physical impairments, running away from domestic violence, or low levels of education and limited work experience that can impede their ability to secure or sustain employment.¹⁵
- ★ Low-income workers are less likely to have benefits, such as paid time off and flexible work schedules, that would allow them to address the needs of sick children.¹⁶ Fifty-six percent of the U.S. workforce qualifies for the federal *Family and Medical Leave Act (FMLA)*, but many who are eligible cannot afford to take it.¹⁷ In 2013, Rhode Island passed legislation that created the Temporary Caregivers Insurance (TCI) Program, which now provides up to six weeks of benefits for workers who need to care for a seriously ill family member or to bond with a newborn, foster, or adopted child.¹⁸ Rhode Island is one of thirteen states, in addition to Washington, DC, that have enacted paid family leave programs.¹⁹
- ★ Limited education also can be a barrier to sustained employment. Between 2018 and 2022 in Rhode Island, adults without a high school diploma were more than three times as likely to be unemployed as those with a bachelor's degree.²⁰
- ★ Having access to work supports, such as tax credits, SNAP, child care subsidies, and health insurance, can facilitate steady employment over time. Researchers have found links between these programs and positive employment outcomes for parents, such as work stability and earnings.²¹

References

¹ Federal Interagency Forum on Child and Family Statistics. (2021). *America's children: Key national indicators of well-being, 2021*. Washington, DC: U.S. Government Printing Office.

² Isaacs, J. (2013). *Unemployment from a child's perspective*. Washington, DC: Urban Institute and First Focus.

³ *Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, and detailed age, 2021 annual averages*. (n.d.). U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics. Retrieved April 4, 2022, from www.bls.gov

(continued on page 176)



Secure Employment and Child Care

- ★ Research shows a link between affordable, quality child care availability and sustained maternal employment. Studies find that mothers report that the lack of reliable and affordable child care arrangements affected their ability to remain employed.²²
- ★ In 2020 in Rhode Island, a single mother earning the state median income for a single-parent family (\$30,482) would have had to spend 45% of her income to pay for child care for an infant in center-based care.²³
- ★ In Rhode Island, child care assistance is available to families with incomes at or below 200% of the federal poverty level (\$51,640 for a family of three in 2023) who work at least 20 hours per week. Families can continue to receive a subsidy until their income reaches 300% of the federal poverty level (\$77,460 for a family of three).^{24,25}



Earned Income Tax Credit (EITC) and Child Tax Credit (CTC)

- ★ State and federal Earned Income Tax Credits (EITCs) provide tax reductions and wage supplements for low- and moderate-income working families. EITCs reduce child poverty, decrease taxes, and serve as an incentive to keep families working. The federal EITC is one of the nation's most effective poverty prevention programs for working families. It lifted 5.6 million people, including about 3 million children, out of poverty in 2018.^{26,27}
- ★ Benefits of the EITC and the Child Tax Credit extend well beyond the time families receive the credit. Recipients are more likely to work and earn higher wages, and their children do better in school, are more likely to attend college, and earn more as adults.²⁸
- ★ State EITCs can supplement the federal EITC to further support working families. In 2023, the Rhode Island General Assembly increased the state's EITC from 15% to 16% of the federal EITC.²⁹ In 2023, approximately 67,000 Rhode Island working families and individuals received a total of \$156 million in federal EITC tax credits.³⁰
- ★ The CTC helps families offset the cost of raising children. In 2021, the CTC lifted 4.3 million people, including 2.3 million children out of poverty.³¹ The *American Rescue Plan Act* temporarily expanded the CTC, keeping 3.7 million children out of poverty and reducing child poverty by 30% with the largest impact on Black and Latino children.³²

Paid Family Leave

DEFINITION

Paid family leave is the number of approved claims to bond with a new child or to care for a seriously ill family member through Rhode Island's Temporary Caregiver Insurance Program (TCI).

SIGNIFICANCE

Rhode Island's Temporary Caregiver Insurance (TCI) program, launched in 2014, provides up to six weeks of wage replacement benefits to eligible workers who need to take time off from work to bond with a newborn, adopted or foster child, or to care for a seriously ill family member. The TCI program is financed entirely by employee contributions.^{1,2}

Almost all advanced, industrialized nations guarantee paid leave for new mothers and many include new fathers. In many European countries, families receive at least six months of paid leave to care for a new baby.³ The U.S. requires employers with 50 or more workers to offer 12 weeks of leave for workers to care for a new child or to care for a seriously ill family member. However, the time off can be unpaid.⁴ Rhode Island's 1987 *Parental and Family Medical Leave Act* requires a 13-week leave but does not require that the leave be paid.⁵

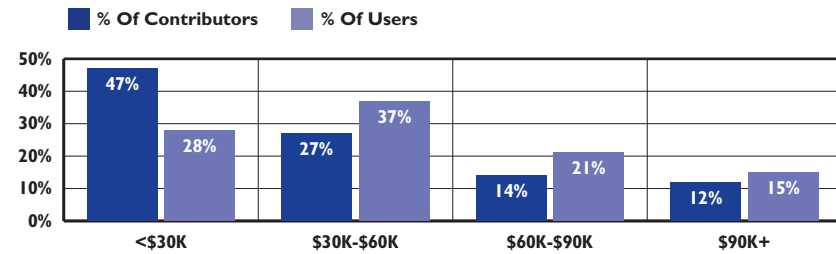
Access to — and being able to take — paid leave is a matter of equity. High-wage workers are much more

likely to have access to paid family leave than low-wage workers. Women ages 18 to 34, Black and Hispanic workers, those without a college degree, and low-income workers are less likely to have access to paid leave.^{6,7}

Paid family and medical leave reduces preterm births, low birthweight, infant hospitalizations, infant mortality, and child abuse and neglect. It also increases the likelihood of breastfeeding, preventive medical care, and immunizations. Mothers who take at least 12 weeks off from work after the birth of a child are less likely to experience mental health issues and report better overall health. Providing time off from work for new parents gives babies time to form secure attachments, which is the foundation for healthy relationships and development. Paid leave has a positive effect on long-term outcomes for babies. It increases educational levels, future earnings, and college completion of children whose parents can take time off.^{8,9,10,11}

Rhode Island's Temporary Disability Insurance Program (TDI) provides partial-wage replacement for participating workers who are temporarily unable to work because of a physical or mental condition, including pregnancy complications and recovery from childbirth. TCI supplements TDI; women who give birth are eligible for both.^{12,13}

Approved Temporary Caregiver Insurance Claims Compared to Contributions by Wage Range, 2023



Source: Rhode Island Department of Labor and Training, TCI Program, 2023.

- ★ There were 8,932 approved claims for TCI during 2023 (up from 8,084 in 2022); 77% were to bond with a new child and 23% were to care for a seriously ill family member. In 2023, 47% of individuals contributing to TCI earned less than \$30,000, yet only 28% of all approved TCI claims were for individuals with wages in this category.¹⁴
- ★ Of the 6,876 approved claims to bond with a new child, 99% (6,790) were for a newborn and 1% were for a newly adopted (23), foster (49), or other child (14). Fifty-six percent of claims to bond with a new child were filed by women and 44% were by men.¹⁵
- ★ Of the 2,056 approved claims to care for a seriously ill family member, 43% were to care for a spouse or domestic partner, 28% were to care for a parent or parent-in-law, 27% were to care for a child, and 1% were to care for a grandparent. Sixty four percent of claims to care for a seriously ill family member were filed by women and 36% were filed by men.¹⁶

Temporary Disability Insurance for Pregnancy Complications & Childbirth

- ★ In 2023, there were 3,833 approved TDI claims for disabling pre/post pregnancy conditions and/or to recover from childbirth. Recovery from childbirth is a disabling condition covered by TDI. In general, six weeks is covered for vaginal births and eight weeks for cesarean section births. More time can be approved for postpartum complications, based on the health care provider's determination. TDI is not available to new parents who do not give birth (e.g., fathers and adoptive parents).^{17,18}

Table 10. Approved Temporary Disability Claims for Childbirth & Temporary Caregiver Claims for Paid Family Leave, Rhode Island, 2023

CITY/TOWN	TEMPORARY DISABILITY INSURANCE (TDI) CLAIMS			TEMPORARY CAREGIVER INSURANCE (TCI) CLAIMS		
	TDI FOR PREGNANCY COMPLICATIONS	TDI FOR CHILDBIRTH	TOTAL TDI CLAIMS	TCI TO BOND WITH NEW CHILD	TCI TO CARE FOR FAMILY MEMBER	TOTAL TCI CLAIMS
Barrington	20	12	32	50	18	68
Bristol	22	13	35	86	32	118
Burrillville	34	25	59	100	26	126
Central Falls	33	25	58	78	40	118
Charlestown	8	8	16	36	14	50
Coventry	58	68	126	237	76	313
Cranston	226	133	359	569	195	764
Cumberland	53	52	105	199	58	257
East Greenwich	21	13	34	100	14	114
East Providence	117	83	200	314	87	401
Exeter	6	11	17	31	8	39
Foster	22	13	35	31	13	44
Glocester	13	12	25	50	17	67
Hopkinton	8	10	18	38	9	47
Jamestown	*	*	8	*	*	*
Johnston	64	52	116	208	66	274
Lincoln	37	21	58	117	58	175
Little Compton	*	*	*	*	*	*
Middletown	18	12	30	52	14	66
Narragansett	*	*	*	31	18	49
Newport	29	16	45	79	8	87
New Shoreham	0	0	0	*	0	*
North Kingstown	45	40	85	195	44	239
North Providence	62	58	120	198	69	267
North Smithfield	25	19	44	75	25	100
Pawtucket	176	80	256	397	131	528
Portsmouth	13	15	28	58	23	81
Providence	479	234	713	1,006	300	1,306
Richmond	15	8	23	49	12	61
Scituate	22	17	39	88	24	112
Smithfield	22	22	44	102	26	128
South Kingstown	32	33	65	123	24	147
Tiverton	18	10	28	50	20	70
Warren	12	11	23	63	6	69
Warwick	194	127	321	625	192	817
Westerly	25	19	44	89	41	130
West Greenwich	*	*	*	39	14	53
West Warwick	72	47	119	236	63	299
Woonsocket	74	39	113	199	34	233
Out-of-State	199	159	358	846	232	1078
Four Core cities	762	378	1,140	1,680	505	2,185
Remainder of state	1,334	1,001	2,335	4,350	1,319	5,669
Rhode Island	2,096	1,379	3,475	6,030	1,824	7,854
Total Program Claims	2,295	1,538	3,833	6,876	2,056	8,932

Source of Data for Table/Methodology

Rhode Island Department of Labor and Training, approved TDI claims for pregnancy complications and for childbirth and approved TCI claims, 2023.

Women without complications typically receive six weeks of TDI for vaginal births and eight weeks for cesarean births.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Out-of-State are approved claims for residents of states other than Rhode Island. TDI and TCI are available to employees of Rhode Island companies and organizations, including employees who are not residents of the state. Employees of certain governmental entities do not contribute to and cannot claim TDI or TCI.

*Data for any town with less than five approved claims are suppressed by the Rhode Island Department of Labor and Training.

References

- ^{1,13} Rhode Island Department of Labor and Training. (2014). *Temporary Caregiver Insurance [Brochure]*.
- ² *Rhode Island's Paid Leave Program is Leaving Families Behind.* (2024). Washington, DC: Zero to Three.
- ³ Donovan, S. A. (2020). *Paid family leave in the United States.* Washington, DC: Congressional Research Service.
- ⁴ Paid leave in the U.S. (2021). San Francisco, CA: The Kaiser Family Foundation.
- ⁵ *Rhode Island Parental and Family Medical Leave Act,* Title 28 Rhode Island General Law § 28-48-2 (1987,1990).
- ⁶ Boyens, C., Karpman, M., & Smalligan, J. (2022). *Access to paid leave is lowest among workers with the greatest needs.* Washington, DC: The Urban Institute.
- ⁷ *A national paid leave program would help workers, families.* (2021). Washington, DC: Center on Budget and Policy Priorities.
- ⁸ O'Neill Hayes, T., & Barnhorst, M. (2020). *How children benefit from paid family leave policies.* Washington, DC: American Action Forum.

(continued on page 176)

Children Receiving Child Support

DEFINITION

Children receiving child support is the percentage of parents who make child support payments on time and in full as indicated in the Rhode Island Office of Child Support Services system. The percentage does not include cases in which paternity has not been established or cases in which the non-custodial parent is not under a court order because he/she cannot be located. Court orders for child support and medical support require establishment of paternity.

SIGNIFICANCE

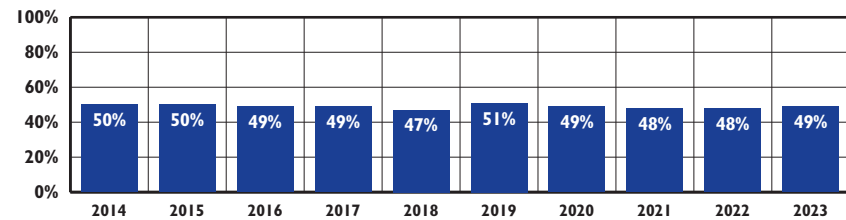
Child support is a major part of the safety net for children and families. In 2022, almost one in six U.S. children (12.8 million) received public child support services.^{1,2} Child support provides a mechanism for non-custodial parents (usually fathers) to contribute to the financial and medical support of their children. Child support programs can encourage responsible co-parenting and increase the reliability of child support paid by helping custodial parents locate the non-custodial parent, establishing paternity and support orders, and monitoring and enforcing child support obligations.³

Child support is a critical tool to provide resources for low-income families and can also keep children out of poverty. The receipt of child support payments can significantly improve the

economic well-being of children with single parents — child support nearly doubles the average income of recipients living in poverty. Custodial parents who receive steady child support payments are less likely to rely on public assistance programs and more likely to find work than those who do not.^{4,5,6}

While child support is intended to provide financial stability and improve child well-being, it can be an economic hardship for non-custodial parents. Non-custodial parents of poor children are often poor themselves and have limited ability to provide financial support to their children.⁷ Incarcerated parents with active child support orders are unable to pay while in prison and may face legal and financial burdens upon release.⁸ Some families are required to pay child support to the state while their child is in foster care, which is economically burdensome to parents, can delay reunification, and is not cost effective for the state.⁹ Child support systems that encourage relationship building with the co-parent and positive parenting can strengthen parent-child relationships and increase child support payments. Non-custodial parents who pay regular child support are more involved with their children, providing them with critical emotional support and care. Child support has a positive effect on children's academics and behavior and is associated with greater employment and earnings as an adult.^{10,11}


**Non-Custodial Parents With Court Orders
Who Pay Child Support on Time and in Full, Rhode Island, 2014-2023**



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2014-2023.

★ As of December 1, 2023, there were 62,841 children in Rhode Island's Office of Child Support Services system, including private, interstate, and IV-D cases (i.e., families receiving RI Works, RIte Care, or child care assistance). Children receiving child support live across all 39 cities and towns in Rhode Island. Forty-nine percent of non-custodial parents under court order in Rhode Island were making child support payments on time and in full.¹²

★ In 2023, the Rhode Island Office of Child Support Services collected \$88.5 million in child support, an increase of about \$2 million over the previous year. Eighty-five percent (\$75.4 million) of the funds collected were distributed directly to families and the remainder was retained by the state and federal governments as reimbursement for RI Works cash assistance, RIte Care health coverage, and other expenses.¹³

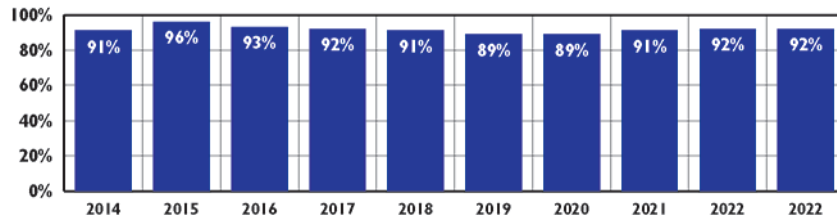
★ In Federal Fiscal Year (FFY) 2022, the Rhode Island Office of Child Support Services collected \$4.08 for every \$1.00 Rhode Island spent on administering the program.¹⁴

★ During FFY 2023, there were 16,037 court orders for non-custodial parents to provide medical insurance and 8,570 orders for non-custodial parents to contribute funds toward medical coverage. About \$6.1 million in payments was retained by the state to offset the cost of RIte Care, while approximately \$1.9 million was disbursed directly to families to offset the cost of private health insurance coverage or other medical expenses.¹⁵

★ In 2017, the Rhode Island General Assembly passed a law that allows the Office of Child Support Services to automatically file a motion to modify or a motion for relief when a non-custodial parent is or will be incarcerated for 180 days or more. This law also clarifies that incarceration may not be considered by the court as "voluntary unemployment."¹⁶

Children Receiving Child Support

Rhode Island Children in the Office of Child Support Services System With Paternity Established, 2014-2023



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2014-2023. Includes all children in the child support system – private, interstate, and IV-D cases.

★ The percentage of children in the Rhode Island child support system with paternity established increased from 91% of children in 2014 to 96% of children in 2015 but has since fallen to 92% of children in 2023.¹⁷

★ When applying for RI Works, RIte Care, or the Child Care Assistance Program (CCAP), custodial parents are asked to provide information on the other parent to the Office of Child Support Services. This information is used to establish paternity (if not already established), and to seek child support payments and/or medical support. For CCAP, parents must provide information on the non-custodial parents for all children in the family, whether or not the child is receiving a child care subsidy (not a federal requirement). Victims of domestic violence can apply for a child support waiver if providing this information could endanger themselves or their children.^{18,19,20}

★ In FFY 2022, Rhode Island had the lowest rate of court orders established for child support in New England (Connecticut – 95%; Maine – 95%; Vermont – 90%; New Hampshire – 92%; Massachusetts – 83%; Rhode Island – 72%). The national average for cases with child support orders established was 87%.²¹

★ In FFY 2022, Rhode Island had the highest case/staff ratio in New England at 712 cases per person, nearly six times that of the lowest state, Vermont (119 cases per person). High caseloads and a low number of full-time staff affects the Office of Child Support Services' ability to establish court orders for child support.²²

Child Support and Rhode Island Works

★ As of December 1, 2023, Rhode Island's Office of Child Support Services system included 3,656 children enrolled in the cash assistance program (RI Works).²³

★ In December 2023, the average child support obligation for children enrolled in RI Works was \$407 per month, compared to an average child support obligation of \$479 per month for children in non-RI Works families.²⁴ (Calculations for child support payments are based on both parents' incomes, so it is expected that the average child support obligation for children enrolled in RI Works would be lower.)

★ In Rhode Island, only the first \$50 of child support paid on time each month on behalf of a child receiving RI Works cash assistance (called a pass-through payment) goes to the custodial parent. The remainder of the payment is retained by the state as reimbursement for cash assistance received.²⁵

★ An average of 318 families received a pass-through payment each month, for a total of \$187,107 paid to families enrolled in RI Works in FFY 2023.²⁶

★ States have the option to pass through a part or all of a family's child support payment to families and to disregard this income when calculating the amount of a family's cash assistance benefit. Rhode Island limits the pass-through amount to \$50, regardless of the number of children in the household. Some states pass through up to \$100 per month for one child (and up to \$200 per month for two or more children) and others, like Colorado and Minnesota, pass through the entire child support payment.²⁷

★ More generous child support pass-through policies for families receiving cash assistance provide a greater incentive for custodial parents to seek child support and for non-custodial parents to make regular payments, because more of the child support payment goes to the child. Increased pass-throughs could therefore increase total child support collections, increase custodial family income, and can decrease poverty and reduce the risk of child maltreatment.^{28,29}

(References are on page 176)

Children in Poverty

DEFINITION

Children in poverty is the percentage of children under age 18 who are living in households with incomes below the poverty threshold, as defined by the U.S. Census Bureau. Poverty is determined based on income received in the year prior to the survey.

SIGNIFICANCE

Poverty is related to every KIDS COUNT indicator. Children in poverty, especially those who experience poverty in early childhood and for extended periods, are more likely to have physical and behavioral health problems, experience difficulty in school, become teen parents, and earn less or be unemployed as adults.¹² Children in poverty are less likely to be enrolled in preschool, more likely to attend schools that lack resources, and have fewer opportunities to participate in extracurricular activities.^{3,4,5}

Nationally and in Rhode Island, Black, Hispanic, and Native American children are more likely than Asian and white children to live in families with incomes below the federal poverty threshold. Children under age five, who have single parents, whose parents have low educational levels, or whose parents work part-time or are unemployed are at increased risk of living in poverty.^{6,7,8}

In 2023, the federal poverty threshold was \$24,549 for a family of three with two children and \$30,900 for a family of

four with two children.⁹ The official poverty measure does not reflect the effects of key government programs that support families living in poverty or consider the increased cost of transportation, child care, housing, and medical care, and geographic variations in the cost of living. To address these limitations, the U.S. Census Bureau publishes a Supplemental Poverty Measure. This measure does not replace the official measure, but provides policy makers with an additional way to evaluate the effects of anti-poverty policies.¹⁰

According to the *2022 Rhode Island Standard of Need*, it costs a single-parent family with two young children \$66,567 a year to pay basic living expenses, more than two and a half times the federal poverty level for a family of three. This family would need an annual pre-tax income of \$78,219 to meet this budget. Work supports can help families with incomes below the federal poverty level meet their basic needs.¹¹

Children in Poverty				
	2019	2020*	2021	2022
RI	14.0%	11.5%	15.0%	11.7%
US	16.8%	15.7%	16.9%	16.3%
National Rank*				10th
New England Rank**				5th

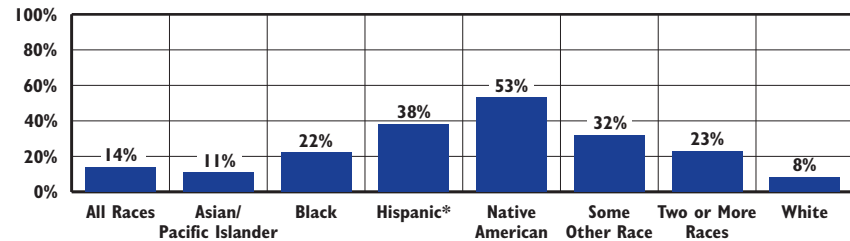
*1st is best; 50th is worst

**1st is best; 6th is worst

Source: U.S. Census Bureau, American Community Survey, 2019-2022, Tables S1701, C17024. *The U.S. Census Bureau urges caution when comparing to standard ACS data due to low response rate during COVID-19 pandemic.



Children in Poverty, by Race and Ethnicity, Rhode Island, 2018-2022



Source: U.S. Census Bureau, American Community Survey, 2018-2022. Tables B17020, B17020A, B17020B, B17020C, B17020D, B17020E, B17020F, B17020G and B17020I. *Hispanic children may be included in any race category.

★ Between 2018 and 2022, 14% (28,774) of Rhode Island's 204,736 children under age 18 with known poverty status lived in households with incomes below the federal poverty threshold.¹²

★ Between 2018 and 2022, 53% of Native American, 38% of Hispanic, and 22% of Black children in Rhode Island lived in poverty, followed by 11% of Asian/Pacific Islander children and 8% of white children.¹³

★ While Asian American and Pacific Islander children have a lower overall poverty rate, both nationally and in Rhode Island, there are significant disparities across Asian ethnic groups, with significantly higher poverty rates for many Southeast Asian and South Asian groups.^{14,15}

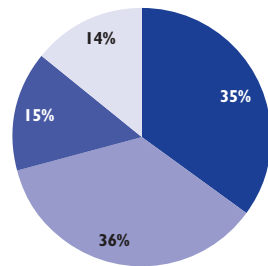
★ Due to the COVID-19 pandemic, Rhode Island's unemployment rate surged higher in the spring and summer of 2020 than its peak in the Great Recession.¹⁶ Job losses in 2020 disproportionately occurred in low-wage occupations, and occupations employing Black and Hispanic workers and female workers. Federal COVID-relief measures, such as enhanced unemployment benefits and economic impact payments, reduced poverty rates and lessened material hardship.^{17,18}

★ The federal *American Rescue Plan Act*, enacted in March 2021, included a one-year expansion of the Child Tax Credit, including distributing a portion of the credit in monthly payments from July through December 2021. These payments reduced child poverty by an estimated 29% in November 2021, with the largest impact on Children of Color.^{19,20}

Rhode Island's Children Living in Poverty, 2018-2022

By Age

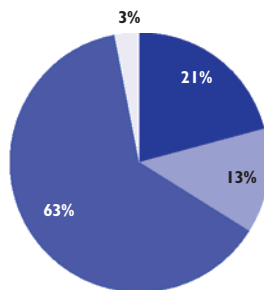
- 35% ■ Ages 5 and Younger
- 36% ■ Ages 6 to 11
- 15% ■ Ages 12 to 14
- 14% ■ Ages 15 to 17



n=28,774

By Family Structure

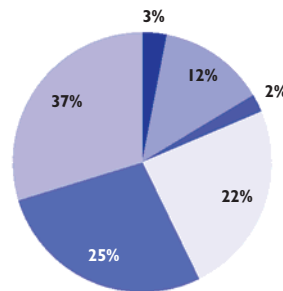
- 21% ■ Married Couple Family
- 13% ■ Unmarried Male Householder
- 63% ■ Unmarried Female Householder
- 3% ■ Not in Related-Family Households



n=28,774

By Race*

- 3% ■ Asian/Pacific Islander
- 12% ■ Black
- 2% ■ Native American
- 22% ■ Some Other Race
- 25% ■ Two or More Races
- 37% ■ White



n=28,774

**Hispanic children may be included in any race category. Between 2018 and 2022, 54% of Rhode Island's 28,774 children living in poverty were Hispanic. The Census Bureau asks about race separately from ethnicity, and the majority of families who identify as Some other race also identify as Hispanic.*

Source: U.S. Census Bureau, American Community Survey, 2018-2022. Tables B17001, B17006, B17020, B17020A, B17020B, B17020C, B17020D, B17020E, B17020F, B17020G, & B17020I. Population includes children for whom poverty status was determined. Cohn, D. (2017). *Seeking better data on Hispanics, Census Bureau may change how it asks about race*. Retrieved from www.pewresearch.org. Percentages may not sum to 100% due to rounding.

Child Poverty Concentrated in Four Core Cities, Rhode Island, 2018-2022

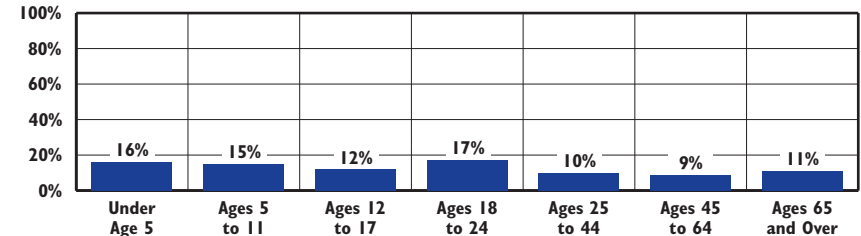
CITY/TOWN	NUMBER IN POVERTY	PERCENTAGE IN POVERTY	NUMBER IN EXTREME POVERTY	PERCENTAGE IN EXTREME POVERTY
Central Falls	1,744	27.9%	642	10.3%
Pawtucket	3,111	19.9%	1,532	9.8%
Providence	10,778	28.3%	5,628	14.8%
Woonsocket	3,065	31.0%	1,080	10.9%
<i>Rhode Island</i>	<i>28,774</i>	<i>14.1%</i>	<i>14,352</i>	<i>7.0%</i>

Source: Population Reference Bureau analysis of 2018-2022 American Community Survey data.

★ Between 2018 and 2022, 65% of Rhode Island's children living in poverty lived in just four cities—Central Falls, Pawtucket, Providence, and Woonsocket. These cities, termed core cities, had a combined child poverty rate of 27% between 2018-2022. The four core cities also have substantial numbers of children living in extreme poverty.²¹

★ In Rhode Island between 2018 and 2022, Black and Hispanic children were 12% and eight times more likely, respectively, to live in high-poverty neighborhoods than non-Hispanic white children.²² Living in high-poverty neighborhoods (those with poverty rates of 30% or more) provides fewer opportunities for children and their families.²³

Poverty, by Age, Rhode Island, 2018-2022



Source: U.S. Census Bureau, American Community Survey, 2018-2022, Table B17001.

★ Between 2018 and 2022 in Rhode Island, 17% of young adults ages 18 to 24 lived in poverty. In Rhode Island, young adults are at a higher risk of living in poverty than any other age group.²⁴ In the U.S., 3.4 million children live with parents ages 18 to 24, and 37% of them, mostly babies, toddlers, and preschoolers, live in poverty.²⁵

Children in Poverty



Financial Asset Building

- ★ Many low-income families have limited or no access to traditional banks and instead must rely on cash transactions or alternative financial services, such as check-cashing stores, payday lenders, and rent-to-own stores. These families pay high fees for financial transactions and high interest rates on loans, and often struggle to build credit histories and achieve economic security.^{26,27}
- ★ In Rhode Island in 2021, 3.5% of households did not have a checking or savings account, lower than the U.S. rate of 4.5% the lowest it has ever been. During the pandemic, the quick government financial relief payment made many families bankable. Many consumers took advantage of enhanced, safe online and mobile bank accounts, which resulted in a meaningful gain in connecting families to the banking system.²⁸
- ★ Nationally, households with lower income, disabled working-age adults, or adults with less than a high school education, as well as Black and Hispanic households, are less likely to have a checking or savings account.²⁹
- ★ States can protect consumers from high-cost payday lending by prohibiting these loans outright or enacting measures that make the loans more affordable, such as an annual rate cap or limiting the amount of monthly payments as a percentage of a borrower's monthly income. Rhode Island is the only New England state that does not currently protect against payday lending.^{30,31}
- ★ Many public assistance programs have eligibility provisions that limit the amount of assets and/or the value of vehicles a family can own. Such policies discourage families from saving and building the assets they need to improve their economic security.³²
- ★ Rhode Island currently has a \$5,000 asset limit to qualify for and retain RI Works cash assistance and is one of only eight states with such a restrictive asset limit. Under Rhode Island law, the value of one vehicle for each adult household member (not to exceed two vehicles per household) does not count toward the family's asset limit.³³
- ★ Discrimination and historical racism have resulted in large and persistent disparities in wealth between different racial and ethnic groups. In 2022, the median family wealth for white families was about six times greater than the median wealth of Black families and five times greater than the median wealth of Hispanic families.³⁴



Building Blocks of Economic Security

Income Supports

- ★ The Supplemental Poverty Measure shows the positive impact of government programs, such as the Earned Income Tax Credit (EITC), Child Tax Credit, Social Security, SNAP, and housing subsidies. These programs kept millions of children out of poverty.³⁵

Health Coverage and Access to Care

- ★ People with low incomes are the most likely to be uninsured; some cannot afford the cost, some do not have access to coverage through their employers, and others do not have access to employer-based coverage due to job loss.³⁶ In Rhode Island low-income children are now eligible to enroll in RIte Care regardless of immigration status.³⁷

Affordable Quality Child Care

- ★ In Rhode Island in 2021, the average annual cost of center-based childcare for one infant was \$13,780.³⁸ Child care subsidies can help families living in poverty afford the cost of high-quality child care, which can help parents maintain employment and support children's development.³⁹

Educational Attainment

- ★ Between 2022 and 2032, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring a high school diploma or less.⁴⁰ Forty-eight percent of Rhode Islanders had a postsecondary degree in 2018-2022.⁴¹

Affordable Housing

- ★ In 2023, the average rent for a two-bedroom apartment in Rhode Island was \$2,107. In Rhode Island, a family of three with an income at the federal poverty level would have to spend more than its income on rent, while it is recommended that a household spend no more than 30% of its income on rent.^{42,43} Nationally, only one in four eligible low-income families receive rental assistance to help them afford the high cost of housing.⁴⁴

Child Support

- ★ As of December 1, 2023, there were 62,841 children in Rhode Island's Office of Child Support Services system.⁴⁵ Child support helps reduce poverty. Custodial parents who receive steady child support payments are less likely to rely on public assistance and more likely to be employed than those who do not.⁴⁶ Among poor custodial parents that received full child support in 2017 in the U.S., these payments represented 57% of their mean personal income.⁴⁷

Table 11.

Children Living Below the Federal Poverty Threshold, Rhode Island, 2018-2022

CITY/TOWN	ESTIMATES WITH HIGH MARGINS OF ERROR*		ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR	
	N	%	N	%
Barrington			112	2.4%
Bristol			136	4.4%
Burrillville	265	8.7%		
Central Falls	1,744	27.9%		
Charlestown	85	8.1%		
Coventry			580	8.9%
Cranston			1,355	8.5%
Cumberland			489	6.6%
East Greenwich			152	4.3%
East Providence			1,095	14.3%
Exeter	67	5.6%		
Foster	19	2.1%		
Glocester			29	1.3%
Hopkinton	87	5.9%		
Jamestown	-	-		
Johnston	476	8.8%		
Lincoln			209	4.4%
Little Compton	10	2.2%		
Middletown	299	9.5%		
Narragansett			39	2.4%
New Shoreham	-	-		
Newport	731	21.0%		
North Kingstown			473	9.4%
North Providence			648	10.0%
North Smithfield	144	6.5%		
Pawtucket			3,111	19.9%
Portsmouth	217	6.3%		
Providence			10,778	28.3%
Richmond			-	-
Scituate			36	2.3%
Smithfield			17	0.5%
South Kingstown			281	6.1%
Tiverton			128	5.2%
Warren	31	2.4%		
Warwick			987	6.9%
West Greenwich	-	-		
West Warwick			612	11.7%
Westerly	267	8.0%		
Woonsocket	3,065	31.0%		
Four Core Cities			18,698	26.8%
Remainder of State			10,076	7.5%
Rhode Island			28,774	14.1%

Source of Data for Table/Methodology

Data are from a Population Reference Bureau analysis of 2018-2022 American Community Survey data. The data include the poverty rate for all children for whom poverty was determined, including “related” children and “unrelated children” living in the household.

The American Community Survey is a sample survey, and therefore the number and percentage of children living in poverty provided are estimates, not actual counts. The reliability of these estimates varies by community. In general, estimates for small communities and communities with relatively low poverty rates are not as reliable as estimates for larger communities and communities with higher poverty rates.

*The Margin of Error around the percentage is greater than or equal to five percentage points.

The Margin of Error is a measure of the reliability of the estimate and is provided by the U.S. Census Bureau. The Margin of Error means that there is a 90 percent chance that the true value is no less than the estimate minus the Margin of Error and no more than the estimate plus the Margin of Error. (See the Methodology Section for Margins of Error for all communities.)

-There were either no sample observations or too few sample observations to compute an estimate.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

^{1,8} National Academies of Sciences, Engineering, and Medicine. (2019). *A roadmap to reducing child poverty*. Washington, DC: The National Academies Press.

² Ratcliffe, C. (2015). *Child poverty and adult success*. Washington, DC: Urban Institute.

³ National Center for Education Statistics. (2021). *Number of children under 6 years old and not yet enrolled in kindergarten, percentage in center-based programs, average weekly hours in nonparental care, and percentage in various types of primary care arrangements, by selected child and family characteristics: 2019*. Retrieved from <https://nces.ed.gov>

(continued on page 177)

Children in Families Receiving Cash Assistance

DEFINITION

Children in families receiving cash assistance is the percentage of children under age 18 who were living in families receiving cash assistance through the Rhode Island Works Program (RI Works). These data measure the number of children and families enrolled in RI Works during the month of December. Children and families who participated in the program at other points in the year but who were not enrolled in that month are not included.

SIGNIFICANCE

The goal of RI Works is to help very low-income families meet their basic needs by providing cash assistance and work supports, including employment services, SNAP benefits, health insurance, subsidized child care, and a small annual clothing allowance for children. Children and families qualify for cash assistance based on their income, resources, and the number of people in their families.¹

RI Works cash assistance recipients must participate in an employment plan unless they meet specific criteria for an exemption. This employment plan must consider the parent's skills, education, and family responsibilities as well as place of residence and should outline a process for helping the parent meet his or her employment goals. Parents should be informed about

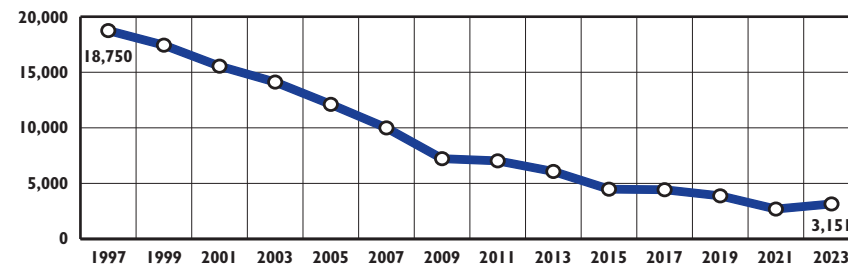
opportunities to seek additional education or training to improve their employability prospects.²

RI Works provides a safety net for some children whose parents are unable to work due to a disability and can function as an unemployment system for parents with insufficient earnings or work experience to qualify for unemployment benefits.³ In 2023, the average hourly wage of working parents enrolled in RI Works was \$17.46 per hour.⁴

RI Works connects families to the Office of Child Support Services, which assists families in establishing paternity (when applicable), identifying and locating non-custodial parents, and obtaining child support payments from non-custodial parents.⁵ In Rhode Island, the first \$50 of child support paid on time each month on behalf of a child enrolled in RI Works goes to the custodial parent caring for the child. The balance is kept by the state and federal governments as reimbursement for assistance received through RI Works.^{6,7}

The maximum monthly RI Works benefits for a family of three is \$721 per month.⁸ Benefits were increased by 30% in 2021, the first increase in 30 years, but the maximum benefit is still only 30% of the federal poverty threshold.^{9,10}

Cash Assistance Caseload, Rhode Island, 1997–2023*



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1997-2015, and RI Bridges Database, December 2016-2023. Cases can be child-only or whole families, and multiple people can be included in one case. *The Rhode Island Department of Human Services changed the method for calculating the caseload data starting in the 2012 Factbook. This change is reflected in the 2010-2022 caseload data. Comparisons to earlier years should be made with caution. Starting in 2016, caseload data are for the month of December and not for a point in time, December 1.

★ Since 1996, when the program began, the Rhode Island cash assistance caseload has declined steadily. Between 1996 and 2023, the Rhode Island cash assistance caseload decreased by 83%, from 18,428 cases to 3,151 families. The number of families receiving cash assistance increased from 2022 to 2023 but is still below the 2019 pre-pandemic caseload.¹¹

★ The RI Works caseload declined due to policies implemented in 2008 when the program changed from the Family Independence Program (FIP) to RI Works. These policies included new time limits (which have since been removed so that now only a 60-month lifetime limit is in place), closing the entire family's case when parents reach their time limit, and limiting eligibility for legal permanent residents to those who have had that status for five years.^{12,13}

★ In December 2023, there were 2,475 adults and 5,644 children under age 18 enrolled in RI Works. Seventy percent of RI Works beneficiaries were children, and 41% of the children enrolled in RI Works were under the age of six.¹⁴

★ In December 2023, 64% (2,016) of RI Works cases were single-parent families, 31% (962) were child-only cases, and 5% (173) were two-parent families.¹⁵

★ In Rhode Island in 2022, there were 23,487 children living in poverty, with 12,400 living in deep poverty (defined as being 50% below the federal poverty line). However, only 3,101 families received cash assistance.^{16,17}

Children in Families Receiving Cash Assistance



RI Works Policies

Work Requirements

★ Single-parent families must participate in a work activity for a minimum of 20 hours per week if they have a child under age six and a minimum of 30 hours per week if their youngest child is age six or older. For two-parent families, one or both parents must participate in work activities for an individual or combined total of 35 hours per week.¹⁸

Time Limits and Hardship Extensions

★ The lifetime limit for RI Works is 60 months. Families can apply for hardship extensions that allow them to continue receiving cash assistance after reaching the time limit if the parent has a documented significant disability, is caring for a significantly disabled family member, is unable to pursue employment due to domestic violence, is homeless, or is unable to work because of “a critical other condition or circumstance.” While parents must submit requests for hardship extensions (for six-month periods), there is no limit on the total time a family can receive a hardship extension.^{19,20,21}

Child-Only Cases

★ Child-only cases are those that receive assistance for only the children in the family because the child’s parent is ineligible. Child-only cases include children living with a non-parent or a parent who is disabled and receiving Supplemental Security Income.²²

Sanctions

★ If a parent misses a required appointment, refuses or quits a job, or in some other way fails to comply with an employment plan and is not able to establish “good cause” (e.g., lack of child care, illness, a family crisis, or other allowed circumstance), the family’s cash benefit is reduced. If benefits are reduced for a total of three months (consecutive or not) due to non-compliance, the family’s case is closed, and the entire family loses the RI Works benefit. Benefits can be restored in the month after the parent reapplies and comes into compliance.²³

Recent Policy Changes

★ The FY 2024 budget expanded eligibility to low-income, first-time pregnant individuals upon pregnancy verification, rather than waiting until the third trimester. The FY 2023 budget extended the lifetime limit from 48 to 60 months, amended the work requirements to allow a parent to attend the Community College of Rhode Island for two years, increased the earnings disregard from \$170 to \$300 a month, raised the asset limit from \$1,000 to \$5,000 to enable families to have savings and build a financial safety net, and excluded all state and federal tax returns and tax rebates from income eligibility.²⁴



RI Works by Case Type, December 2023

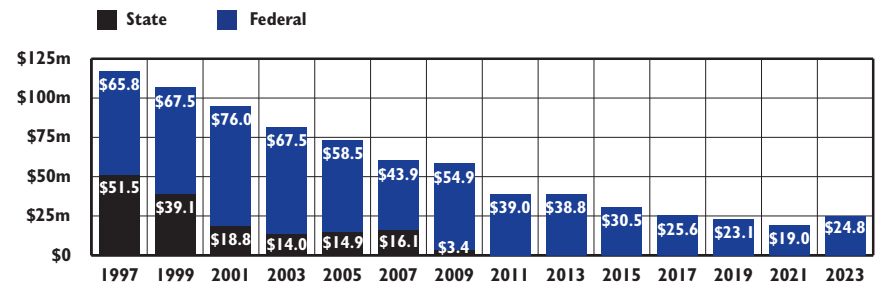
	NUMBER	PERCENTAGE
Child-only cases	944	31%
Cases with adults with a work activity	1,510	48%
Cases with adults exempt from a work activity*	606	19%
Unknown status	73	2%
Total RI Works Caseload	3,151	

Source: Rhode Island Department of Human Services, RI Bridges Database, December 2023.

*RI Works regulations require that all parents and caretaker relatives included in the cash assistance grant participate in a work activity unless they receive a temporary exemption. Exemptions from work activities include illness or incapacity (335), youngest child under age one (142), second parent is a non-participant (89), in third trimester of pregnancy (25), being a victim of domestic violence (3), or multiple reasons (12).



Rhode Island Cash Assistance Expenditures, State Fiscal Years 1996-2023

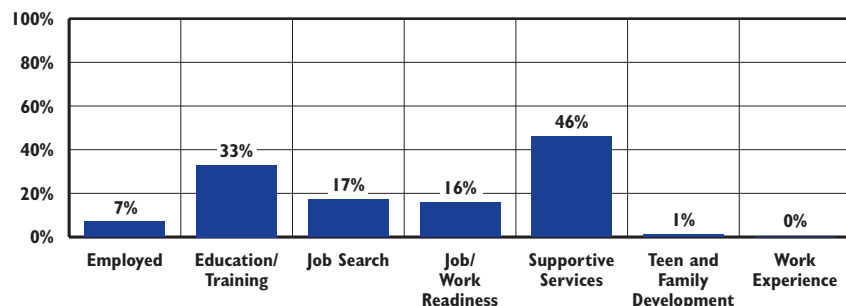


Sources: Rhode Island Department of Human Services. (2007). *Family Independence Program 2007 annual report*. (FY 1996-2001); House Fiscal Advisory Staff. (2004-2019). *Budget as enacted: Fiscal Years 2005-2019*. (FY 2002-2017); House Fiscal Advisory Staff. (2020). *FY 2020 revised budget: 2020-H 7170, Substitute A, as amended*. (FY 2018-19); House Fiscal Advisory Staff. (2022). *Budget as enacted: Fiscal Year 2024*. (FY 2022-2023). Fiscal years 1997-2022 are funds spent and FY 2023 is budget as enacted.

★ In State Fiscal Year 2023, for the fourteenth year in a row, no state general revenue was allocated for cash assistance. State general revenue spending for cash assistance decreased steadily from 1996 through 2010, and the program is now entirely supported by federal Temporary Assistance for Needy Families (TANF) block grant funds. Total expenditures for cash assistance in Rhode Island (federal and state) decreased by 85% between 1996 (when the program began) and 2022 but then increased in 2023.^{25,26} In 2021, Rhode Island spent 12% of its TANF funds on cash assistance, significantly lower than the national share of 23%.²⁷

Children in Families Receiving Cash Assistance

Families Enrolled in the RI Works Program, by Type of Work Activity, December 2023



Source: Rhode Island Department of Human Services, RI Bridges Database, December 2023. The total number of work activities (1,814) is larger than the number of families with a work activity (1,510) because some families (280) had multiple work activities during the month.

★ As of December 2023, 7% of families with work activities were employed, and <1% were in community work experience. Most of these families were also engaged in other work activities during the month.²⁸

★ Parents with limited training and skills can participate in basic education and work skills programs. Parents also can receive up to two years of education as part of their 60-month lifetime limit.²⁹ As of December 2023, 33% of families were participating in education or training programs.³⁰

★ Seventeen percent of families with a work activity were participating in job search activities, including job search and job skills development programs delivered in partnership with the Rhode Island Department of Labor and Training, and were participating in other job readiness activities. Forty-six percent of families were receiving supportive services, including mental or physical health and substance abuse treatment, and housing and homelessness services needed to address barriers to employment.^{31,32}

★ An additional 1% of families received educational support through the Teen and Family Development Program, a program for young parents.³³

Support for Young Parents

★ Seventy-eight percent of children born to teen mothers who never marry and do not graduate from high school live in poverty.³⁴

★ RI Works provides additional support to young parents. Parents who are under age 20 and do not have a high school diploma or GED are required to receive parenting skills training and are supported in completing their high school education while enrolled in RI Works. In addition, pregnant or parenting teens under age 18 are required to live with their parent, legal guardian, or adult relative or in an adult-supervised setting.³⁵

★ In December 2023, there were 62 parents under the age of 20 enrolled in RI Works. Some are parent heads of household, and others may be parts of multi-generational households.³⁶

Support for Individuals with Disabilities and Their Families

★ Recent research conducted in several states shows that cash assistance recipients report physical and mental health disabilities at higher rates than the general population. Parents with physical or mental health conditions can face barriers to employment, including discrimination by employers.³⁷

★ Under RI Works, parents with disabilities may be exempt from work requirements only if they are receiving SSI or SSDI or determined to be eligible for SSI or SSDI. Other parents with disabilities are referred to the Office of Rehabilitation Services for further assessment, vocational rehabilitation services, and help applying for SSI or to substance abuse or mental health treatment, as appropriate.³⁸

★ As of December 2023, 363 families (12% of the total RI Works caseload) had hardship extensions, 22 for a physical or mental disability, seven who were unable to work due to a domestic violence situation, five to care for a disabled family member, three due to homelessness, and 326 because of economic hardship or another critical condition or circumstance.³⁹ Nationally, many families leave cash assistance not because they find work, but because they reach their time limit or are sanctioned. These families often have barriers to employment, such as a mental or physical impairment, or low levels of education and limited work experience.^{40,41}

Children in Families Receiving Cash Assistance

Table 12. Children in Families Receiving Cash Assistance (RI Works), Rhode Island, December 2023

CITY/TOWN	# OF CHILDREN UNDER AGE 18	NUMBER RECEIVING CASH ASSISTANCE		% OF CHILDREN RECEIVING CASH ASSISTANCE
		FAMILIES	CHILDREN	
Barrington	4,489	8	20	<1%
Bristol	2,887	17	25	1%
Burrillville	3,229	19	35	1%
Central Falls	6,411	150	286	4%
Charlestown	1,161	2	4	<1%
Coventry	6,655	35	55	1%
Cranston	15,744	152	247	2%
Cumberland	7,550	36	64	1%
East Greenwich	3,465	6	10	<1%
East Providence	7,886	110	181	2%
Exeter	1,175	2	2	<1%
Foster	790	1	4	1%
Glocester	1,896	5	8	<1%
Hopkinton	1,613	6	11	1%
Jamestown	871	2	5	1%
Johnston	5,119	51	81	2%
Lincoln	4,640	36	60	1%
Little Compton	568	2	4	1%
Middletown	3,487	44	72	2%
Narragansett	1,651	4	9	1%
New Shoreham	189	0	0	0%
Newport	3,660	117	215	6%
North Kingstown	5,496	37	60	1%
North Providence	5,802	89	149	3%
North Smithfield	2,274	7	13	1%
Pawtucket	16,455	382	637	4%
Portsmouth	3,444	13	26	1%
Providence	41,021	1,195	2,266	6%
Richmond	1,627	4	9	1%
Scituate	1,866	9	16	1%
Smithfield	3,411	13	22	1%
South Kingstown	4,339	11	23	1%
Tiverton	2,723	17	25	1%
Warren	1,826	13	20	1%
Warwick	14,034	117	197	1%
West Greenwich	1,251	4	5	<1%
West Warwick	5,787	66	119	2%
Westerly	3,826	19	31	1%
Woonsocket	9,467	345	620	7%
Other/Unknown	NA	5	8	NA
Four Core Cities	73,354	2,072	3,809	5%
Remainder of State	136,431	1,074	1,827	1%
Rhode Island	209,785	3,151	5,644	3%



Education and Training Supporting Employment

★ Between 2017 and 2022, almost 63,354 working-age adults (18 to 64) in Rhode Island did not have a high school diploma or GED.⁴²

★ Nationally, between 2020 and 2030, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring a high school diploma.⁴³ Between 2017 and 2022, the unemployment rate for Rhode Islanders without a high school diploma was 10.6%, compared to 6.8% for those with a high school degree and 2.9% for those with a bachelor's degree or higher.⁴⁴

★ Parents enrolled in RI Works face significant barriers to success in the labor market. Twenty-nine percent of parents enrolled in RI Works report did not finish high school. Among a group of parents receiving cash assistance who were tested in March 2020, about one-third (34%) of those tested in English tested at or below the sixth grade reading level, while more than half (56%) of native Spanish speakers enrolled in RI Works tested at or below the sixth-grade reading level on a Spanish-language version of the test.⁴⁵

★ Recent research has shown that well-designed and well-implemented programs that focus on building skills and providing support can increase future employment and earnings of cash assistance recipients. Programs that combine education, training, and support services are more effective than standalone job search or skills instruction programs.⁴⁶ States should explore how to meet their work participation rate while offering beneficiaries a chance to improve job skills and long-term work preparedness.⁴⁷

Source of Data for Table/Methodology

Rhode Island Department of Human Services, RI Bridges Database, December 2023. The Rhode Island Department of Human Services changed the method for calculating the caseload and persons receiving cash assistance starting in the 2012 Factbook. Comparisons to data presented in previous Factbooks should be made with caution.

The denominator is the total number of children under age 18 from U.S. Census Bureau, Census 2020, Table P2 and Table P4.

Communities may have more families than children receiving cash assistance because a pregnant woman without children is eligible upon verification of pregnancy.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

^{1,2,3,5,8,18,19,20,22,23,24,29,32,35,38} Rhode Island Works Program rules and regulations, 218-RICR-20-00-2 (2021). Retrieved December 22, 2023, from sos.ri.gov

^{4,11,14,15,17,28,30,31,33,36,39,45} Rhode Island Department of Human Services, InRhodes Database and RI Bridges Database, December 1996-2023.

⁶ Child Support Program rules and regulations, 218-RICR-30-00-1 (2021). Retrieved March 28, 2023, from sos.ri.gov

(continued on page 178)

Children Receiving SNAP Benefits

DEFINITION

Children receiving SNAP benefits is the number of children under age 18 who participated in the Supplemental Nutrition Assistance Program (SNAP).

SIGNIFICANCE

Hunger and lack of regular access to sufficient food are linked to serious physical, psychological, emotional, and academic problems in children and can interfere with their growth and development.^{1,2} The Supplemental Nutrition Assistance Program (SNAP) helps low-income individuals and families obtain better nutrition through monthly benefits they can use to purchase food at retail stores and some farmers' markets.³ Child hunger has been shown to decrease by almost one-third after their families have received SNAP benefits for six months.⁴

Nationally, SNAP is available to households with gross monthly incomes below 130% of the federal poverty level, net monthly incomes below 100% of the federal poverty level, and no more than \$2,750 in resources.⁵ Rhode Island is one of 41 states that have implemented broad-based categorical eligibility, which allowed Rhode Island to increase the gross income limit and remove the resource limit for most applicants.⁶ The gross monthly income limit for Rhode Island is 185% of the federal poverty level (\$45,991 per year

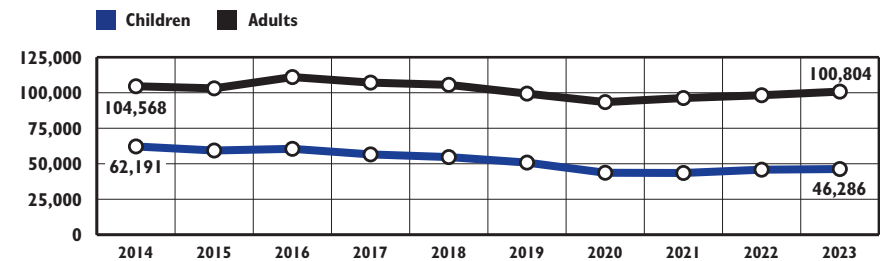
for a family of three in 2023).

Households must still meet the net monthly income limit of 100% of the federal poverty level after allowable deductions, which include deductions for housing costs and childcare.^{7,8}

SNAP is an important anti-hunger program that helps individuals and families purchase food when they have limited income, face unemployment or reduced work hours, or experience a crisis.⁹ In Rhode Island during October 2023, 72% of SNAP households had gross incomes below the federal poverty level (\$24,860 for a family of three in 2023).^{10,11} In October 2023, the average monthly SNAP benefit for a family of three in Rhode Island was \$559 (this average does not include supplemental benefits provided during the COVID-19 pandemic).¹² Beginning October 2021, maximum monthly benefits increased due to an update of the Thrifty Food Plan on which benefits are based.¹³

Participation in SNAP in early childhood is associated with improvements in short- and long-term health outcomes, improved high school graduation rates, and increases in adult earnings. In 2021, SNAP and the School Lunch Program lifted 2.8 million Americans out of poverty and was the most effective program for lifting families out of deep poverty.^{14,15,16} SNAP is also an effective form of economic stimulus because it moves money directly into the local economy.¹⁷

Participation in the Supplemental Nutrition Assistance Program, Children and Adults, Rhode Island, 2014-2023



Source: Rhode Island Department of Human Services, InRhodes Database, 2014–2015 and RI Bridges Database, 2016–2023. Data represent children under age 18 and adults who participated in SNAP during the month of October.

★ Of the 147,090 Rhode Islanders enrolled in SNAP in October 2023, 69% were adults and 31% were children. Of the children enrolled in SNAP, 32% were under the age of six.¹⁸

★ The number of children and adults receiving SNAP benefits decreased each year from 2016 to 2020 and since then has slowly increased.¹⁹

Child Hunger in Rhode Island

★ Food insecurity is a method to measure and assess the risk of hunger.²⁰ The USDA defines food insecurity as not always having access to enough food for an active, healthy life. From 2020 to 2022, 8.6% of Rhode Island households and 11.2% of U.S. households were food insecure. In 2022, 17.3% of all U.S. households with children and 42.3% of U.S. households with children living in poverty experienced food insecurity.²¹ Rhode Island launched a retail SNAP incentive pilot program which gives discounts on fruits and vegetables, improves nutrition, and reduces food insecurity in households.²²

★ Several federal nutrition programs provide nutrition assistance to children and families, including SNAP, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the National School Lunch Program, the School Breakfast Program, the Summer Food Service Program, and the Child and Adult Care Food Program.²³ The Rhode Island Community Food Bank network served, on average, 17,700 more people each month in 2023 than in 2022, with nearly one in three Rhode Island households unable to afford adequate food.²⁴

Children Receiving SNAP Benefits

Table 13. Children Under Age 18 Receiving SNAP Benefits, Rhode Island, October 2023



Summer EBT Program and SNAP Benefits

★ According to 2023 survey data from the RI Life Index, 38% of households with children in Rhode Island reported not being able to meet their basic food needs, compared to 29% of all households, down from 41% for households with children and 31% for all households in 2022.²⁵

★ Between March 2020 and February 2023, all SNAP households were eligible for a supplemental benefit of at least \$95 during the COVID-19 public health emergency. By March 2023, families no longer received these benefits as the *Consolidated Appropriations Act of 2023* passed, ending all emergency allotments related to the COVID-19 pandemic.^{26,27}

★ SNAP participants can now select and pay for their groceries online using their EBT card at participating online retailers.²⁸

★ Beginning in summer 2024, each child in Rhode Island who is eligible for free or reduced-price school meals will be able to receive a monthly \$40 payment on an EBT card during summer months.²⁹

CITY/TOWN	NUMBER PARTICIPATING
Barrington	137
Bristol	250
Burrillville	347
Central Falls	2,270
Charlestown	100
Coventry	715
Cranston	2,789
Cumberland	646
East Greenwich	158
East Providence	1,502
Exeter	113
Foster	75
Glocester	108
Hopkinton	179
Jamestown	18
Johnston	902
Lincoln	598
Little Compton	21
Middletown	396
Narragansett	122
New Shoreham	0
Newport	1,022
North Kingstown	590
North Providence	1,055
North Smithfield	182
Pawtucket	5,202
Portsmouth	176
Providence	17,315
Richmond	174
Scituate	115
Smithfield	242
South Kingstown	370
Tiverton	282
Warren	272
Warwick	1,752
West Greenwich	75
West Warwick	1,441
Westerly	508
Woonsocket	4,229
Unknown	99
Four Core Cities	29,016
Remainder of State	17,171
Rhode Island	46,286

Source of Data for Table/Methodology

Supplemental Nutrition Assistance Program (SNAP) data are from the Rhode Island Department of Human Services, RI Bridges Database, October 2023. *261 children changed addresses mid-month resulting in the total being greater than the total number of distinct children

Due to changes in the availability of data, we report participation for the entire month of October, rather than October 1 in this Factbook. Due to this change in methodology, *Children Receiving SNAP Benefits* cannot be compared with Factbooks prior to 2016.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

- ¹ Gallegos, D., Eivers, A., Sondergeld, P., & Pattinson, C. (2021). Food insecurity and child development: A state-of-the-art review. *International Journal of Environmental Research and Public Health*, 18(17), 8990. MDPI AG. Retrieved February 2, 2023, from <http://dx.doi.org/10.3390/>
- ² Thomas, M. M. C., Miller, D. P., & Morrissey, T. W. (2019). Food insecurity and child health. *Pediatrics*, 144(4), 1-9.
- ³ Food Research and Action Center. (2023). *FRAC facts: SNAP strengths*. Retrieved February 21, 2024, from www.frac.org
- ⁴ Carlson, S., & Llobrera, J. (2022). *SNAP is linked with improved health outcomes and lower health care costs*. Washington, DC: Center on Budget and Policy Priorities.
- ⁵ U.S. Department of Agriculture, Food and Nutrition Service. (2021). *Supplemental Nutrition Assistance Program (SNAP): SNAP eligibility*. Retrieved February 2, 2023, from www.fns.usda.gov
- ⁶ U.S. Department of Agriculture, Food and Nutrition Service. (2024). *Broad-based categorical eligibility*. Retrieved February 20, 2024, from www.fns.usda.gov
- ⁷ U.S. Department of Health and Human Services. (2023). Annual update of the HHS poverty guidelines. *Federal Register*, 88(12), 3424-3425.
- ⁸ Policy basics: *The Supplemental Nutrition Assistance Program (SNAP)*. (2022). Washington, DC: Center on Budget and Policy Priorities.

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Women and Children Participating in WIC

DEFINITION

Women and children participating in WIC is the percentage of eligible women, infants, and children enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

SIGNIFICANCE

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a federally funded preventive program that provides participants with nutritious food, nutrition education, and referrals to health care and social services. WIC serves pregnant, postpartum, and breastfeeding women, infants, and children under age five living in low-income households. Any individual who participates in SNAP, RIte Care, Medicaid, or Rhode Island Works is automatically income-eligible for WIC. Participants also must be at nutritional risk to qualify. This can include inadequate nutrition, or medical risks such as anemia or high-risk pregnancy.^{1,2}

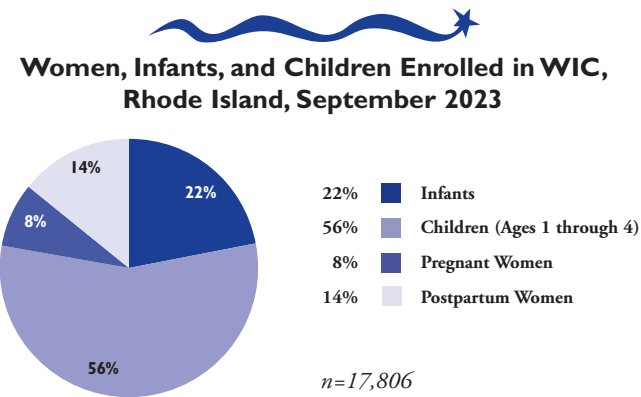
WIC improves the quality of participants' diets and promotes healthy eating habits. Studies have shown that WIC participants access more nutritious foods, including more produce, whole grains, and low-fat dairy. WIC participation also may decrease

household food insecurity (families that do not have regular access to enough food for an active, healthy life). Food insecurity in early childhood can lead to impaired cognitive, behavioral, and psychosocial development, and can limit academic achievement. Pregnant women also have special nutritional needs that influence pregnancy outcomes and the health of their children.^{3,4,5}

WIC participation has been shown to reduce infant mortality, improve birth outcomes (including reducing the likelihood of low birthweight and prematurity), improve cognitive development, reduce risk of child neglect and abuse, increase child immunization rates, and increase access to preventive medical care.^{6,7}

Revisions to the WIC food package that were implemented in 2009 increased access to a wider variety of nutritious foods, increased state flexibility to provide culturally appropriate foods, and strengthened breastfeeding support.^{8,9} In Rhode Island in Federal Fiscal Year (FFY) 2023, 35% of infants participating in WIC were breastfed, and 65% of infants were fully formula fed.¹⁰

In 2020, WIC began providing an EBT (electronic benefit transfer) card called eWIC to all Rhode Island users.¹¹



Source: Rhode Island Department of Health, WIC Program, September 2023.

★ **Infants and children ages one through four comprised more than three-quarters (78%) of the population served by WIC in September 2023 in Rhode Island. Women accounted for over one-fifth (8% pregnant and 14% postpartum) of the population served.**¹²

★ **In September 2023, 4% of WIC participants in Rhode Island were American Indian, 2% were Asian, 18% were Black, 64% were white, and 12% identified as another race or more than one race. Sixty percent of WIC participants identified as Hispanic. Hispanic women and children may be included in any race category.**¹³

★ **All four of the core cities had participation rates at or exceeding the statewide participation rate of 46% in September 2023: Pawtucket (46%), Woonsocket (50%), Providence (58%), Central Falls (59%).**¹⁴

★ **WIC is not an entitlement program (there is not enough funding for all eligible women and children to participate). Congress determines funding for WIC annually.¹⁵ Rhode Island received \$20.1 million in federal WIC funding during FFY 2023, slightly higher than the \$19.8 million received in FFY 2022.**¹⁶

★ **The WIC Farmers' Market Nutrition Program (FMNP) improves participants' intake of fresh fruits and vegetables by enabling participants to purchase produce at authorized local farmers' markets using WIC benefits.¹⁷ In Rhode Island, 7,686 WIC participants purchased fresh produce at 65 farmers' markets through the FMNP in FFY 2023.**¹⁸

Women and Children Participating in WIC

Table 14.

Women, Infants, and Children Enrolled in WIC, September 2023

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER ENROLLED	% OF ELIGIBLE ENROLLED
Barrington	178	33	19%
Bristol	295	105	36%
Burrillville	420	90	21%
Central Falls	1,902	1,118	59%
Charlestown	157	51	33%
Coventry	754	208	28%
Cranston	2,991	1,369	46%
Cumberland	718	266	37%
East Greenwich	130	38	29%
East Providence	1,520	641	42%
Exeter	107	29	27%
Foster	122	28	23%
Glocester	157	37	24%
Hopkinton	186	141	76%
Jamestown	34	7	21%
Johnston	1,057	418	40%
Lincoln	558	185	33%
Little Compton	40	9	22%
Middletown	407	167	41%
Narragansett	131	38	29%
New Shoreham	32	0	0%
Newport	709	400	56%
North Kingstown	454	123	27%
North Providence	1,174	380	32%
North Smithfield	231	103	45%
Pawtucket	4,576	2,085	46%
Portsmouth	239	81	34%
Providence	13,619	7,886	58%
Richmond	163	12	7%
Scituate	175	26	15%
Smithfield	286	75	26%
South Kingstown	410	119	29%
Tiverton	301	95	32%
Warren	245	101	41%
Warwick	2,009	680	34%
West Greenwich	100	20	20%
West Warwick	1,189	462	39%
Westerly	541	168	31%
Woonsocket	2,990	1,500	50%
Unknown	670	-	0%
Four Core Cities	23,087	12,589	55%
Remainder of State	18,892	6,705	35%
Rhode Island	41,979	19,294	46%

Stigma Associated With Participation in WIC

★ Nationally, many participants express frustration that stores do not have signs indicating which items are WIC-eligible and feel stigmatized by store employees and other customers during checkout. Granting flexibility for the quantity of items purchased, improving signage for eligible products, allowing WIC items to be rung up along with SNAP and other food purchases, and allowing self-checkout for WIC items may help to reduce stigma.^{19,20}

Underutilization and Policy Recommendations

★ Waivers granted by the federal government in response to the COVID-19 pandemic provided flexibility in enrollment, benefit issuance, and redemption, and the flexibility of these waivers was extended in the *2021 American Rescue Plan*. Allowing WIC applicants and participants the option of telephone and videoconference appointments, offering evening and weekend appointments, allowing participants to submit eligibility documents electronically, and developing mobile apps or portals for participants to make and change appointments can improve participation and retention rates and limit participants' need to miss work or school.²¹

Source of Data for Table/Methodology

Estimated Number Eligible: Rhode Island Executive Office of Health and Human Services, Medicaid Management Information System, September 30, 2023.

Number Enrolled: Rhode Island Department of Health, WIC Program, September 2023.

Note: WIC participation rates in this Factbook and the 2023 Factbook are based on a single date in September. Factbooks from 2020-2022 used a reference date in June, and Factbooks prior to 2020 used a September 30 reference date, with the exception of the 2011 Factbook, which used a July reference date. Additionally, since 2007, the "estimated number eligible" is based on calculations done by the Rhode Island Department of Health to determine the number of pregnant and postpartum women, infants, and children under age five who live in families with an income less than 185% of the federal poverty level. In previous years, the "estimated number eligible" was based on 2000 Census data (2005 and 2006 Factbooks) and 1990 Census data (all Factbooks prior to 2005).

EOHHS data indicated that there were 670 women, infants, or children eligible who had an unknown residence. These are included in the Rhode Island state total but not assigned to any city or town.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

¹ U.S. Department of Agriculture. (2022). *The Special Supplemental Nutrition Program for Women, Infants and Children (WIC program)*. Retrieved February 28, 2023, from www.fns.usda.gov

^{2,3,6,9} Carlson, S., & Neuberger, Z. (2021). *WIC works: Addressing the nutrition and health needs of low-income families for more than four decades*. Washington, DC: Center on Budget and Policy Priorities.

⁴ Coleman-Jensen, A., McFall, W., & Nord, M. (2013). *Food insecurity in households with children: Prevalence, severity, and household characteristics, 2010-11*, EIB-113. Washington, DC: U.S. Department of Agriculture, Economic Research Service.

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Health

Wise

by Mia Malo

people say i'm wise for my age
but how can they tell from the very small, short conversation
we've held
my friends and family say that they wish they were as wise as me
at 15
but how is it that i don't feel wise at all?
my decisions are poor,
sometimes i waste an entire day
and don't get out of bed until 4.
with all truth, i feel like the opposite of wise.
i cry because i struggle
and panic and often cant even put my pride aside to ask for help
it makes me confused when people tell me
i'm wise.



Children's Health Insurance

DEFINITION

Children's health insurance is the percentage of children under age 19 who were covered by any kind of private or public health insurance, including Medicaid.

SIGNIFICANCE

Children who have health insurance coverage are healthier and have fewer preventable hospitalizations than those who are uninsured.¹ Medicaid and the Children's Health Insurance Program (CHIP) provide health insurance and access to health care for children in low-income families.² Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit entitles children to all age-specific pediatrician-recommended services to grow and thrive.³ Children insured through Medicaid and CHIP are more likely to receive primary and preventive medical and dental care, have access to specialists, and have fewer unmet health needs than uninsured children. Evidence indicates that CHIP has reduced racial/ethnic disparities in access and utilization, improved educational outcomes, and shielded children from poverty.^{4,5,6}

Children are more likely to be insured if their parents also have health insurance (especially continuous coverage).⁷ RItE Care, Rhode Island's Medicaid/CHIP managed care health

insurance program, is available to children and families who qualify based on family income. RItE Care also serves as the health care delivery system for specific groups of children who qualify for Medical Assistance based on a disability or because they are in foster care or receiving an adoption subsidy. RItE Share is Rhode Island's premium assistance program that helps income-qualifying families afford an employer's health insurance plan. On December 31, 2023, 62% of RItE Care members who qualified based on family income and 62% of RItE Share enrollees were children under age 19.^{8,9}

Between April 2023 and April 2024, all Rhode Island Medicaid beneficiaries, including 75,000 households with children, went through a renewal process to redetermine their Medicaid eligibility for the first time since the start of the COVID-19 public health emergency in 2020.^{10,11}

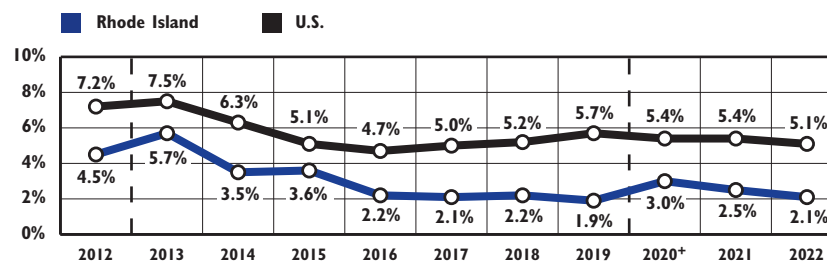
Children Under Age 19 Without Health Insurance	
	2022
RI	2.1%
US	5.1%
National Rank**	2nd
New England Rank**	2nd

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: U.S. Census Bureau, American Community Survey, 2022. Table R2702.

Children Without Health Insurance, Rhode Island, 2012-2022



Source: U.S. Census Bureau, American Community Survey, 2012-2019, 2021-2022. Data from 2012 are for children under 18 years of age and data from 2013 to 2022 are for children under 19 years of age. +U.S. Census Bureau, American Community Survey, 2020. Experimental Table XK202701. The U.S. Census Bureau urges caution when comparing to standard ACS data due to low response rate during COVID-19 pandemic. Prior Factbooks are not comparable.

★ In 2022, 2.1% of Rhode Island's children under age 19 were uninsured. Rhode Island ranked second best state in the U.S. with 97.9% of children covered. In 2022, 53% of Rhode Island children under age 19 were covered by private health insurance, most of which was obtained through their parents' employers.^{12,13}

★ Younger children are more likely to live in low-income families compared to older children and therefore are more likely to meet the income-eligibility threshold for RItE Care (up to 261% of the federal poverty level).^{14,15} Approximately 62% of children under the age of three were enrolled in RItE Care/Medical Assistance in 2022.^{16,17}

★ Approximately 56% (2,646) of the estimated 4,754 uninsured children under age 18 in Rhode Island between 2018 and 2022 were eligible for RItE Care coverage based on their family incomes but were not enrolled (some due to immigration status who may now be eligible).¹⁸

★ An estimated 2,108 uninsured children lived in families with incomes above the income limit for RItE Care eligibility and 65% (1,225) of them may have been eligible for financial assistance through HealthSource RI (Rhode Island's health insurance marketplace) based on income.¹⁹ As of December 31, 2023, 1,480 children and 904 adults (2,384 total) were enrolled in RItE Share.²⁰ As of October 2023, 1,623 children were enrolled in private health coverage through HealthSource RI, 61% of whom received financial assistance through a premium tax credit or a cost sharing reduction.²¹

Children's Health Insurance

Table 15.

Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 31, 2023

CITY/TOWN	RITE CARE	SSI	KATIE BECKETT PROVISION	ADOPTION SUBSIDY	FOSTER CARE	TOTAL
Barrington	631	13	37	40	<10	727
Bristol	935	32	15	39	17	1,038
Burrillville	1,138	37	<10	64	30	1,275
Central Falls	5,614	214	<10	56	26	5,913
Charlestown	450	13	<10	28	13	512
Coventry	2,226	90	46	163	60	2,585
Cranston	8,408	247	70	234	105	9,064
Cumberland	2,189	83	54	85	27	2,438
East Greenwich	559	15	34	40	15	663
East Providence	4,209	147	34	150	65	4,605
Exeter	320	10	<10	19	<10	364
Foster	331	<10	<10	26	<10	380
Glocester	438	11	11	47	31	538
Hopkinton	686	14	<10	51	<10	766
Jamestown	134	<10	<10	<10	<10	155
Johnston	2,983	95	44	92	34	3,248
Lincoln	1,786	71	33	79	30	1,999
Little Compton	146	<10	<10	<10	<10	159
Middletown	1,131	43	17	44	20	1,255
Narragansett	459	<10	10	35	30	543
New Shoreham	89	0	0	0	0	89
Newport	1,932	101	<10	48	28	2,115
North Kingstown	1,395	56	21	68	16	1,556
North Providence	3,193	97	24	93	70	3,477
North Smithfield	666	22	15	49	11	763
Pawtucket	12,746	457	25	207	139	13,574
Portsmouth	712	16	12	50	31	821
Providence	36,140	1,462	45	454	472	38,573
Richmond	334	10	<10	<10	<10	359
Scituate	515	17	16	51	<10	608
Smithfield	906	20	31	44	19	1,020
South Kingstown	1,229	43	25	79	19	1,395
Tiverton	916	26	<10	34	<10	992
Warren	821	30	10	42	17	920
Warwick	5,652	163	84	287	107	6,293
West Greenwich	276	<10	11	27	<10	322
West Warwick	3,359	154	21	120	67	3,721
Westerly	1,661	50	28	64	13	1,816
Woonsocket	7,713	452	13	179	98	8,455
Four Core Cities	62,213	2,585	86	896	735	66,515
Remainder of State	52,815	1,754	765	2,317	930	58,581
Rhode Island	115,028	4,339	851	3,213	1,665	125,096

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, MMIS Database, December 31, 2023.

The table includes children enrolled in RItE Care managed care as of December 31, 2023. Children with special health care needs who are covered through RItE Care or Medical Assistance are also included because they receive SSI, adoption subsidies, or qualify for the Katie Beckett provision.

The Providence numbers include some children in substitute care who live in other towns because the Medicaid database lists some foster children as Providence residents for administrative purposes.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

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- ² *Medicaid's role for children*. (2017). Washington, DC: Georgetown University Health Policy Institute, Center for Children and Families.
- ³ *EPSDT: A primer on Medicaid's pediatric benefit*. (2017). Washington, DC: Georgetown University Health Policy Institute, Center for Children and Families.
- ⁴ Paradise, J. (2014). *The impact of the Children Health Insurance Program (CHIP): What does the research tell us?* Washington, DC: The Henry J. Kaiser Family Foundation.
- ⁵ American Academy of Pediatrics. (2014). Policy statement: Children's Health Insurance Program (CHIP): Accomplishments, challenges, and policy recommendations. *Pediatrics*, 122(3), 784-793.
- ⁶ Wagnerman, K., Chester, A., & Alker, J. (2017). *Medicaid is a smart investment in children*. Washington, DC: Georgetown University Health Policy Institute, Center for Children and Families.
- ⁷ *Health coverage for parents and caregivers helps children*. (2017). Washington, DC: Georgetown University Health Policy Institute, Center for Children and Families.
- ^{8,15} Rhode Island Executive Office of Health & Human Services. (2024). *Healthcare programs*. Retrieved from www.eohhs.ri.gov

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Childhood Immunizations

DEFINITION

Childhood immunizations is the percentage of children ages 19 months to 24 months who have received the entire 4:3:1:3:3:1:4 series of vaccinations as recommended by the Advisory Committee on Immunization Practices (ACIP). In 2020 the complete series included 4 doses of diphtheria, tetanus and pertussis (DTaP); 3 doses of polio; 1 dose of measles, mumps, rubella (MMR); 3-4 doses of Haemophilus influenzae type b (Hib); 3 doses of hepatitis B vaccines (Hep B); 1 dose of varicella (chickenpox); and 4 doses of pneumococcal conjugate vaccine (PCV).

SIGNIFICANCE

Timely and complete immunization protects children against many infectious diseases that were once common and resulted in death or disability. Vaccines interact with the immune system to produce antibodies that protect the body if it is later exposed to disease. The benefits of immunization include improved quality of life and productivity, reduced health spending, and prevention of illness and death. Society benefits from high vaccination levels because disease outbreaks are minimized, and those who cannot be vaccinated for medical reasons are less likely to be exposed. Although many of the diseases against which children are vaccinated are rare,

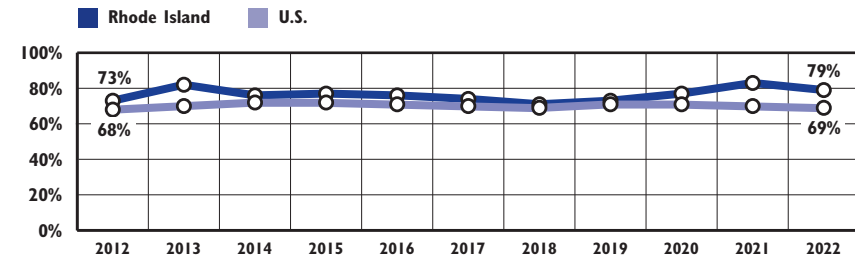
it is important to continue to immunize against them until the diseases are completely eradicated.^{1,2,3}

The federal *Vaccines for Children* program is used to eliminate cost as a barrier to vaccination. It allows states to obtain vaccines at a discounted price. Local providers then administer the vaccines at no cost to eligible children under age 19, including those who are uninsured, underinsured, or Medicaid-eligible.⁴ Due to the federal *Affordable Care Act*, children and individuals enrolled in health insurance plans have access to recommended vaccines without deductibles or copays, when delivered by an in-network provider.⁵

The Rhode Island Department of Health obtains and distributes vaccines and works in partnership with local health care providers to maintain and share KIDSNET immunization data for children from birth through age 18.⁶

Rhode Island requires vaccination against the following diseases prior to entry into child care, preschool, Head Start, or Kindergarten: diphtheria, tetanus, and pertussis; Haemophilus influenzae type b; hepatitis A; hepatitis B; influenza; measles, mumps, and rubella; pneumococcal conjugate; polio; rotavirus; and varicella (chickenpox). Kindergarten entry requires all of these and additional doses of DTaP, MMR, polio, and varicella.^{7,8}

Fully Immunized Children*, Rhode Island and United States, 2012-2022



*Fully immunized children received the 4:3:1:3:3:1:4 series. In 2018, the National Immunization Survey-Child (NIS-Child) methodology changed from coverage among children 19 to 35 months of age to coverage by age 24 months. 2022 data are preliminary.

Source: Centers for Disease Control and Prevention, *National Immunization Survey-Children*, 2012-2022.

★ In 2022, 79% of Rhode Island's children were fully immunized by age 24 months, above the national average of 69%.⁹

★ In 2020-2022, the U.S. rate for fully immunized children by age 24 months was 43% for uninsured children, 64% for children with Medicaid coverage, and 77% for children with private health insurance coverage.¹⁰

★ Vaccine concerns have led some parents to request alternative vaccination schedules or to refuse some or all immunizations, which contribute to under-immunization.¹¹ Federal law requires that families be provided with information about each vaccine, including risks and benefits about the vaccine.¹²

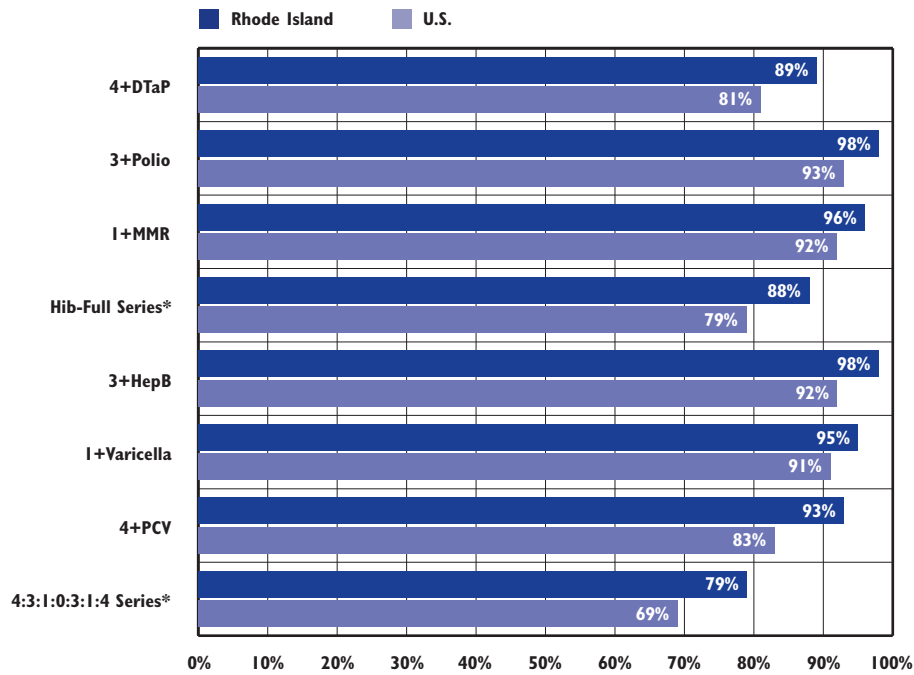
Immunizations for School Entry

★ Of the immunizations needed for school entry in 2023 in Rhode Island, entering kindergarteners had coverage rates between 91% and 98%, while entering 7th grade students had rates between 77% and 89%.¹³

★ In Rhode Island, children may be exempt from receiving one or more vaccines for medical or religious reasons.¹⁴ In the 2023-2024 school year, 171 kindergarten students and 386 students in 7th grade had exemptions from vaccination requirements. Of these exemptions, for kindergarten, 91% were for religious reasons and 10% were for medical reasons. For 7th grade, 94% were for religious reasons and 6% were for medical reasons.¹⁵

Childhood Immunizations

Vaccination Coverage Among Children, by Age 24 Months, Rhode Island and United States, 2022



Source: Rhode Island Department of Health analysis of data from the *National Immunization Survey-Children*, 2022.

*Depending on the product type received, 3+ or 4+ doses of Hib vaccine is a full dose.

★ It is recommended that everyone ages six months and older get the COVID-19 vaccine, and boosters for everyone ages five years and older if eligible. The seasonal flu vaccination is also recommended for everyone ages six months and older.^{16,17}

★ As of June 2023, 38% of Rhode Island children ages five to nine, 55% of Rhode Island children ages 10 to 14, and 71% of Rhode Island youth ages 15 to 18 were at least partially vaccinated for the prevention of COVID-19. For 2022-2023, 76% of children in Rhode Island ages six months to 17 years received the season flu vaccination.^{18,19}

Adolescent Immunization

★ All Rhode Island seventh grade students are required to receive the human papillomavirus (HPV); tetanus, diphtheria, pertussis (Tdap); and meningococcal conjugate (MCV4) vaccines, as well as any needed catch-up doses, for entry into school.²⁰

★ According to the *2022 National Immunization Survey*, 85% of Rhode Island adolescents (ages 13-17) received the 3+HPV vaccine, compared to 63% nationally; 95% of Rhode Island adolescents received the Tdap vaccine, compared to 90% nationally; and 96% of Rhode Island adolescents received the MCV4 vaccine, compared to 89% nationally.²¹

★ To ensure that all high school seniors are fully vaccinated before beginning college or work, the Rhode Island Office of Immunization runs the *Vaccinate Before You Graduate (VBYG)* program in high schools throughout the state. The program holds vaccination clinics throughout the year at each participating school. The immunizations are funded by the federal *Vaccines for Children* program, local insurers, and other federal grants and are offered at no cost to students.^{22,23}

★ During the 2022-2023 school year, 88 schools participated in VBYG, up from 74 schools the year prior. In total, 3,536 vaccine doses were administered to 1,535 students; up from 2,889 vaccine doses administered to 1,201 students the year prior, returning to pre-pandemic numbers. Vaccines administered included influenza, HPV, MCV4, hepatitis A, hepatitis B, measles, mumps, and rubella, polio, tetanus, diphtheria, tetanus, diphtheria, pertussis, and varicella (chicken pox).²⁴

★ The School Located Vaccination (SLV) program administered 17,401 doses of the influenza vaccine and 1,510 doses of the COVID-19 vaccine to both children and adults at 213 school-based clinics throughout Rhode Island from October 2023 to February 2024. The goal of SLV is to ensure all Rhode Island children receive their annual flu vaccination at no out-of-pocket cost. SLV also began offering COVID-19 vaccinations this year.²⁵

References

¹ U.S. Department of Health & Human Services. (2022). *Five important reasons to vaccinate your child*. Retrieved February 13, 2024 from www.hhs.gov
² Centers for Disease Control and Prevention. (2021). *Immunity types*. Retrieved February 13, 2024, from www.cdc.gov

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Access to Dental Care

DEFINITION

Access to dental care is the percentage of children and youth under age 21 who were enrolled in RIte Smiles on June 30, 2023 and who had received dental services at any point during the previous State Fiscal Year.

SIGNIFICANCE

Dental caries (tooth decay) is the most common chronic disease among children. Poor oral health has immediate and significant negative impacts on children’s overall health, growth and development, school attendance, and academic achievement.^{1,2}

Insurance is a strong predictor of access to health and dental care. In Rhode Island, pediatric dental coverage is embedded in most private health insurance coverage, and RIte Smiles is Rhode Island’s dental insurance for Medicaid-eligible children. The cost of care is another strong predictor of access to services. In 2022 in the U.S., 35% of adults delayed or skipped dental care in the past year due to cost.^{3,4,5}

Children living in poverty are more likely to have untreated tooth decay than higher-income children. For children in low-income families, the efficacy and continuity of public dental insurance is a critical factor in access to dental care. In the U.S. and in Rhode Island, children who have public health insurance coverage have greater access to

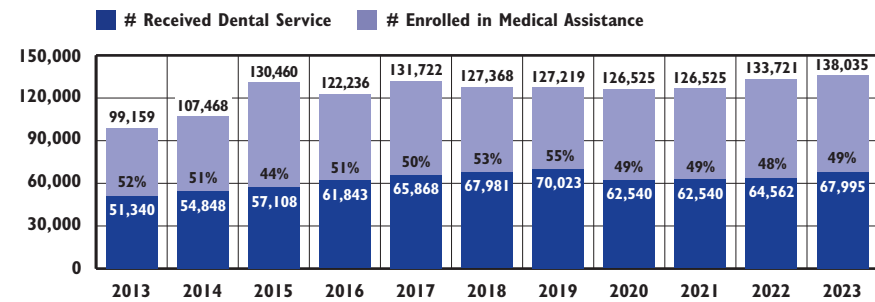
dental and medical care than children who have no insurance.^{6,7,8}

Children of Color have the highest rates of tooth decay and untreated dental problems. In Rhode Island and the U.S., higher-income, Asian, and non-Hispanic white children are less likely to have untreated tooth decay than lower income, non-Hispanic Black, or Hispanic children.^{9,10,11}

Improving children’s dental health can begin with improving pregnant women’s oral health, as well as the oral health of caregivers. Good oral health during pregnancy may decrease cavity-causing bacteria passed on to their baby, and good oral health of caregivers can improve the oral health of young children in their care. Some evidence suggests that poor oral health during pregnancy is a risk factor for some pregnancy complications and poor birth outcomes. Dental care can be safely provided during pregnancy. Women without insurance and women with low incomes are less likely to receive dental care.^{12,13,14}

A dental home can provide comprehensive, continuously accessible, coordinated, and family-centered dental care for all children, including those with special needs. It is important to note that children with special health care needs may have problems finding and accessing dental providers who are equipped and able to address their special dental, medical, behavioral, and mobility needs.^{15,16}


Children Under 21 Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2013-2023



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2013-2023. *Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service.

- ★ **Forty-nine percent (67,995) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for service on June 30, 2023 received a dental service during State Fiscal Year 2023.¹⁷**
- ★ **RIte Smiles, Rhode Island’s managed care oral health program for children in low-income families, has been credited with improving access to dental care for children. The program covers children and youth born on or after May 1, 2000.¹⁸**
- ★ **As of December 31, 2023, there were 127,088 children and youth enrolled in RIte Smiles (compared to 131,905 the year prior). Fifty-three percent (66,195) of the children who were enrolled in RIte Smiles on June 30, 2023 received a dental service during State Fiscal Year 2023.¹⁹**
- ★ **The federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard requires that states provide comprehensive dental benefits to children with Medicaid coverage, including preventive dental services.²⁰ In Rhode Island, 33% of children under age 18 with Medicaid received a preventive dental visit in 2020, compared to 46% of children with private coverage.²¹**
- ★ **The federal *Affordable Care Act* made pediatric dental benefits mandatory offerings in individual and small employer plans.²² In Rhode Island, most health coverage on HealthSource RI (Rhode Island’s state-based insurance marketplace) includes pediatric dental benefits as part of health coverage.²³**



Dental Provider Participation in Medicaid and RIte Smiles

★ Nationally, children and adults with public insurance coverage face access problems because many private dentists do not accept Medicaid. Dental providers cite low reimbursement rates and administrative requirements as obstacles to providing care. Additional access barriers for children and families with public insurance include difficulty with transportation, lack of child care, and issues with paperwork. Family education and streamlining administrative procedures can encourage enrollment and utilization.^{24,25}

★ When RIte Smiles started, dental provider reimbursement rates were raised to encourage participation.²⁶ The number of Medicaid-participating dentists increased from 27 before RIte Smiles began to 471 in 2023.^{27,28}

★ In 2022, the Rhode Island General Assembly authorized a rate increase for dentists who provide adult Medicaid dental services. This was the first provider rate increase since 1992.²⁹



Consequences of Untreated Dental Disease

★ Delayed dental care causes dental issues to worsen. Due to the COVID-19 pandemic, there were many disruptions in dental care. Nationally, children's oral health declined because of the pandemic.³⁰

★ In Rhode Island in 2022, 341 children and youth under age 21 were treated for dental issues in emergency departments. This is an increase from 2021, when 288 children and youth were treated for dental issues in emergency departments.³¹

★ In Rhode Island in 2022, 58 children and youth under age 21 were hospitalized with a diagnosis that *included* a dental problem. That same year, nine children and youth under age 21 were hospitalized with a dental problem as the *primary* reason for the hospitalization. This is about the same as the year prior.³²



Importance of Early Dental Visits

★ Clinical recommendations are that children first visit the dentist before age one. However, nearly three-quarters (74%) of babies in the U.S. have not seen the dentist by their first birthday.³³

★ Children can see general dentists, as well as pediatric dentists. Pediatric dentists are dentists with specialized training to work with only children.³⁴

★ In 2015, the Rhode Island General Assembly passed legislation to increase access to oral health care for children by allowing dental hygienists to perform approved services in public health settings, including for young children.³⁵

★ Primary care providers can conduct oral health risk assessments, provide anticipatory guidance, encourage establishing a dental home, and provide preventive services, all of which can improve oral health outcomes.³⁶



Disparities in Dental Health

★ Between 2019-2022, 21% of Rhode Island kindergartners and 24% of Rhode Island third graders had untreated tooth decay. There are disparities by race/ethnicity and income, with Black, Hispanic, and low-income children having the highest rates.³⁷

★ Nationally, there are disparities in access to dental care and untreated tooth decay for children and adults. Those in low-income families, those in rural areas, as well as Black, Hispanic, Asian, and Native American populations are more likely to have dental issues and less likely to receive dental treatment.³⁸

References

^{1,6,9,15,22,24,33} *The state of little teeth: Second edition.* (2019). Chicago, IL: American Academy of Pediatric Dentistry.

^{2,16,38} *Oral health in America: Advances and challenges* (2021). Bethesda, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health.

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Children's Mental Health

DEFINITION

Children's mental health is the number of acute care hospitalizations of children under age 18 with a primary diagnosis of a mental disorder. Hospitalization is the most intensive type of treatment for mental disorders and represents only one type of treatment category on a broad continuum available to children with mental health concerns in Rhode Island.

SIGNIFICANCE

Mental health in childhood and adolescence is defined as the achievement of expected developmental, cognitive, social, and emotional milestones and the ability to use effective coping skills. Mental health influences children's health and behavior at home, in school, and in the community. Mental health conditions can impair daily functioning, prevent or affect academic achievement, increase involvement with the juvenile justice and child welfare systems, result in high treatment costs, diminish family incomes, and increase the risk for suicide. Children with mental health issues are also likely to have other chronic health conditions.^{1,2,3,4}

Mental health problems affect children of all backgrounds. In 2022, more than one in four (28.7%) children ages three to 17 had a mental, emotional, or behavioral health problem in Rhode Island.⁵ However, many

children and youth have trouble getting mental health treatment. In Rhode Island in 2022, more than half (59%) of children ages three to 17 who needed mental health treatment or counseling had a problem obtaining needed care.⁶

Risk factors for childhood mental health disorders include environmental factors like prenatal exposure to toxins (including alcohol), physical or sexual abuse, adverse childhood experiences, toxic stress, a family history of mental health issues, involvement with the juvenile justice and child welfare systems, and living in poverty.^{7,8,9}

Nationally, children and youth were experiencing mental health challenges before the COVID-19 pandemic, but since the onset of the pandemic, the number of children experiencing anxiety and depression has increased.¹⁰ In 2022, Rhode Island pediatric and behavioral health organizations declared a Child and Adolescent Mental Health State of Emergency.¹¹ Kids' Link RI, a behavioral health triage service and referral network, saw an increase in calls during the pandemic. In FY 2023, there were 7,921 calls to Kids' Link RI. The number of calls peaked in FY 2021 (9,702), when there were twice as many calls received as in FY 2019, before the onset of the pandemic (4,849).^{12,13}



Continuum of Mental Health Care Throughout the Life Course

★ Mental health systems tend to be crisis-driven with disproportionate spending on high-end care and inadequate investments in prevention and community-based services.^{14,15,16} Increasing the availability of outpatient services could reduce dependency on higher-end care by intervening prior to mental health crises.¹⁷ Collaboration across systems connected to youth mental health needs -- primary care/pediatrician offices, schools, community organizations, child welfare programs, and child care centers -- is crucial.^{18,19}

★ In Rhode Island, Community Mental Health Organizations (CMHOs) are the primary source of public mental health treatment services for children and adults.²⁰ During 2023, 4,399 children under age 18 were treated at CMHOs.²¹ Rhode Island also has a growing number of Certified Community Behavioral Health Clinics (CCBHCs) that provide a comprehensive range of services to individuals with behavioral health needs.²²

★ Mental health conditions and mental wellness must be addressed throughout all stages of life, including early childhood and as youth transition to adults.²³ Infants who do not develop secure attachment with at least one caregiver are at risk for learning delays, relationship dysfunction, difficulty expressing emotions, and future mental health disorders.^{24,25} Children with mental health diagnoses often continue to have mental health needs and require a proper transition into the adult behavioral health system.²⁶



Disparities in Mental Health Needs and Care

★ Children living in poverty are two to three times more likely to develop mental health conditions than their peers.²⁷ In State Fiscal Year (SFY) 2023, 25% (32,597) of children under age 19 enrolled in Medicaid/RIte Care had a mental health diagnosis.²⁸

★ In SFY 2023, 959 children under age 19 enrolled in Medicaid/RIte Care were hospitalized due to a mental health related condition (down from 1,096 in SFY 2021), and 2,598 children had a mental health related emergency department visit (up from 2,246 in SFY 2021).²⁹

★ In 2023, LGBTQ+ Rhode Island high school students reported higher rates of sadness and hopelessness than their peers.³⁰ LGBTQ+ students, as well as Youth of Color, are more likely to have had their mental health impacted by the COVID-19 pandemic and have additional barriers to accessing and receiving adequate mental health treatment.³¹

Psychiatric Hospitals

Children Under Age 18 Treated at Rhode Island Psychiatric Hospitals, October 1, 2022 – September 30, 2023 (FFY 2023)

	BRADLEY HOSPITAL GENERAL PSYCHIATRIC SERVICES		BRADLEY HOSPITAL DEVELOPMENTAL DISABILITIES PROGRAM		BUTLER HOSPITAL ADOLESCENT PSYCHIATRIC SERVICES	
	# TREATED	AVERAGE LENGTH OF STAY	# TREATED	AVERAGE LENGTH OF STAY	# TREATED	AVERAGE LENGTH OF STAY
Inpatient	551	33 days	116	54 days	545	9 days
Residential	144	84 days**	39	5.1 years	--	--
Partial Hospitalization	893	42 visits	130	42 visits	785	5 visits
Home-Based	0	NA	19	16 visits	--	--
Outpatient**	3,903	NA	45	NA	368	NA

Source: Lifespan, 2022-2023 and Butler Hospital, 2022-2023. Programs can have overlapping enrollment. Number treated is based on the hospital census (i.e., the number of patients seen in any program during FFY 2023). The average length of stay is based on discharges. **Outpatient services includes Bradley and Hasbro Outpatient Services.

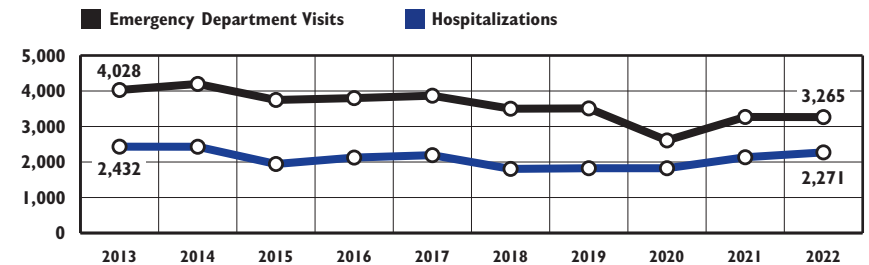
-- = Service not offered. NA = Data not available for this service.

★ The two hospitals in Rhode Island that specialize in providing intensive inpatient treatment and psychiatric care to children and youth are Bradley Hospital and Butler Hospital.³² The most common diagnoses for youth treated at Butler or Bradley Hospitals in FFY 2023 in an inpatient setting were depressive disorders, anxiety disorders, adjustment disorders, and childhood/adolescent disorders.^{33,34}

★ In Federal Fiscal Year (FFY) 2023, there were 673 children and youth awaiting psychiatric inpatient admission (psychiatric boarding), compared to FFY 2022 when there were 1,144 boarders. The average wait time for psychiatric admission in FFY 2023 was 3.5 days, compared to 6.2 days in FFY 2022. In FFY 2023, an average of two children per day were ready to leave the psychiatric hospital but were unable due to a lack of step-down availability or there being no other safe placement (including at home).^{35,36}

★ Bradley Hospital has a Developmental Disabilities Program that offers highly specialized inpatient and residential services to children and adolescents who show signs of serious emotional and behavioral problems in addition to developmental disabilities. Lifespan School Solutions owns and operates six Bradley schools and four community-based classrooms/public school partnerships. The programs had an average daily enrollment of 396 students in FFY 2023.³⁷

Emergency Care for Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2013-2022*



Source: Rhode Island Department of Health, Hospital Discharge Database, 2013-2022. *Data are for emergency department visits and hospitalizations, not children. Children may visit the emergency department or be hospitalized more than once. Emergency department counts include all visits regardless of outcome and are not comparable to previous Factbooks. Note: Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th classification to the 10th classification, which may impact comparability across the years.

★ In 2022, there were 3,265 emergency department visits and 2,271 hospitalizations of Rhode Island children with a primary diagnosis of mental disorder.³⁸ Of these emergency department visits, 60% were of children enrolled in RIte Care/Medicaid and 36% had commercial insurance.³⁹

Suicide Among Rhode Island Children and Youth

★ Children and youth with mental health conditions are at increased risk for suicide.⁴⁰ In 2023, 36% of Rhode Island high school students reported feeling sad or hopeless for more than two weeks during the past year. Girls were twice as likely as boys to report these feelings. In 2023, 9% of Rhode Island high school students reported attempting suicide one or more times during the past year.⁴¹

★ In Rhode Island between 2018 and 2022, there were 2,448 emergency department visits and 1,349 hospitalizations of youth ages 13 to 19 due to suicide attempts or intentional self-harm.⁴² Suicidal or self-injurious behavior accounted for 10% of the reasons for calls to Kids’ Link RI during FY 2023.⁴³

★ Twelve children ages 15 to 19 died due to suicide in Rhode Island between 2018-2022.⁴⁴

(References are on page 179)

Children with Special Needs

DEFINITION

Children with special needs are those who have a chronic disease or disability that requires educational services, health care, and/or related services of a type or amount beyond those required generally by children. Special needs can be physical, developmental, behavioral, and/or emotional. This indicator measures the number of children with special health care needs enrolled in Early Intervention, special education, Supplemental Security Income (SSI), and Medical Assistance.

SIGNIFICANCE

An estimated 21% of children in the U.S. and 23% of children in Rhode Island have at least one special health care need.¹ Children with special health care needs (CSHCN) can have impairments of varying degrees in physical, developmental, emotional, and/or behavioral functioning.² In 2021, 46% of parents with young children in Rhode Island and 34% of parents nationally reported completing a developmental screening.³

In Rhode Island, 17% of CSHCN have “more complex health needs”, which is slightly higher than the national level (16%). Needs among CSHCN can include physical challenges, chronic health conditions, learning challenges, and emotional or developmental issues.⁴ The COVID-19 pandemic

disproportionately affected children with special needs including an increased risk of severe illness, disruptions in necessary services, loss of in-person instruction, and barriers to effective remote learning.⁵

Raising a child with special health care needs is often challenging; however, many parents report caring for a CSHCN can increase patience, compassion, personal strength, and deepen relationships with family and professionals. CSHCN can be a positive influence on other children and adults.⁶

CSHCN may require physical health, mental health, and education services, special equipment, or assistive technology. Health-related needs are best met with a comprehensive, coordinated, and family-centered medical home. Families may also need help with transportation, child care, family support, and home modifications. Having children with special needs can significantly impact parents’ finances, employment, and family lives.^{7,8,9}

In 2014, Congress passed the *Achieving a Better Life Experience Act (ABLE)*, which created tax-exempt saving accounts for people who become disabled before age 26. *ABLE* accounts can cover a range of expenses, including health care, education, housing, transportation, and employment training.^{10,11} In 2015, the Rhode Island General Assembly established *ABLE* savings accounts for Rhode Islanders with special health care needs.¹²



Children Enrolled in Early Intervention

★ States are required by the federal *Individuals with Disabilities Education Act (IDEA) Part C* to identify and provide appropriate Early Intervention (EI) services to all infants and toddlers under age three who have developmental delays or have a diagnosed physical or mental condition that is associated with a developmental delay.¹³

★ As of June 30, 2023, nine certified EI provider agencies served 1,852 children in Rhode Island. Of these children receiving EI services, 702 were female and 1,150 were male. Of these children, 53% were white, 34% were Hispanic, 7% were Black, 3% were Multiracial, 3% were Asian, and <1% were American Indian or Alaska Native.¹⁴



Children Enrolled in Special Education

★ Under *IDEA Part B*, local school systems are responsible for identifying, evaluating, and serving students ages three to 21 who have disabilities that might require special education and related services.¹⁵

★ As of June 30, 2023, in Rhode Island, there were 3,368 children ages three to five who received preschool special education services.¹⁶

★ In Rhode Island as of June 2023, 22,120 students in public schools in grades K-12 received special education services (16% of all students). Thirty-six percent of students receiving special education services in Rhode Island had a learning disability.¹⁷

★ Early Intervention (EI) programs are required to provide transition services for children who are enrolled in EI and who may be eligible for special education services at age three. In 2023, 66% of the 1,305 children who reached age three while in EI were determined to be eligible for preschool special education, 14% were found not eligible, and 16% did not have eligibility determined when exiting EI. The remainder completed their service plan prior to reaching the maximum age for EI, moved out of state, withdrew, or were otherwise unreachable for follow-up.¹⁸

Children with Special Needs

Medical Assistance for Children With Special Health Care Needs

★ As of December 31, 2023, there were 4,339 Rhode Island children and youth under age 19 receiving Medical Assistance benefits through their enrollment in the federal SSI program.^{19,20}

★ In Rhode Island, the Katie Beckett eligibility provision provides Medical Assistance coverage to children under age 19 who have serious disabling conditions, to enable them to be cared for at home instead of in an institution.²¹ As of December 31, 2023, there were 851 Rhode Island children enrolled through the Katie Beckett provision, a decline of 52% from the peak enrollment of 1,770 in 2007.^{22,23}

★ Children with special health care needs have a variety of coverage options under Medicaid. Medicaid coverage also provides access to the Early and Periodic Screening, Diagnostic, and Treatment benefit, which requires that children receive all the services they need.^{24,25}

Children With Special Needs in the Child Welfare System

★ Children and youth who are in the child welfare system are more likely to have special needs, including behavioral and emotional problems, developmental delays, and serious health problems than other children. They often enter the child welfare system in poor health and face difficulties accessing services while in care.^{26,27}

★ As of December 31, 2023, 1,665 children in Rhode Island were enrolled in Medical Assistance through the child welfare system.²⁸ Per provisions of the federal *Affordable Care Act*, all youth who turned age 18 while in foster care are eligible for Medicaid coverage until they reach age 26 in the state in which they aged out of care.²⁹ In Rhode Island, estimates show that 74% of all eligible former foster youth were enrolled in Medicaid coverage as of December 31, 2023.³⁰

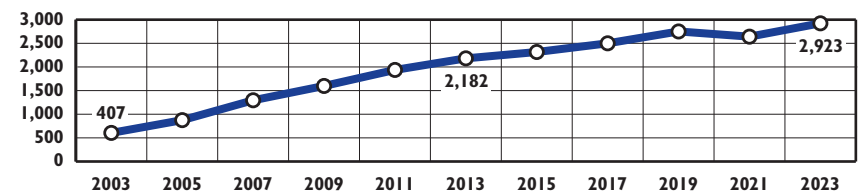
★ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for Medical Assistance coverage.³¹ As of December 31, 2023, 3,329 children were enrolled in Medical Assistance because of special needs adoptions.³²

Children With Autism Spectrum Disorder (ASD)

★ Autism Spectrum Disorder (ASD) is a developmental disability that can cause significant social, communication, and behavioral challenges. Children diagnosed with ASD have a variety of symptoms and experience challenges and abilities that range widely in severity. Many children with ASD face challenges in social interaction, speech/language, and communication and demonstrate repetitive behaviors and routines.³³

★ The national ASD prevalence among children age eight is estimated to be 27.6 per 1,000 children. ASD prevalence is significantly higher among boys (43.0 per 1,000 boys) than girls (11.4 per 1,000 girls). ASD prevalence is higher among Asian/Pacific Islander, Hispanic, and Black children (33.4, 31.6, and 29.3 per 1,000 children, respectively) than non-Hispanic white children (24.3 per 1,000 children).³⁴

Children Ages Three to 21 With Autism Spectrum Disorder (ASD), Rhode Island, June 2003 – June 2023



Source: Rhode Island Department of Education, June 2003– June 2023. Numbers include parentally-placed students.

★ In June 2023, there were 2,923 Rhode Island children ages three to 21 with ASD who received special education services.³⁵ The increase in number of children with ASD has been attributed, in part, to improved awareness and better screening and evaluation tools, as well as the broadening of the definition of ASD.³⁶ Early and appropriate identification and sustained interventions by skilled professionals can result in improvements in the levels of independent functioning of children and youth with ASD.^{37,38}

References

¹ Child and Adolescent Health Measurement Initiative. (n.d.). *2022 National Survey of Children's Health: Children with special health care needs*. Retrieved on March 15, 2024, from childhealthdata.org

² Health Resources & Services Administration, Maternal and Child Health Bureau. (2024). *Children and youth with special health care needs*. Retrieved on March 15, 2024, from mchb.hrsa.gov

(continued on page 180)

Family Home Visiting

DEFINITION

Family home visiting is the number of families enrolled in home visiting programs funded by the Rhode Island Department of Health.

SIGNIFICANCE

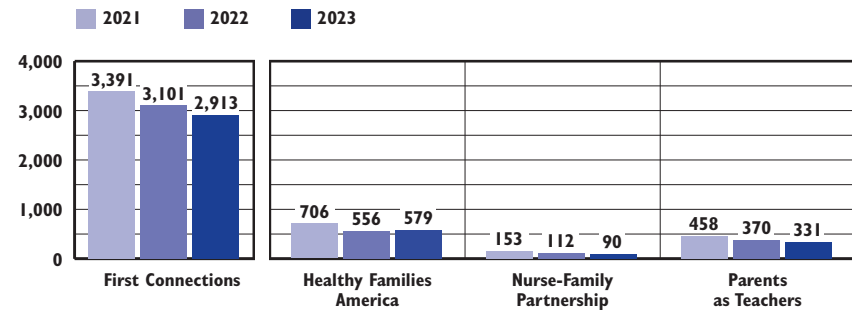
Parents are the most important individuals in a child's life, particularly during infancy and early childhood. Infants and toddlers who receive responsive, nurturing care and are provided with opportunities to learn have a strong foundation for success. When parents face obstacles that impact their ability to meet the needs of their babies, the child's health, development, and learning trajectory are threatened.^{1,2}

Home visiting programs are designed to reach young children and their families at home. Each program is different, but all provide parenting education to foster healthy, safe, and stimulating environments for young children. Children in vulnerable families who participate in high-quality home visiting programs have improved language, cognitive, and social-emotional development and are less likely to experience child neglect and abuse. Families who participate are more likely to provide an enriching home environment, use appropriate discipline strategies, and become more economically secure through education

and employment. Some home visiting programs can also improve maternal and child health, reducing long-term health care costs.^{3,4,5}

In 2010, federal legislation established the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to expand and improve state-administered home visiting programs for vulnerable families with young children. This funding must be spent by states on approved models that meet rigorous evidentiary standards.⁶ In 2023, there were 26 home visiting models identified as effective, evidence-based programs for families during the prenatal period and early childhood years, with evidence showing they produce statistically significant improvements in outcomes for children and families.⁷ Rhode Island uses MIECHV funding to implement three of these evidence-based models: Healthy Families America, Nurse-Family Partnership, and Parents as Teachers, and the federal government directly funds the Early Head Start home-based option.^{8,9} In order to achieve improved outcomes for children, evidence-based programs must meet the needs of the community, follow national high-quality program standards, and focus on continuous program improvement.¹⁰

Family Home Visiting Program Participation, Rhode Island, 2021-2023



Source: Rhode Island Department of Health, Family Home Visiting, Family Visiting Database enrollment in MIECHV-funded programs on October 1, 2021, October 1, 2022, and October 1, 2023 and KIDSNET, unduplicated families receiving at least one First Connections visit in Calendar Year.

★ **Rhode Island's First Connections Family Visiting Program is a statewide, short-term home visiting program designed to help families get connected to needed resources and is the Child Find program to identify children who may be eligible for Early Intervention services under the *Individuals with Disabilities Education Act*.¹¹ In 2023, 2,913 families received at least one First Connections home visit, down 6% from 2022. Fifty-three percent of children lived in one of the four core cities and 47% in the remainder of the state.¹²**

★ **As of October 2023, 1,000 families were participating in an evidence-based home visiting program in Rhode Island, down 4% from October 2022. Home visiting is in a workforce crisis across the country. Ongoing staffing challenges are due to low pay, high stress, and excessive workloads leading to burnout.^{13,14}**

★ **Among the children enrolled in an evidence-based, comprehensive model, 42% were white, 20% were Black, 4% were Multiracial, 2% were Asian, <1% were American Indian or Alaska Native, <1% were Native Hawaiian or Other Pacific Islander, and 32% were of an unknown race or declined to answer. Within these race categories, 56% of enrolled children were Hispanic.¹⁵**

★ **Home-based Early Head Start is also recognized as an evidence-based home visiting program that improves child outcomes.¹⁶ As of October 2023 in Rhode Island, there were 295 children enrolled in home-based Early Head Start.¹⁷**

Table 16.

Family Home Visiting, Rhode Island, 2023

CITY/TOWN	COMMUNITY CONTEXT, 2023			# RECEIVED FIRST CONNECTIONS VISIT IN 2023	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2023			
	TOTAL # OF BIRTHS	# OF BABIES BORN WHO SCREENED RISK POSITIVE	# OF BIRTHS TO LOW-INCOME FAMILIES		HEALTHY FAMILIES AMERICA	NURSE-FAMILY PARTNERSHIP	PARENTS AS TEACHERS	TOTAL
Barrington	91	43	12	10	4	2	1	7
Bristol	108	62	24	21	3	1	1	5
Burrillville	121	77	45	26	1	0	0	1
Central Falls	250	220	216	60	54	12	22	88
Charlestown	46	20	10	12	2	0	2	4
Coventry	259	143	53	78	18	0	8	26
Cranston	795	498	333	246	53	5	34	92
Cumberland	268	136	55	53	5	0	2	7
East Greenwich	119	49	10	21	1	0	2	3
East Providence	437	268	152	40	9	3	6	18
Exeter	36	18	3	11	1	0	1	2
Foster	42	23	12	9	0	1	0	1
Glocester	54	21	8	8	1	0	0	1
Hopkinton	64	32	22	16	0	0	6	6
Jamestown	28	15	4	5	1	0	0	1
Johnston	273	169	93	45	4	0	3	7
Lincoln	173	94	54	35	3	2	4	9
Little Compton	9	2	1	1	1	0	0	1
Middletown	122	71	33	33	5	0	4	9
Narragansett	58	29	14	18	1	0	2	3
New Shoreham	7	6	4	6	0	0	1	1
Newport	190	120	90	29	4	0	4	8
North Kingstown	178	69	22	49	6	0	0	6
North Providence	285	186	113	61	5	3	1	9
North Smithfield	93	41	17	18	1	1	1	3
Pawtucket	750	601	462	137	66	27	32	125
Portsmouth	91	42	15	15	0	0	3	3
Providence	2,136	1,715	1,475	1188	241	30	94	365
Richmond	62	30	10	12	1	0	1	2
Scituate	89	38	14	15	0	0	0	0
Smithfield	99	40	14	15	1	0	1	2
South Kingstown	182	80	37	51	2	0	4	6
Tiverton	82	50	31	12	4	0	6	10
Warren	70	40	16	9	3	1	0	4
Warwick	682	395	183	178	29	1	10	40
West Greenwich	45	20	8	13	1	0	0	1
West Warwick	288	182	114	93	17	1	5	23
Westerly	131	78	46	59	2	1	31	33
Woonsocket	458	367	317	157	28	0	38	66
Unknown	NA	NA	NA	48	1	0	1	2
Four Core Cities	3,594	2,903	2,470	1,542	389	69	186	644
Remainder of State	5,677	3,187	1,672	1,371	190	21	145	356
Rhode Island	9,271	6,090	4,142	2,913	579	90	331	1,000

Source of Data for Table/Methodology

Evidence-Based Family Home Visiting program data are from the Rhode Island Department of Health, Family Home Visiting, Family Visiting Database. Birth data and First Connections data are from Rhode Island Department of Health, Center for Health and Data Analysis, KIDSNET. Number of births with one or more risk factor is the “risk positive” definition from the Developmental Risk Assessment. Births to low-income families are births to families with public health insurance (Medicaid/RIteCare) or no insurance.

Unknown: Specific city/town information is unavailable.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket

References

^{1,3} *Home visiting: Improving outcomes for children.* (2021). Washington, DC: National Conference of State Legislatures.

^{2,5} *Early childhood home visiting: What legislators need to know.* (2019). Washington, DC: National Conference of State Legislators.

^{4,7,16} *Early childhood home visiting models: Reviewing evidence of effectiveness.* (2023). Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

⁶ National Home Visiting Resource Center. (2018). *Home visiting primer.* Arlington, VA: James Bell Associates and the Urban Institute.

^{8,11} *Family visiting legislative report.* (2023). Providence, RI: Rhode Island Department of Health.

⁹ *Head Start program facts: Fiscal Year 2021.* (2022). Retrieved March 21, 2023, from eclkc.ohs.acf.hhs.gov

¹⁰ Home Visiting Evidence of Effectiveness. (2022). *Models eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding.* Retrieved March 21, 2023, from homvee.acf.hhs.gov

^{12,13,15} Rhode Island Department of Health, 2022 and 2023.

(continued on page 181)

Women with Delayed Prenatal Care

DEFINITION

Women with delayed prenatal care is the percentage of women receiving prenatal care beginning in the second or third trimester of pregnancy. Data are reported by place of mother's residence, not place of infant's birth.

SIGNIFICANCE

Early prenatal care is an important way to identify and treat health problems as well as influence health behaviors that can affect fetal development, infant health, and maternal health. Women receiving late or no prenatal care are at increased risk of poor birth outcomes, such as having babies who are low birthweight or who die within the first year of life.^{1,2}

Effective prenatal care screens for and intervenes with a range of maternal needs including nutrition, social support, mental health, smoking cessation, substance use, domestic violence, and unmet needs for food and shelter. A prenatal visit is the first step in establishing an infant's medical home and can provide valuable links to other services.^{3,4}

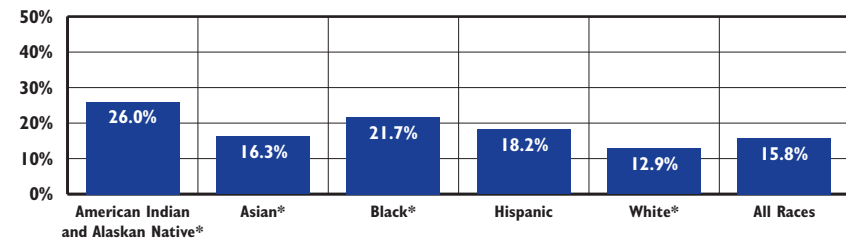
Early prenatal care is especially important for women who face multiple risks for poor birth outcomes, as is ensuring access to health care services before pregnancy. Effective monitoring and treatment of chronic disease,

providing health education, implementing and enhancing Medicaid policies, improving health insurance coverage, and ensuring access to culturally and linguistically competent health providers can improve prenatal care for women of childbearing age.^{5,6}

Barriers to prenatal care include not knowing one is pregnant, not being able to get an appointment or start care when desired, lack of transportation or child care, inability to get time off work, and financial constraints (including lack of insurance or money to pay for desired care).⁷ Rhode Island women with delayed prenatal care are more likely to report their pregnancy was unintended than women who initiated care in the first trimester. Access to contraception, preventative health care services, and the overall health and economic well-being of individuals impact pregnancy intention.^{8,9}

Maternal health before pregnancy (preconception), during pregnancy, and after birth (postpartum) impact health outcomes. Currently, there is a maternal health crisis nationally and in Rhode Island. Beyond that, there are persistent racial and ethnic disparities that disproportionately impact health outcomes for Women of Color.¹⁰

Women With Delayed or No Prenatal Care by Race/Ethnicity, Rhode Island, 2018-2022



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022. * Race categories are non-Hispanic.

★ In Rhode Island between 2018 and 2022, 15.8% of women who gave birth did not begin care until the second or third trimester if at all. Between 2018 and 2022 in Rhode Island, American Indian and Alaska Native (26.0%), Black (21.7%), Hispanic (18.2%), and Asian women (16.3%) were more likely to receive delayed prenatal care than white women (12.9%).¹¹

★ Between 2018 and 2022 in Rhode Island, women who did not graduate from high school were more likely to receive delayed prenatal care than women with more than a high school education (25.0% compared to 13.0%). Adolescent and teen mothers were more likely to receive delayed prenatal care than older mothers in Rhode Island.¹² About one in five (19.6%) pregnant women in the four core cities received delayed prenatal care compared to 13.5% in the remainder of the state.¹³

Insurance Coverage Improves Access to Prenatal Care

★ In the U.S. and Rhode Island, women with private insurance have the highest rates of timely prenatal care. Health care before pregnancy is important for maintaining women's reproductive health and ensuring that they can access the reproductive health services they may need to become pregnant, if and when they want to.^{14,15}

★ Between 2018 and 2022, women with health coverage through RItE Care (Rhode Island's Medicaid managed care program) were much less likely (20.0%) to receive delayed/no prenatal care than women who were uninsured (42.2%). Women with private insurance coverage were the least likely to receive delayed/no prenatal care (12.0%).¹⁶

Table 17. Delayed Prenatal Care, Rhode Island, 2018-2022

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	563	91	16.2
Bristol	661	98	14.8
Burrillville	619	94	15.2
Central Falls	1,441	318	22.1
Charlestown	275	25	9.1
Coventry	1,455	163	11.2
Cranston	3,720	562	15.1
Cumberland	1,653	231	14.0
East Greenwich	601	65	10.8
East Providence	2,160	317	14.7
Exeter	235	23	9.8
Foster	203	24	11.8
Glocester	344	57	16.6
Hopkinton	311	29	9.3
Jamestown	130	11	8.5 [^]
Johnston	1,322	200	15.1
Lincoln	882	127	14.4
Little Compton	73	10	13.7 [^]
Middletown	746	82	11.0
Narragansett	265	28	10.6
New Shoreham	29	4	*
Newport	1,025	155	15.1
North Kingstown	1,066	116	10.9
North Providence	1,564	248	15.9
North Smithfield	445	78	17.5
Pawtucket	4,182	755	18.1
Portsmouth	648	73	11.3
Providence	11,343	2,279	20.1
Richmond	339	32	9.4
Scituate	433	68	15.7
Smithfield	733	113	15.4
South Kingstown	807	69	8.6
Tiverton	534	66	12.4
Warren	393	65	16.5
Warwick	3,440	431	12.5
West Greenwich	242	36	14.9
West Warwick	1,409	180	12.8
Westerly	858	92	10.7
Woonsocket	2,438	442	18.1
Unknown**	228	32	14.0
Four Core Cities	19,404	3,794	19.6
Remainder of State	30,183	4,063	13.5
Rhode Island	49,815	7,889	15.8



Racial/Ethnic Disparities in Severe Maternal Morbidity

★ Nationally, Black women are almost three times more likely than white women to die of pregnancy-related complications.^{17,18} Racial disparities in maternal mortality span all levels of education, age, income, and insurance status.^{19,20}

★ Pervasive racial bias and unequal treatment of Black women in the health care system often result in inadequate treatment for pain.^{21,22} This, coupled with stress from racism and racial discrimination, contribute to the unacceptable health outcomes among Black women and their infants.^{23,24}

★ In Rhode Island, maternal mortality numbers are too small to report. Rhode Island instead reports the prevalence of severe maternal morbidity defined as unintended outcomes of labor and delivery that result in significant consequences to a woman's health.²⁵

★ In 2022, the Rhode Island severe maternal morbidity rate was 87 per 10,000 delivery hospitalizations up from 72 per 10,000 in 2020. Black women (124 per 10,000) and Hispanic women (106 per 10,000) had higher rates of maternal morbidity than white women (73 per 10,000) between 2018 and 2022.²⁶

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022.

The denominator is the total number of live births to Rhode Island residents from 2018-2022.

*The data are statistically unreliable and rates are not reported and should not be calculated.

[^]The data are statistically unstable and rates or percentages should be interpreted with caution.

**Unknown/Missing: Specific city/town information unavailable

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Due to birth certificate changes that began in 2015, comparisons with previous years should be made with caution. Delayed prenatal care is now a calculated variable that is based on the number of visits over 90 days (3 months). "No prenatal care" is not broken out.

References

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- ²⁶ U.S. Department of Health & Human Services, Office on Women's Health. (2021). *Prenatal care*. Retrieved February 23, 2024, from www.womenshealth.gov
- ³ Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds.). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents (4th ed.)*. Elk Grove Village, IL: American Academy of Pediatrics.
- ⁵ Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Reducing infant mortality*. Baltimore, MD: The Annie E. Casey Foundation.
- ⁷ Kim, H., Cain, R., & Viner-Brown, S. (2014). *2014 Rhode Island Pregnancy Risk Assessment Monitoring System data book*. Providence, RI: Rhode Island Department of Health.
- ⁸ Kim, H., Monteiro, K., Cooper, T., Viner-Brown, S., & Weber, A. (2018). *2018 Rhode Island Pregnancy Risk Assessment Monitoring System data book: 3rd edition*. Providence, RI: Rhode Island Department of Health.

(continued on page 181)

Preterm Births

DEFINITION

Preterm births is the percentage of births occurring before the 37th week of pregnancy. The data are reported by place of mother's residence, not place of infant's birth.

SIGNIFICANCE

Preterm birth is a major determinant of infant mortality and morbidity in the U.S. Infants born before 37 weeks gestation are at higher risk than full-term infants for neurodevelopmental, respiratory, gastrointestinal, immune system, central nervous system, hearing, dental, and vision problems. Children who were born preterm may experience physical disabilities, learning difficulties, and behavioral problems later in life.^{1,2,3}

Late preterm infants (34-36 weeks gestation) can experience immediate and long-term complications but infants born very preterm (<32 weeks gestation) are at highest risk for death, enduring health problems, more and longer hospitalizations, and increased health care costs later in life.^{4,5}

Preventive interventions and treatments can improve outcomes for preterm infants and their caregivers.⁶

The three leading risk factors of preterm birth are a history of preterm birth, pregnancy with multiples, and uterine and/or cervical abnormalities. Other risk factors include some health conditions and infections, maternal

weight, delayed or no prenatal care, stress, domestic violence, having pregnancies close together, and substance use.^{7,8}

In 2022, the U.S. preterm birth rate was 10.38%, a decrease from the year prior (10.49%). The preterm birth rate varies by race/ethnicity, with non-Hispanic Black women (14.6%) continuing to have the highest preterm birth rate in the U.S. in 2022.

American Indian and Alaska Native women (12.6%) and Native Hawaiian and Other Pacific Islander women (11.9%) had higher rates than Hispanic women (10.1%), non-Hispanic white women (9.4%), and Asian women (9.2%). The rate decreased for Black, Hispanic, and white groups from 2022, while the other groups had changes that were not significant.^{9,10} Higher rates of preterm-related causes of death account for more than half of the racial disparity in infant mortality between Black women and white women.¹¹

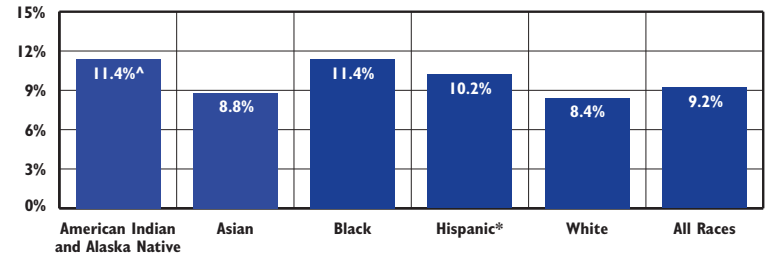
Preterm Births		
	2012	2022
RI	11.0%	9.0%
US	11.5%	10.4%
National Rank*		6th
New England Rank**		3rd

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: For 2012: Martin, J. A., et al. (2014). Births: Final data for 2012. NVSR, 62(9), 1-20. For 2022: Martin, J. A., et al. (2023). Births: Provisional data for 2022. Vital Statistics Rapid Release no 28.

Preterm Birth Infants by Race/Ethnicity, Rhode Island, 2018-2022



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022. *Hispanic infants can be of any race. [^] The data are statistically unstable and should be interpreted with caution.

★ Between 2018 and 2022, 11.4% of births of non-Hispanic Native American and 11.4% of births of non-Hispanic Black infants in Rhode Island were preterm, compared with 8.8% of non-Hispanic Asian and 8.4% of non-Hispanic white infants. During this same time, 10.2% of births to Hispanic women in Rhode Island were preterm.¹²

★ Between 2018 and 2022, 73.0% of all preterm births in Rhode Island were late preterm births (34-36 weeks gestation), and 15.3% of all preterm births were very preterm (<32 weeks gestation).¹³ Multiple births are more likely to be born preterm. In Rhode Island between 2018 and 2022, 61.7% of multiple births were preterm, compared with 7.5% of singleton births.¹⁴

★ Between 2018 and 2022, 12.4% of births to women who smoked during pregnancy were preterm compared to 9.0% of those who did not smoke during pregnancy. During this period, 10.3% of births to women with a high school degree or less were preterm, compared with 8.5% of those with higher education levels.¹⁵

★ Social determinants of health, including poverty, housing, and access to reproductive care are important factors in preterm birth disparities. Racism and associated social stressors are additional risk factors that disproportionately impact Black women and Women of Color.^{16,17}

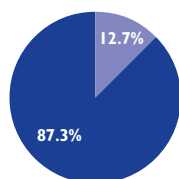
Table 18. Preterm Births, Rhode Island, 2018-2022

CITY/TOWN	# BIRTHS	# PRETERM BIRTHS	% PRETERM BIRTHS
Barrington	585	45	7.7
Bristol	673	55	8.2
Burrillville	654	56	8.6
Central Falls	1,505	178	11.8
Charlestown	280	29	10.4
Coventry	1,491	119	8.0
Cranston	3,810	353	9.3
Cumberland	1,740	147	8.4
East Greenwich	614	43	7.0
East Providence	2,229	185	8.3
Exeter	242	17	7.0 ^
Foster	208	21	10.1 ^
Glocester	359	25	7.0
Hopkinton	316	23	7.3 ^
Jamestown	131	10	*
Johnston	1,361	122	9.0
Lincoln	914	71	7.8
Little Compton	77	4	*
Middletown	763	53	6.9
Narragansett	273	22	8.1 ^
New Shoreham	31	1	*
Newport	1,048	75	7.2
North Kingstown	1,094	82	7.5
North Providence	1,605	152	9.5
North Smithfield	481	46	9.6
Pawtucket	4,332	431	9.9
Portsmouth	659	54	8.2
Providence	11,726	1,189	10.1
Richmond	348	31	8.9
Scituate	445	41	9.2
Smithfield	747	54	7.2
South Kingstown	827	74	8.9
Tiverton	550	46	8.4
Warren	405	34	8.4
Warwick	3,528	305	8.6
West Greenwich	249	21	8.4 ^
West Warwick	1,462	145	9.9
Westerly	874	75	8.6
Woonsocket	2,604	268	10.3
Unknown	235	18	*
Four Core Cities	20,167	2,066	10.2
Remainder of State	31,308	2,654	8.5
Rhode Island	51,475	4,720	9.2

Preterm Births by Mother's Insurance Status, Rhode Island, 2018-2022

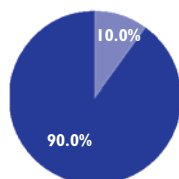
Uninsured

12.7% Preterm Births
87.3% Full-term Births



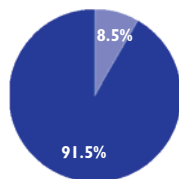
Public Insurance (Rite Care)

10.0% Preterm Births
90.0% Full-term Births



Private Insurance

8.5% Preterm Births
91.5% Full-term Births



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022.

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022. The denominator is the total number of live births to Rhode Island residents from 2018-2022. Future reports with birth counts may change.

*The data are statistically unreliable and rates are not reported and should not be calculated.

^The data are statistically unstable and rates or percentages should be interpreted with caution.

Beginning in 2015, the federal Centers for Disease Control and Prevention and the Rhode Island Department of Health transitioned to a new standard for estimating the gestational age of the newborn. The new measure – the obstetric estimate of gestation at delivery (OE) – replaces the measure based on the data of the last normal menses (LMP).

The 2018-2022 five-year preterm birth percentage and the single year average are measured by OE. Because of this change, preterm birth data reported prior to the 2016 Factbook are not comparable. National preterm birth data use the OE measurement as of the 2007 data year at the time of publication of this Factbook.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

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¹ Centers for Disease Control and Prevention. (2023). *Preterm birth*. Retrieved March 14, 2024, from cdc.gov

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³ Beauregard, J.L., et. al. (2018). Preterm birth, poverty, and cognitive development. *Pediatrics*, 141(1): e20170509.

⁴ Martin J.A., Osterman M.J.K. (2018). Describing the increase in preterm births in the United States, 2014–2016. *NCHS Data Brief, no 312*. Hyattsville, MD: National Center for Health Statistics.

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(continued on page 181)

Low Birthweight Infants

DEFINITION

Low birthweight infants is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces). The data are reported by place of mother's residence, not place of infant's birth.

SIGNIFICANCE

An infant's birthweight is a key indicator of newborn health. Infants born weighing less than 5 pounds, 8 ounces are at greater risk for physical and developmental problems and death than babies of normal weights. Factors that influence infant birthweight include maternal smoking, poverty, level of educational attainment, infections, exposure to violence, stress, prenatal nutrition, and environmental hazards.^{1,2,3}

Low birthweight is often a result of a premature birth but can also occur after a full-term pregnancy. Fetal growth restriction results in low birthweight babies and may be caused by infection, birth defects, or simply because the baby's parents are small.⁴

Smoking during pregnancy increases risk of low birthweight.^{5,6} In Rhode Island between 2018 and 2022, 4.0% of births were to mothers who smoked during their pregnancy. During that time, Rhode Island smokers (14.3%) were more likely to deliver a low birthweight infant compared to women who did not smoke (7.4%).⁷

Children born at very low birthweight (less than 3.3 pounds or 1,500 grams) are almost 100 times more likely to die within the first year of life than infants of normal birthweight. Those who survive are at higher risk of long-term health issues, including heart disease, diabetes, obesity, and intellectual and developmental disabilities. Low birthweight babies are also at greater risk for long-term learning difficulties and mental health issues than their peers.^{8,9,10}

In the U.S. in 2021, 8.5% of infants were born at low birthweight, which is a slight increase from 8.1% in 2011. In Rhode Island in 2021, 7.9% of infants were born at low birthweight.^{11,12} The low birthweight related infant mortality rate decreased between 2020 and 2021 but still remains a top cause of infant mortality in the U.S.¹³

Low Birthweight Infants		
	2011	2021
RI	7.4%	7.9%
US	8.1%	8.5%
National Rank*		21st
New England Rank**		5th

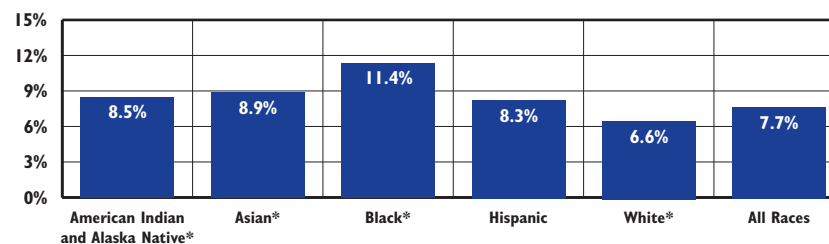
*1st is best; 50th is worst

**1st is best; 6th is worst

Source: For 2011: Martin, J. A., et al. (2013). Births: Final data for 2011. *National Vital Statistics Reports*, 62(1), 1-70. For 2021: Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Drake, P. (2023). Births: Final data for 2021. *National Vital Statistics Reports*, 72(1), 1-43.



Low Birthweight Infants by Race/Ethnicity, Rhode Island, 2018-2022*



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022. *Race categories are non-Hispanic.

★ In Rhode Island between 2018 and 2022, 8.5% of American Indian and Alaskan Native infants, 8.9% of Asian infants, 11.4% of Black infants, and 8.3% of Hispanic infants, were born at low birthweight, compared to 6.6% of white infants.¹⁴ Nationally, there are racial and ethnic disparities in low birthweight including for Black, Native American, and Native Hawaiian and Other Pacific Islander Infants.¹⁵

★ Factors that persist throughout Women of Color's lives, —such as increased stress, income inequality, insufficient health care, toxic environmental exposures, lack of safe and affordable housing, and/or discrimination — have been shown to increase the likelihood of delivering a low birthweight baby.^{16,17}

★ Between 2018 and 2022 in Rhode Island, 9.7% of births among women under age 20 were low birthweight compared to 7.6% of those over age 20; 8.8% of infants born to women living in the four core cities were low birthweight compared to 7.0% in the remainder of the state; and 8.9% of infants born to women with a high school degree or less were low birthweight, compared to 7.0% of those born to women with higher education levels.¹⁸

★ Rhode Island women who deliver a low birthweight infant are more likely to report smoking while pregnant, feeling unsafe in their neighborhood, delayed or no prenatal care, a depression diagnosis, and domestic violence; as well as health issues during their pregnancy (such as high blood pressure or hypertension) than those with a normal weight baby.^{19,20}

★ Between 2018 and 2022 in Rhode Island, 1.3% of all live births were born at very low birthweight (less than 1,500 grams or 3.3 pounds).²¹

Table 19. Low Birthweight Infants, Rhode Island, 2018-2022

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	585	37	6.3
Bristol	673	47	7.0
Burrillville	654	44	6.7
Central Falls	1,505	125	8.3
Charlestown	280	16	5.7 ^
Coventry	1,491	92	6.2
Cranston	3,810	311	8.2
Cumberland	1,740	117	6.7
East Greenwich	614	32	5.2
East Providence	2,229	165	7.4
Exeter	242	13	5.4 ^
Foster	208	17	8.2 ^
Glocester	359	20	5.6 ^
Hopkinton	316	14	4.4 ^
Jamestown	131	10	*
Johnston	1,361	105	7.7
Lincoln	914	55	6.0
Little Compton	77	3	*
Middletown	763	54	7.1
Narragansett	273	22	8.1 ^
New Shoreham	31	2	*
Newport	1,048	70	6.7
North Kingstown	1,094	54	4.9
North Providence	1,605	139	8.7
North Smithfield	481	29	6.0
Pawtucket	4,332	400	9.2
Portsmouth	659	41	6.2
Providence	11,726	1,027	8.8
Richmond	348	15	4.3 ^
Scituate	445	33	7.4
Smithfield	747	41	5.5
South Kingstown	827	51	6.2
Tiverton	550	39	7.1
Warren	405	29	7.2
Warwick	3,528	246	7.0
West Greenwich	249	17	6.8 ^
West Warwick	1,462	124	8.5
Westerly	874	67	7.7
Woonsocket	2,604	230	8.8
Unknown	235	16	*
Four Core Cities	20,167	1,782	8.8
Remainder of State	31,308	2,187	7.0
Rhode Island	51,475	3,969	7.7

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022. Data from January 2024 and future reports with birth counts may change.

The denominator is the total number of live births to Rhode Island residents between 2018 and 2022.

*The data are statistically unreliable and rates are not reported and should not be calculated.

^The data are statistically unstable and rates or percentages should be interpreted with caution.

Unknown: Births were to Rhode Island residents, but specific city/town information was unavailable.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

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¹ Low birth weight. (n.d.) Stanford Medicine Children's Health. Retrieved February 13, 2023, from stanfordchildrens.org

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³ Echevarria, E., Lorch, S. (2022). Family educational attainment and racial disparities in low birth weight. *Pediatrics 150(1):e2021052369*

⁵ Healthy Children (2019). *Where we stand: Smoking during pregnancy*. Retrieved April 6, 2022, from www.healthychildren.org

⁶ Centers for Disease Control and Prevention. (2020). *Tobacco use and pregnancy*. Retrieved February 25, 2022, from cdc.gov

^{7,14,18,19,21} Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022.

⁸ American Psychological Association. (2017). *Low birth weight babies at higher risk for mental health problems later in life*. [Press release]. Retrieved February 25, 2022, from www.apa.org

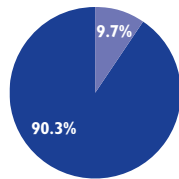
⁹ Ely, D. M. & Driscoll, A. K. (2023). Infant mortality in the United States, 2021: Data from the period linked birth/infant death file. *National Vital Statistics Reports 72(11)*, 1-18.

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Low Birthweight by Mother's Insurance Type, Rhode Island, 2018-2022

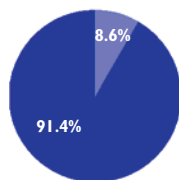
Uninsured

9.7% Low Birthweight
90.3% Normal Birthweight



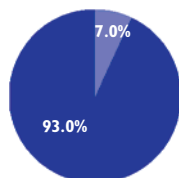
Public Insurance (Rite Care)

8.6% Low Birthweight
91.4% Normal Birthweight



Private Insurance

7.0% Low Birthweight
93.0% Normal Birthweight



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022. Data for births in 2022 are provisional.

Infant Mortality

DEFINITION

Infant mortality is the number of deaths of infants under one year of age per 1,000 live births. The data are reported by place of mother's residence, not place of infant's birth.

SIGNIFICANCE

Infant mortality rates are associated with maternal health, race and ethnicity, quality of and access to medical care, socioeconomic conditions, and public health practices. In the U.S., infant mortality rates are highest in the South.^{1,2}

In 2021, the five main causes of infant death in the U.S. were congenital malformations, low birthweight, sudden infant death syndrome (SIDS), unintentional injuries, and maternal complications. The leading causes of infant death were the same in 2020.³

The U.S. infant mortality rate has declined from 26.0 deaths per 1,000 live births in 1960 to 5.4 deaths per 1,000 live births in 2021 due to improvements in nutrition, medical advances, improved access to care, economic growth, and safer sleep practices.^{4,5,6} Despite this decline, the U.S. continues to have a higher rate of infant mortality than other industrialized countries, in part due to a relatively high number of preterm births.⁷

While infant mortality has declined in the U.S. across all racial and ethnic groups, disparities remain. Nationally in 2021, the non-Hispanic Black infant mortality rate was 10.6 deaths per 1,000 births, the American Indian/Alaska Native rate was 7.5, the Native Hawaiian or Other Pacific Islander rate was 7.8, the Hispanic rate was 4.8, the non-Hispanic white rate was 4.4, and the Asian rate was 3.7.⁸

Between 2018 and 2022, the overall infant mortality rate in Rhode Island was 4.6 deaths per 1,000 live births. Mothers with a high school degree or less had a higher infant mortality rate (5.4 per 1,000 live births) than mothers with higher educational attainment (3.1 per 1,000 live births). Mothers with public insurance had a higher infant mortality rate (5.6 per 1,000 live births) than mothers with private insurance (3.1 per 1,000 live births).⁹

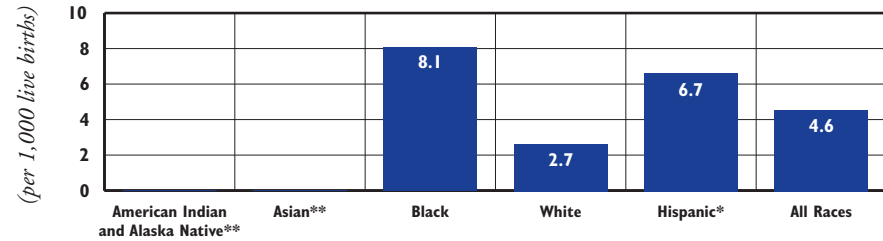
Infant Mortality Rate (rate per 1,000 live births)		
	2011	2021
RI	6.4	4.4
US	6.1	5.4
National Rank*		10th
New England Rank**		3rd

*1st is best; 49th is worst

**1st is best; 5th is worst

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Infant Mortality Rate per 1,000 Live Births by Race/Ethnicity, Rhode Island, 2018-2022



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022 *Hispanic infants can be of any race. **Rate or percentage is too unstable to report.

- ★ In Rhode Island between 2018 and 2022, the Black infant mortality rate was 8.1 deaths per 1,000 live births, which is three times the white infant mortality rate of 2.7 deaths per 1,000 live births.¹⁰ The Black infant mortality rate is the highest of any racial or ethnic group even after controlling for risk factors such as socioeconomic status and educational attainment.¹¹
- ★ The overall 2018-2022 infant mortality rate in Rhode Island of 4.6 meets the Healthy People 2030 target of 5.0 per 1,000 live births. However, there are disparities by race/ethnicity with the non-Hispanic Black, and Hispanic infant mortality rates well above the target.^{12,13}
- ★ Structural racism and the associated stresses are at the root of disparities in maternal and infant mortality, resulting in dramatically higher mortality rates among Black mothers and their babies. It is critical to acknowledge the cumulative effect of structural racism and work to remove systemic barriers that keep Black mothers and their babies from receiving needed care.¹⁴
- ★ Nationally, although the Asian population has the lowest infant mortality rate, there are significant differences within subgroups. The Filipino infant mortality rate is significantly higher than for all other Asian subgroups. Enhancing the availability of disaggregated data for Asian, Native Hawaiian, Pacific Islander, and Southeast Asian people is important for efforts to advance health equity.¹⁵

Causes of Infant Mortality in Rhode Island

★ Between 2018 and 2022, 238 infants died in Rhode Island before their first birthday, a rate of 4.6 per 1,000 live births. Between 2018 and 2022, 66% of infants who died were low birthweight (less than 2,500 grams) and 26% were born at normal weights. Between 2018 and 2022, 66% (158) of all infant deaths were preterm (born before the 37th week of pregnancy).¹⁶

★ Of the 238 infant deaths between 2018 and 2022 in Rhode Island, 75% (178) occurred in the neonatal period (during the first 27 days of life). Generally, infant deaths in the neonatal period are related to short gestation and low birthweight, malformations at birth, and/or conditions occurring in the perinatal period. Between 2018 and 2022, 25% (60) of the 238 infant deaths in Rhode Island occurred in the post-neonatal period (between 28 days and one year after delivery).^{17,18}

Infant Mortality by Core City Status, Rhode Island, 2018-2022

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
Four Core Cities	20,167	120	6.0
Remainder of State	31,308	118	3.8
Rhode Island	51,475	238	4.6

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022. Core cities are Central Falls, Pawtucket, Providence, and Woonsocket. Unknown and missing counts were excluded and includes 16 infant deaths that did not link to a birth certificate.

★ The overall infant mortality rate in Rhode Island between 2018 and 2022 was 4.6 deaths per 1,000 live births. The infant mortality rate was higher in the four core cities (6.0 per 1,000 live births) than in the remainder of the state (3.8 per 1,000 live births).¹⁹

★ During 2018 and 2022, Providence had 79 infant deaths and an infant mortality rate of 6.7 per 1,000 live births, the highest of any city/town in Rhode Island.²⁰

★ Two cities in Rhode Island had 16 or more infant deaths, 26 other cities and towns in Rhode Island had between one and 15 infant deaths and due to small numbers, the respective infant mortality rates are not reported or should be interpreted with caution. In Rhode Island, 10 cities and towns had no infant deaths between 2018 and 2022.²¹

Reducing Infant Mortality

★ Strategies to reduce the risk of infant mortality include reducing risk factors or causes of infant mortality (birth defects, preterm and low birthweight infants), improving preconception and prenatal care, improving safe sleep practices, and newborn screening.²²

★ Comprehensive state initiatives to reduce infant mortality should improve access to critical services, improve the quality of care to pregnant women, address maternal and infant mental health, enhance supports for families before and after birth, and improve data collection and oversight.²³

★ Strategies to reduce racial and ethnic disparities in infant mortality include improving the quality of perinatal health care for Black families, increasing support in navigating the health care system, increasing access to midwives and doulas, training providers to address implicit racial biases, increasing diversity of the health care workforce, and dismantling barriers to mental health care for Families of Color.²⁴

★ Policies that address the racial inequities in the social determinants of health (economic well-being, education access, health care, community/environment, social context) are important in reducing disparities. Reducing environmental, social, and economic stressors through laws and policies can help eliminate disparities in infant mortality (e.g., expanding access to health insurance and improving paid family leave policies, economic support policies, and smoke free laws).^{25,26}

★ Participation in evidence-based family home visiting programs has been shown to reduce the risk of infant death.^{27,28} As of October 2023, there were 1,000 families enrolled in evidence-based family home visiting programs coordinated by the Rhode Island Department of Health.²⁹

References

¹ Federal Interagency Forum on Child and Family Statistics. (2023). *America's children: Key national indicators of well-being, 2023*. Washington, DC: U.S. Government Printing Office.

^{3,5,8} Ely D. M., & Driscoll A. K. (2023). Infant mortality in the United States, 2021: Data from the period linked birth/infant death file. *National Vital Statistics Reports*, 72(11), 1-19.

² Centers for Disease Control and Prevention. (n.d.). *Infant mortality*. Retrieved February 29, 2024, from [cdc.gov](https://www.cdc.gov)

(continued on page 181)

Breastfeeding

DEFINITION

Breastfeeding is the number and percentage of newborn infants who are breastfed at the time of hospital discharge.

SIGNIFICANCE

Breastfeeding is widely recognized as the ideal method of feeding and nurturing infants and is a critical component in achieving optimal infant and child health, growth, and development.^{1,2} National health experts recommend exclusive breastfeeding for six months after birth and continuous breastfeeding for at least 12 months after birth or longer as mutually desired by mother and child for two years or beyond.³

Breastfeeding decreases infant mortality and morbidity. Infant benefits include optimal nutrition, stronger immune systems, and reduced risk for Sudden Infant Death Syndrome and chronic conditions such as asthma, obesity, type 1 diabetes, and ear infections. Breastfeeding benefits mothers by creating a strong bond with infants and decreasing risk for postpartum depression, type 2 diabetes, and hypertension. Breastfeeding provides significant social and economic benefits, including reduced cost to the family, reduced health care costs, and reduced employee absenteeism.^{4,5,6}

Breastfeeding can be effectively promoted by hospital and other birth

facility policies and practices that take place before, during, and after labor and delivery, including access to professional lactation consultants and involvement in community breastfeeding support networks.⁷ In 2015, Women & Infants Hospital became the second-largest hospital in the U.S. to achieve the “Baby-Friendly” designation, which recognizes breastfeeding support and promotion by birth facilities.⁸ There are now four Baby-Friendly hospitals in Rhode Island: Kent Hospital, Newport Hospital, South County Hospital, and Women & Infants Hospital.⁹

Breastfeeding rates generally increase with higher educational attainment and higher income levels.¹⁰ Healthy People 2030 sets target breastfeeding rates of 42% of infants breastfed exclusively through 6 months and 54% of infants breastfed at any extent at one year of age.¹¹

Breastfeeding Rates		
	6 months [^]	12 months
RI	23%	33%
US	25%	36%
National Rank*	39 th	37 th
New England Rank**	6 th	6 th

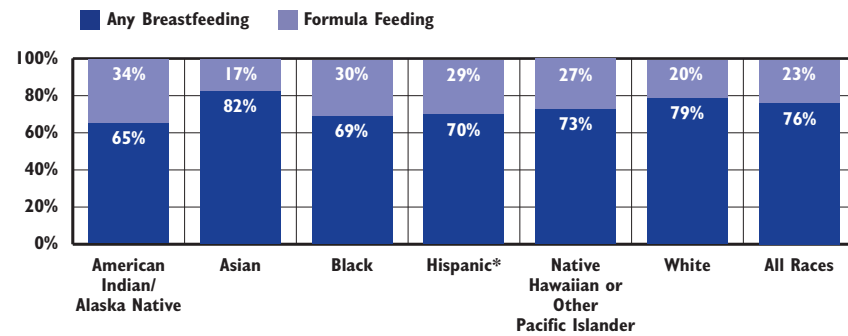
*1st is best; 50th is worst

**1st is best; 6th is worst

[^]exclusively breastfed

Source: Centers for Disease Control, *National Immunization Surveys* (NIS), 2020 and 2021.
Note: Data is for infants born in 2019.

Breastfeeding and Formula Feeding at Birth by Race/Ethnicity, Rhode Island, 2018-2022*



Source: Rhode Island Department of Health, Center for Health Data and Analysis, KIDSNET, 2018-2022.

Breastfeeding and formula feeding are defined as intended feeding method at hospital discharge. *Hispanic infants can be of any race. Totals may not sum to 100% because data on feeding methods were not available for all births.

★ **Between 2018 and 2022, 76% of mothers of newborns in Rhode Island indicated that they intended to breastfeed when discharged from the hospital and 23% intended to formula feed.**¹²

★ **American Indian/Alaska Native, Black, and Hispanic infants are less likely to be breastfed than white and Asian infants, due to structural, interpersonal, cultural, and historical barriers that Women of Color face. Structural barriers include lack of support and discrimination from the health care and workplace settings, including limited paid family leave. Interpersonal barriers include lack of family support for breastfeeding and inadequate workplace policies for breastfeeding moms.**^{13,14}

★ **In Rhode Island between 2019 and 2021, 71% of infants of moms who had private insurance during the postpartum period were breastfed for at least three months compared to only 48% of infants of moms who had Medicaid or RIte Care.**¹⁵



Rhode Island Supports for Breastfeeding

★ Access to 12 weeks of paid family leave increases the initiation and overall duration of breastfeeding and the likelihood of breastfeeding for at least six months.¹⁶ Improving the state’s paid family leave program would help ensure equitable access to paid leave, especially for Women of Color.^{17,18}

★ All 50 states have passed legislation that provides mothers with the explicit right to breastfeed in all public or private places.¹⁹ Since 2015, Rhode Island law has prohibited job discrimination based on pregnancy, childbirth, and related medical conditions and required employers to make reasonable accommodations for workers including support for breastfeeding.²⁰ Other barriers to supporting breastfeeding include accessibility and accommodations for lactation in the workplace and community.²¹

★ In 2014, Rhode Island became the first state to establish licensure for International Board-Certified Lactation Consultants (IBCLCs) who provide comprehensive lactation support and counseling for pregnant and postpartum women. In March 2023, Rhode Island had 65 licensed IBCLCs.^{22,23} Other lactation professionals can support health equity and reduce barriers to breastfeeding.²⁴

Table 20. Breastfeeding at Time of Birth, Rhode Island, 2018-2022

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER ANY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING
Barrington	554	501	90%
Bristol	619	507	82%
Burrillville	583	440	75%
Central Falls	1,470	978	67%
Charlestown	260	224	86%
Coventry	1,464	1,149	78%
Cranston	3,750	2,899	77%
Cumberland	1,513	1,239	82%
East Greenwich	628	558	89%
East Providence	2,127	1,619	76%
Exeter	239	207	87%
Foster	201	166	83%
Glocester	320	262	82%
Hopkinton	286	234	82%
Jamestown	124	116	94%
Johnston	1,323	1,009	76%
Lincoln	881	728	83%
Little Compton	47	39	83%
Middletown	732	631	86%
Narragansett	249	224	90%
New Shoreham	32	31	97%
Newport	1,000	813	81%
North Kingstown	1,089	968	89%
North Providence	1,567	1,167	74%
North Smithfield	418	357	85%
Pawtucket	4,073	2,864	70%
Portsmouth	583	525	90%
Providence	11,429	7,819	68%
Richmond	347	309	89%
Scituate	441	373	85%
Smithfield	707	582	82%
South Kingstown	806	717	89%
Tiverton	345	277	80%
Warren	366	275	75%
Warwick	3,441	2,720	79%
West Greenwich	246	208	85%
West Warwick	1,421	1,065	75%
Westerly	709	624	88%
Woonsocket	2,350	1,552	66%
Four Core Cities	19,322	13,213	68%
Remainder of State	29,418	23,763	81%
Rhode Island	48,740	36,976	76%

Sources of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, KIDSNET, 2018-2022.

Breastfeeding is defined as “breastfeeding as intended feeding method at hospital discharge.” “Percent With Any Breastfeeding” includes infants fed breast milk in combination with formula and those exclusively breastfed.

*Note: The data collection process at the Rhode Island Department of Health was changed in 2015. Prior to 2015, breastfeeding was recorded as “Breast,” “Bottle,” or “Both.” Since 2015, a “Yes” or “No” question on the birth certificate worksheet “Is the infant being breastfed at discharge?” has been used. Data from and prior to 2015 for “Exclusive breastfeeding” and “Both breast and formula” have been combined into the “Any breastfeeding” category to align with current data collection practices.

The number of births screened may differ from the total number of births reported elsewhere in the Factbook as not all documented births received a screening. Births to Rhode Island women that occurred outside Rhode Island are not included.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

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- Hauck, K., Miraldo, M., & Singh, S. (2020). Integrating motherhood and employment: A 22-year analysis investigating impacts of US workplace breastfeeding policy. *SSM – Population Health*, 11, 1-10.

(continued on page 182)

Children with Lead Poisoning

DEFINITION

Children with lead poisoning is the percentage of children under age six with a confirmed elevated blood lead level (EBLL, ≥ 5 $\mu\text{g}/\text{dL}$) at any time prior to December 31, 2023.^{1,2} These data are for children eligible to enter kindergarten in the fall of 2025 (i.e., children born between September 1, 2019 and August 31, 2020).

SIGNIFICANCE

Lead poisoning is a preventable childhood disease. Infants, toddlers, and preschool-age children are most susceptible to the toxic effects of lead because they absorb lead more readily than adults and have inherent vulnerability due to developing central nervous systems.³ Lead exposure, even at very low levels, can cause irreversible damage, including slowed growth and development, learning disabilities, behavioral problems, and neurological damage. Though rare, severe poisoning can result in seizures, comas, and even death.^{4,5} The societal costs of childhood lead poisoning include the loss of future earnings due to cognitive impairment, and increased medical, special education, and juvenile justice costs.^{6,7} Children can be exposed to lead in the places they spend the most time. Homes, schools, and child care settings can be contaminated with lead from

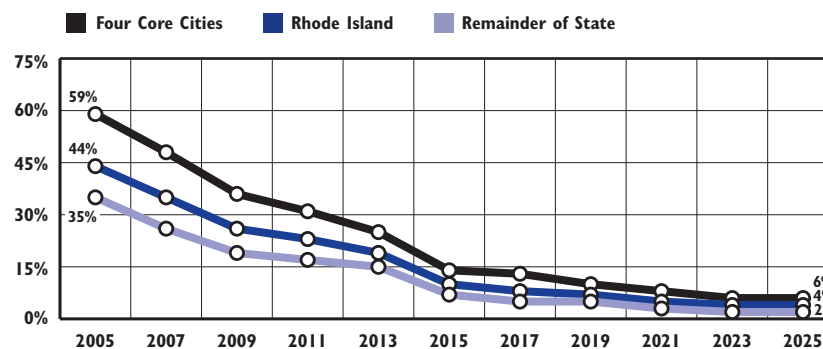
paint or paint dust if built before 1978. Children can also be exposed to lead poisoning through corrosion of lead service lines where the water pipe from a house or building connects to the public water main.⁸

There is no safe lead level in children. In late 2021, the Centers for Disease Control and Prevention lowered its blood reference value from 5 $\mu\text{g}/\text{dL}$ to 3.5 $\mu\text{g}/\text{dL}$, based on the top 2.5% BLLs of children ages one to five. This new lower reference value will allow parents and health officials to take corrective actions sooner for children with the highest BLLs.^{9,10}

Although the percentage of children with elevated blood lead levels is declining nationally and in Rhode Island, low-income children continue to be at higher risk of lead exposure. In Rhode Island, children living in the four core cities are at increased risk for lead exposure because the housing stock tends to be older.^{11,12,13}

In 2023, 595 (2.4%) of the 24,741 Rhode Island children under age six who were screened had confirmed elevated blood lead levels of ≥ 5 $\mu\text{g}/\text{dL}$. Children living in the four core cities (4.0%) were three times as likely than children in the remainder of the state (1.3%) to have confirmed elevated blood lead levels of ≥ 5 $\mu\text{g}/\text{dL}$.¹⁴

Children Entering Kindergarten with History of Elevated* Blood Lead Level (≥ 5 $\mu\text{g}/\text{dL}$), Rhode Island, Four Core Cities, and Remainder of State, 2005-2025



Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 2005 and 2025. *Elevated blood lead level of ≥ 5 $\mu\text{g}/\text{dL}$.

★ The number of children with elevated blood lead levels has been steadily declining in all areas of Rhode Island over the past two decades. Compared to the remainder of the state, the four core cities have over two times the rate of children with elevated blood levels.¹⁵

Lead Exposure and Academic Performance

★ Exposure to lead can negatively impact academic performance in early childhood.¹⁶ Rhode Island children with a history of lead exposure, even at low levels, have been shown to have decreased reading readiness at kindergarten entry and diminished reading and math proficiency in the third grade. Children with lead exposure are also at increased risk for absenteeism, grade repetition, and special education services.^{17,18}

★ Safe lead-free homes, schools, and communities are important to prevent lead exposure. This includes ensuring that Rhode Island homes (including rental properties), schools, and buildings are free of lead exposure through lead in the paint, dust, and water (through corrosion of lead services lines) by complying with lead inspections, remediations and practices, and providing equitable plans for full replacements of lead pipes.^{19,20}

Children with Lead Poisoning

Table 21. Lead Poisoning in Children Entering Kindergarten in the Fall of 2025, Rhode Island

CITY/TOWN	NUMBER TESTED FOR LEAD POISONING	CONFIRMED WITH BLOOD LEAD LEVEL ≥ 5 $\mu\text{g}/\text{dL}$	
		NUMBER	PERCENT
Barrington	188	<5	*
Bristol	129	<5	*
Burrillville	128	<5	*
Central Falls	345	27	7.8%
Charlestown	49	<5	*
Coventry	310	<5	*
Cranston	845	26	3.1%
Cumberland	408	5	1.2%
East Greenwich	168	<5	*
East Providence	488	15	3.1%
Exeter	42	<5	*
Foster	39	<5	*
Glocester	66	<5	*
Hopkinton	56	<5	*
Jamestown	38	<5	*
Johnston	325	8	2.5%
Lincoln	209	7	3.3%
Little Compton	29	0	0.0%
Middletown	189	<5	*
Narragansett	54	0	0.0%
New Shoreham	8	<5	*
Newport	223	12	5.4%
North Kingstown	263	<5	*
North Providence	361	10	2.8%
North Smithfield	115	<5	*
Pawtucket	906	40	4.4%
Portsmouth	141	0	0.0%
Providence	2,556	179	7.0%
Richmond	55	0	0.0%
Scituate	105	0	0.0%
Smithfield	149	<5	*
South Kingstown	173	<5	*
Tiverton	127	<5	*
Warren	86	0	0.0%
Warwick	702	8	1.1%
West Greenwich	57	<5	*
West Warwick	297	8	2.7%
Westerly	143	<5	*
Woonsocket	545	14	2.6%
Four Core Cities	4,352	260	6.0%
Remainder of State	6,765	141	2.1%
Rhode Island	11,119	401	3.6%

Children Under Age Six with a Blood Lead Level Above the Reference Value

★ With a new reference value of 3.5 $\mu\text{g}/\text{dL}$ the rate of childhood lead poisoning is predicted to jump to over 5% compared to 2.4% at 5 $\mu\text{g}/\text{dL}$ which will allow parents and health officials to take corrective actions sooner.^{21,22}

★ An environmental inspection of a child’s home is offered when a venous test is $\geq 5\mu\text{g}/\text{dL}$. The Department of Health sends certified lead inspectors to determine whether lead hazards are present and works with owners to make the property lead-safe. In 2024, 433 environmental inspections were offered, 321 were performed, 138 were refused, had no response or were unable to be contacted, and seven had moved.^{23,24}

Lead Poisoning Screening for Children Age Three

★ All Rhode Island children must have at least two blood lead screening tests by age three and annual screening through age six. Lead screening is a mandated covered health insurance benefit in Rhode Island and is free of charge. In 2023, 72% of children received a test by age 15 months, and 57% received one test by 15 months and a second at least 12 months later and by age 36 months.^{25,26,27}

Source of Data for Table/Methodology

Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program.

Data reported in this year’s Factbook are not comparable to editions prior to 2012, due to a change in definition and data improvements within the Healthy Homes and Childhood Lead Poisoning Prevention Program.

Data for children entering kindergarten in the fall of 2025 reflect the number of Rhode Island children eligible to enter school in the fall of 2025 (i.e., born between 09/01/19 and 08/31/20)

Children confirmed positive for lead poisoning (blood lead level ≥ 5 $\mu\text{g}/\text{dL}$) are counted if they screened positive with a venous test and/or had a confirmed capillary test at any time in their lives prior to the end of December 2023. The Rhode Island Healthy Homes and Childhood Lead Poisoning Prevention Program recommends that children under age six with a capillary blood lead level of ≥ 5 $\mu\text{g}/\text{dL}$ receive a confirmatory venous test.

The denominator for percent confirmed is the number of children entering kindergarten in the fall of 2025 who were tested for lead poisoning. Data include both venous and confirmed capillary tests.

Of the 547 children entering kindergarten in 2025 who had an initial blood lead screen of ≥ 5 $\mu\text{g}/\text{dL}$, 191 did not receive a confirmatory second test. Their lead poisoning status is unknown.

*The data are not reported in accordance with the Rhode Island Department of Health’s small number data policy.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

See Methodology Section for more information.

References

^{1,10,22} Centers for Disease Control and Prevention. (2022). *Blood lead reference value*. Retrieved February 20, 2024, from www.cdc.gov

² Rhode Island Department of Health. (n.d.). *Environmental lead program*. Retrieved February 20, 2024, from <https://health.ri.gov>

(continued on page 182)

Children with Asthma

DEFINITION

Children with asthma is the rate of emergency department visits where asthma was the primary diagnosis per 1,000 children under age 18.

SIGNIFICANCE

Asthma is a chronic respiratory disease that causes treatable episodes of coughing, wheezing, shortness of breath, and chest tightness, which can be life threatening when not controlled. Asthma attacks can be triggered by respiratory infections, air pollutants (such as high levels of ozone), cigarette smoke, and allergens. While the exact cause is unknown, various genetic factors, environmental factors (such as long-term exposure to traffic pollution), climate change, and socio-economic factors (such as poverty and persistent or prolonged stress) have been linked to an increased risk for asthma.^{1,2,3,4}

Asthma is the most common chronic condition among children and adolescents worldwide.⁵ Current asthma prevalence among U.S. children fell from 8.1% in 2016 to 6.5% in 2021.⁶ However, disparities in asthma rates continue to persist. Puerto Rican and non-Hispanic Black children have much higher asthma rates than non-Hispanic white children. Rates of asthma are also higher among males than females and among children living in poverty than among children in higher income

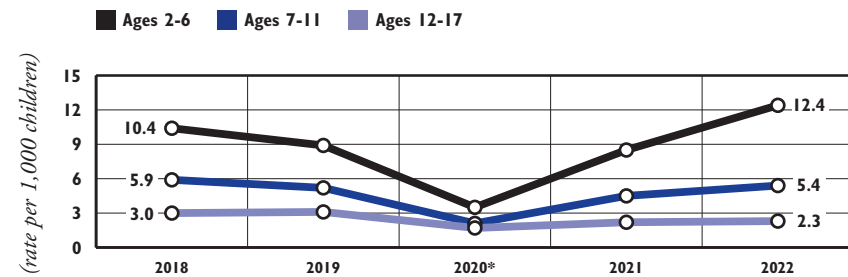
families.^{7,8} Social and environmental risk factors for asthma account for much of the pronounced racial and ethnic disparities in asthma rates and severity.⁹

Compared with adults, children have much higher rates of emergency department visits for asthma, slightly higher hospitalization rates, and lower death rates.¹⁰ Asthma is a leading cause of emergency department visits and hospitalization for children under age 18 and school absenteeism.^{11,12}

Proper asthma management requires continued assessment and monitoring, patient education, assessment of environmental factors, and appropriate medication. Health care providers should work with the child and family to create an asthma action plan with instructions on how to avoid asthma triggers and use medications properly. An asthma action plan can improve health outcomes and reduce hospitalizations if adhered to and supported by enhanced care and community-based interventions.^{13,14,15}

Rhode Island middle and high school staff provide information about and referrals for asthma. In Rhode Island in 2020, 67% of middle and high schools reported providing health care referrals for students diagnosed with or suspected of having asthma, 69% of schools reported providing asthma education to students, and 41% provided families with information on asthma.¹⁶


Asthma Emergency Department Visit Rates By Age, Rhode Island Children, 2018-2022*



Source: Rhode Island Department of Health, Emergency Department Visit Data, 2018-2022. *Asthma-related emergency department visits decreased substantially in spring 2020 and must be interpreted with caution due to the COVID-19 pandemic.

★ **Pediatric asthma emergency department (ED) visit rates where asthma was the primary diagnosis decreased in each age group between 2018 and 2021, excluding 2020. In 2022, however, the ED visit rate for a primary diagnosis of asthma among children began to go up, notably among children aged 2 to 6 years. In 2022, the rate for children ages 2 to 6 was 12.4 per 1,000 children; a slightly higher rate than in 2018. Asthma is a chronic condition with many triggers, so ED visit rates for pediatric asthma can vary from one year to the next.¹⁷**

★ **In Rhode Island between 2018 and 2022, there were 710 hospitalizations with a primary asthma diagnosis of children under age 18, a rate of 0.7 per 1,000 children. The rate of primary asthma hospitalizations was more than twice as high in the four core cities (1.1 per 1,000 children) than in the remainder of the state (0.5 per 1,000 children).¹⁸**

★ **There was a steep decline in pediatric asthma emergency department visits and hospitalizations in Rhode Island during the spring of 2020.¹⁹ One contributor for this was families' reluctance to visit the hospital due to fear of contracting COVID-19. In addition, with public schools closed in the spring of 2020, it is likely that children with asthma had less exposure to viral infections and environmental allergens than in prior years, which may have decreased asthma problems.²⁰**



Asthma Prevalence and Support Programs

★ In 2021, Rhode Island parents reported rates of current asthma prevalence of their children of 6.6% (down from 9.5% in 2020) compared to the average of 6.5% for parents surveyed in 29 states and Washington, DC. Rhode Island had the fourteenth highest reported asthma prevalence among the 29 participating states.²¹

★ Between 2018 and 2022, 45% of emergency department visits with a primary diagnosis of asthma were for Hispanic children, 32% were for white children, and 16% were for Black children. Nearly three quarters (71%) of emergency department visits were for children with RIte Care/Medicaid.²² Inequities in social determinants of health (housing policies, environmental quality and pollution, and social stressors) contribute to the racial and ethnic disparities in asthma development, progression, and management.²³

★ The Rhode Island Department of Health Asthma Control Program serves children with asthma who have had a recent ED visit or hospitalization for asthma and who live in Central Falls, Pawtucket, Providence, or Woonsocket, communities with high child poverty rates.²⁴

Table 22. Asthma Emergency Department Visits for Children Under Age 18, Rhode Island, 2018-2022

CITY/TOWN	ESTIMATED # OF CHILDREN UNDER AGE 18	# OF CHILD EMERGENCY DEPT. VISITS WITH PRIMARY ASTHMA DIAGNOSIS	RATE OF CHILD EMERGENCY DEPT. VISITS WITH PRIMARY ASTHMA DIAGNOSIS, PER 1,000 CHILDREN
Barrington	4,489	64	2.9
Bristol	2,887	29	2.0
Burrillville	3,229	40	2.5
Central Falls	6,411	229	7.1
Charlestown	1,161	7	*
Coventry	6,655	94	2.8
Cranston	15,744	323	4.1
Cumberland	7,550	93	2.5
East Greenwich	3,465	20	*
East Providence	7,886	203	5.1
Exeter	1,175	10	*
Foster	790	10	*
Glocester	1,896	9	*
Hopkinton	1,613	30	3.7
Jamestown	871	10	*
Johnston	5,119	100	3.9
Lincoln	4,640	68	2.9
Little Compton	568	5	*
Middletown	3,487	90	5.2
Narragansett	1,651	12	1.5 [^]
New Shoreham	189	1	*
Newport	3,660	124	6.8
North Kingstown	5,496	63	2.3
North Providence	5,802	130	4.5
North Smithfield	2,274	31	2.7
Pawtucket	16,455	499	6.1
Portsmouth	3,444	40	2.3
Providence	41,021	1,814	8.8
Richmond	1,627	8	*
Scituate	1,866	13	1.4 [^]
Smithfield	3,411	32	1.9
South Kingstown	4,339	37	1.7
Tiverton	2,723	22	1.6 [^]
Warren	1,826	28	3.1
Warwick	14,034	194	2.8
West Greenwich	1,251	30	4.8
West Warwick	5,787	136	4.7
Westerly	3,826	49	2.6
Woonsocket	9,467	404	8.5
Four Core Cities	73,354	2,946	8.0
Remainder State**	136,431	2,155	3.2
Rhode Island**	209,785	5,101	4.9

Source of Data for Table/Methodology

Rhode Island Department of Health, Emergency Department, and Hospital Discharge Data, 2018-2022.

Data for 2020 are not comparable to prior years. Asthma-related emergency department visits and hospitalizations decreased substantially in spring 2020, due to the COVID-19 pandemic.

Data are reported by place of child's residence at the time of the emergency department visit.

The Rhode Island Department of Health defines emergency department visits with primary asthma diagnosis as those resulting in a home discharge or another facility, but not admitted to the hospital as an inpatient. As such, data are not comparable to *Factbooks* prior to 2017.

Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th classification to the 10th classification, which may impact comparability across the years.

The data are event-level files. Children admitted to the hospital (ED or inpatient) more than once are counted as a new event for each admission.

The denominator used to compute the 2018-2022 rate of emergency department visits is the number of children according to the 2020 U.S. Census, multiplied by five.

[^] The data are statistically unstable and rates should be interpreted with caution.

* The data are statistically unreliable and rates are not reported and should not be calculated.

Data excludes Rhode Island cities and towns unknown.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

^{1,8} Subbarao, P., Mandhane, P.J., Sears, M.R. (2009). Asthma: epidemiology, etiology and risk factors. *CMAJ*, 181(9), E181-E190.

² Rice, M. B., et al. (2018). Lifetime air pollution exposure and asthma in a pediatric birth cohort. *Journal of Clinical Immunology*, 141(5), 1932-1933.

(continued on page 182)

Housing and Health

DEFINITION

Housing and health is the percentage of children under age 18 who live in low-income families that reside in older housing, defined as housing built before 1980. Low-income families are those with incomes less than 200% of the federal poverty level.

SIGNIFICANCE

Homes that are dry, clean, pest-free, safe, contaminant-free, well-ventilated, well-maintained, and thermally-controlled can provide a healthy environment for children and residents.¹ Safe, affordable, and stable housing maintains the health and well-being of families and children, supporting mental and emotional health as well as physical safety. Healthy housing also protects families from weather, environmental hazards, and injury and provides a safe place for children to eat, sleep, play, and grow.^{2,3}

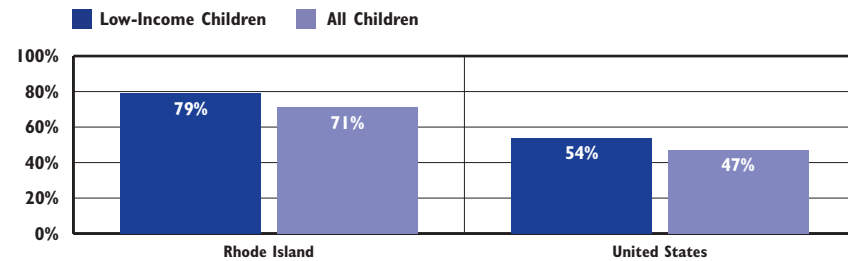
Unhealthy housing can cause or intensify many health conditions. Studies have connected poor quality construction, utility deficiencies, water intrusion, lead paint, radon, and pests to respiratory illnesses, asthma, unintentional injuries, lead poisoning, and cancer. Children under age five, low-income children, and Children of Color are at increased risk for fall injuries due to unsafe sleep and home environments, including aging and deteriorating housing.^{4,5}

Poor quality housing is also a strong predictor of emotional and behavioral problems in low-income children and youth as well as academic achievement. Adolescents living in poorer quality homes have lower reading and math proficiency than their peers.⁶

The quality and stability of their homes can have long-term effects on children. Lack of adequate and affordable housing puts safe, healthy, well-maintained homes out of reach for many families. Families may be forced to move frequently in search of better, more affordable housing, or to raise their children in overcrowded and unsafe environments that can interfere with their growth, development, health, and academic performance. Overcrowded housing is associated with mental health concerns, stress, sleep problems, injury, and exposure to disease, while multiple moves are associated with behavioral and mental health concerns, academic difficulties, and substance use.⁷

Adopting a comprehensive “healthy homes” approach that addresses multiple housing deficiencies simultaneously can help prevent housing-related injuries and illnesses, reduce health care costs, and improve children’s quality of life. Because the causes of many health conditions related to the home environment are interconnected, it can be cost-effective to address multiple hazards simultaneously.^{8,9,10}


**Children Living in Older Housing*, 2018-2022,
Rhode Island and the United States**



Source: Population Reference Bureau analysis of 2018-2022 American Community Survey (ACS) Public Use Microsample (PUMS) data. *Older housing is defined as built before 1980. The ACS reports housing year built by decade, so this is the best available approximation for housing built before 1978 when interior lead paint was banned. Factbooks prior to 2016 are not comparable due to the discontinuation of 3-year ACS data.

★ **Between 2018 and 2022, Rhode Island had the highest percentage of low-income children (79%) and the second highest percentage of children of all incomes (71%) living in older housing in the U.S., after New York.**¹¹

★ **Lead Poisoning: Children living in homes built before 1978 are at risk for lead poisoning. Even at low levels, lead exposure can negatively affect a child’s health, development, and brain.**¹² In 2023, 2.4% (595) of Rhode Island children under age six who were screened had a confirmed blood lead level of ≥ 5 $\mu\text{g}/\text{dL}$.¹³

★ **Asthma: Asthma is the most common chronic condition in children and a leading cause of school absences and hospitalization for children under age 18 in the U.S.**¹⁴ Between 2018 and 2022, there were 2,941 emergency department visits of Rhode Island children ages six and under (7.9 per 1,000) for which asthma was the primary diagnosis.¹⁵

★ **Unintentional Injuries: Falls are the leading cause of non-fatal unintentional injuries among children in the U.S.**¹⁶ In 2022, housing-related falls resulted in 987 emergency room visits by Rhode Island children ages six and under.¹⁷

★ **Weatherization Assistance Program: This program helps income-eligible households reduce heating bills by providing whole-house energy efficiency and safety services. In 2023, 693 Rhode Island children under age 18 benefited from 1,212 completed weatherization projects, a return to previous levels after disruptions caused by the pandemic.**^{18,19}

Table 23.

Housing and Health, Rhode Island

CITY/TOWN	TOTAL # OF CHILDREN AGES 6 AND UNDER, 2020	CHILDREN <6 WITH LEAD POISONING 2023			PRIMARY ASTHMA ED VISITS* 2018-2022		HOUSING RELATED FALLS 2022	WEATHERIZATION PROJECTS 2023	% HOUSING STOCK PRE-1980
		#	TESTED	%	#	RATE PER 1,000			
Barrington	1,262	<5	439	*	35	5.5	18	4	82%
Bristol	937	<5	322	*	14	3.0^	7	10	67%
Burrillville	1,044	6	289	*	23	4.4^	13	11	65%
Central Falls	2,304	43	846	5.1%	124	10.8	23	13	78%
Charlestown	364	0	99	0.0%	3	*	5	9	50%
Coventry	2,267	6	650	0.9%	54	4.8	27	49	66%
Cranston	5,492	44	1,928	2.3%	201	7.3	61	170	77%
Cumberland	2,716	10	798	1.3%	53	3.9	38	24	63%
East Greenwich	996	5	361	*	13	2.6^	15	2	60%
East Providence	2,907	10	1,170	3.1%	142	9.8	34	59	81%
Exeter	397	<5	103	*	7	*	*	12	45%
Foster	246	<5	90	*	4	*	*	5	56%
Glocester	651	<5	154	*	3	*	5	21	62%
Hopkinton	539	0	106	0.0%	18	6.7^	*	12	60%
Jamestown	223	<5	80	*	8	*	*	5	57%
Johnston	1,784	8	697	1.1%	48	5.4	24	57	66%
Lincoln	1,522	10	425	2.4%	34	4.5	9	14	68%
Little Compton	175	<5	46	*	4	*	*	0	63%
Middletown	1,257	<5	269	*	54	8.6	23	4	65%
Narragansett	461	<5	100	*	4	*	10	6	60%
New Shoreham	62	<5	14	*	1	*	*	0	50%
Newport	1,444	8	350	2.3%	71	9.8	26	7	85%
North Kingstown	1,831	6	498	1.2%	31	3.4	22	28	64%
North Providence	2,174	11	746	1.5%	59	5.4	23	56	65%
North Smithfield	726	<5	216	*	17	4.7^	7	9	62%
Pawtucket	6,199	51	1,888	2.7%	309	10.0	76	113	85%
Portsmouth	1,141	<5	288	*	20	3.5^	13	14	61%
Providence	15,026	289	6,589	4.4%	1,060	14.1	261	196	83%
Richmond	576	0	127	0.0%	8	*	5	0	43%
Scituate	607	<5	243	*	7	*	7	5	62%
Smithfield	1,122	<5	363	*	24	4.3^	22	20	58%
South Kingstown	1,339	<5	346	*	18	2.7^	18	5	55%
Tiverton	907	<5	302	*	13	2.9^	8	43	61%
Warren	626	<5	216	*	21	6.7^	*	15	82%
Warwick	5,228	19	1,548	1.2%	125	4.8	53	124	78%
West Greenwich	380	0	99	0.0%	11	*	5	6	32%
West Warwick	2,276	6	601	1.0%	71	6.2	36	40	66%
Westerly	1,257	<5	226	*	17	2.7^	19	18	59%
Woonsocket	3,684	33	1,104	3.0%	212	11.5	56	26	85%
Four Core Cities	27,213	416	10,427	4.0%	1,705	12.5	416	348	84%
Remainder of State	46,936	179	14,309	1.3%	1,236	5.3	571	864	68%
Rhode Island	74,149	595	24,741	2.4%	2,941	7.9	987	1,212	72%

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2020., Table PCT 12.

Children with Lead Poisoning: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, 2023. The numerator is the number of Rhode Island children with a confirmed blood lead level ≥ 5 $\mu\text{g}/\text{dL}$ in calendar year 2023. The denominator is the number of children who were tested in calendar year 2023. Data are for children under age six.

Children with Asthma: Rhode Island Department of Health, Hospital Discharge Database, 2018-2022. The Rhode Island Department of Health defines emergency department (ED) visits for children with a primary asthma diagnosis as those resulting in a home discharge or another facility, but not admitted to the hospital as an inpatient. Children with multiple ED visits are counted as a new event for each admission, so some children are counted more than once. For details, see Children with Asthma indicator. Data are for children ages six and under.

**Asthma data for 2020 are not comparable to prior years. Asthma-related emergency department visits and hospitalizations decreased substantially in spring 2020, due to the COVID-19 pandemic.

Housing Related Falls: Rhode Island Department of Health, Center for Health Data and Analysis, 2022. Data are for children ages six and under who are residents of Rhode Island.

Weatherization Projects: Rhode Island Department of Human Services, Weatherization Assistance Program data, 2023. Weatherization projects are defined as those receiving a final inspection by the end of calendar year 2023.

Housing Stock Pre-1980: Population Reference Bureau analysis of 2018-2022 American Community Survey (ACS) data. Table B25034. Older housing is defined as being built before 1980. The ACS reports housing year built by decade, so this is the best available approximation for housing built before 1978 when interior lead paint was banned.

* The data are statistically unreliable and rates are not reported and should not be calculated.

^ The data are statistically unstable and rates or percentages should be interpreted with caution.

(Continued with references on page 183)

Child Overweight and Obesity

DEFINITION

Child overweight and obesity is the percentage of children whose body mass index (BMI) meets the definition for overweight or obese. Children with a BMI at or above the 95th percentile for gender and age are considered to be obese, and children with a BMI between the 85th and 95th percentiles are considered to be overweight or at risk for obesity.¹

SIGNIFICANCE

Children and adolescents who are overweight or obese are at risk of health problems, including type 2 diabetes, cardiovascular disease, asthma, joint problems, sleep apnea, and other acute and chronic health problems. They may also experience social and psychological problems, including depression, bullying, and social marginalization more than their peers due to weight-based stigma which can impact their school attendance and academic performance.^{2,3,4}

Nationally, there is a continued upward trend in obesity.⁵ During 2017-2020 in the U.S., the prevalence of obesity in children ages two to 19 was 20% with children and adolescents ages 12 to 19 having the highest rates.⁶ Prior to 2018, Rhode Island did not have a statewide clinical childhood BMI data set. A recent study of data collected in 2022 found that 15% of Rhode Island

children ages two to 17 are overweight and 23% are obese.⁷

The increased prevalence of childhood obesity is the result of complex interactions among many factors, including calorie consumption, genes, metabolism, behavior, environment, and physical activity. Most of these factors are out of the individuals' control and are related to a child's socioeconomic status and the availability of healthy food and safe play areas in their community.^{8,9} Low consumption of healthy foods, low levels of physical activity, and high levels of screen time are all associated with obesity.¹⁰

The COVID-19 pandemic limited children's access to nutritious food and physical activity among other impacts. The rate of BMI increase for children ages 2 to 19 nearly doubled during the pandemic.¹¹ Reducing overweight and obesity will require a comprehensive, multi-system approach.

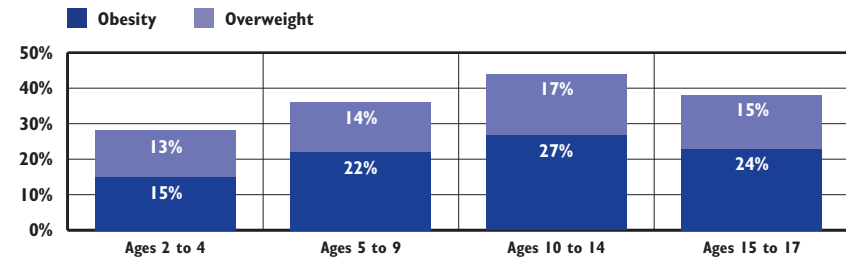
Overweight and Obesity Among Children Age 10-17 (Combined Overweight and Obesity)	
	2022
RI	35%
US	32%
National Rank*	39th
New England Rank**	6th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: Data Resource Center for Child and Adolescent Health, 2022 National Survey of Children's Health, childhealthdata.org.

Rhode Island Childhood Overweight and Obesity by Age, 2022

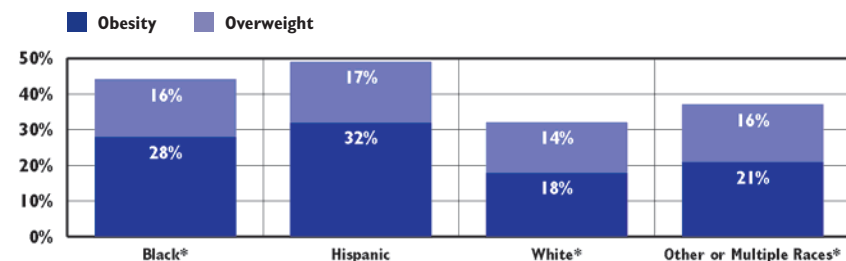


Source: Brown School of Public Health analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Cigna HealthCare, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Rhode Island Department of Health, 2023.

★ Fifteen percent of Rhode Island children ages two to 17 are overweight and 23% are obese. Older children are more likely to be overweight or obese. Twenty-seven percent of children ages 10 to 14 and 24% of children ages 15 to 17 are obese.¹²

★ Twenty-nine percent of children covered by RIte Care are obese compared to 14% of children with private health insurance.¹³

Rhode Island Childhood Overweight and Obesity by Race/Ethnicity, 2022



Source: Brown University School of Public Health analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Cigna HealthCare, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Rhode Island Department of Health, 2023. *Non-Hispanic.

★ Hispanic children (17% overweight and 32% obese) and non-Hispanic Black children (16% overweight and 28% obese) have the highest rates of overweight and obesity. Cultural differences and disparities in the community/environmental and socioeconomic status of Children of Color contribute to these disparities.^{14,15}

Table 24. Prevalence of Overweight and Obesity in Rhode Island Children Ages 2 to 17, 2022

CITY/TOWN	% OVERWEIGHT	% OBESE	% OVERWEIGHT AND OBESE COMBINED
Barrington	14%	9%	23%
Bristol	15%	16%	31%
Burrillville	16%	22%	39%
Central Falls	15%	36%	51%
Charlestown	11%	17%	28%
Coventry	12%	17%	30%
Cranston	15%	22%	37%
Cumberland	16%	19%	35%
East Greenwich	10%	9%	20%
East Providence	16%	21%	38%
Exeter	13%	14%	27%
Foster	12%	15%	26%
Glocester	14%	14%	28%
Hopkinton	13%	20%	33%
Jamestown	12%	12%	23%
Johnston	15%	24%	39%
Lincoln	17%	20%	37%
Little Compton	13% ^	14% ^	27%
Middletown	10%	13%	24%
Narragansett	15%	15%	30%
New Shoreham	*	*	37%
Newport	11%	20%	31%
North Kingstown	11%	12%	22%
North Providence	18%	24%	42%
North Smithfield	15%	17%	32%
Pawtucket	16%	28%	44%
Portsmouth	11%	12%	23%
Providence	17%	32%	49%
Richmond	11%	16%	27%
Scituate	12%	16%	28%
Smithfield	15%	16%	31%
South Kingstown	13%	14%	27%
Tiverton	12%	18%	30%
Warren	15%	19%	34%
Warwick	16%	19%	35%
West Greenwich	12%	15%	27%
West Warwick	15%	22%	37%
Westerly	14%	22%	36%
Woonsocket	16%	37%	52%
Four Core Cities	16%	32%	48%
Remainder of State	14%	18%	32%
Rhode Island	15%	23%	37%



Food Access, Nutrition, and Physical Activity

★ Many children and adolescents do not have access to enough food for a healthy and active lifestyle (food insecurity) or consume diets with too many calories and not enough nutrients.^{16,17} In 2023, 38% of households with children in Rhode Island reported being food insecure, compared to 29% of all households.¹⁸

★ In 2023, 29% of Rhode Island high school students reported going hungry at some point in the past month because there was not enough food.¹⁹

★ Regular physical activity has physical, social, emotional, cognitive, and health benefits.²⁰ In 2023, 57% of Rhode Island middle school students and 60% of high school students reported less than five days of physical activity in a week.²¹

★ A community's streets, sidewalks, parks, and housing influence physical activity choices for youth.²² Policy strategies to address obesity include improving access to nutritious and affordable foods and beverages, ensuring access to healthy food in schools, increasing options for physical activity and improving access to safe and walkable neighborhoods and recreational areas.^{23,24}

Source of Data for Table/Methodology

Brown University School of Public Health analysis of BMI clinical and billing records of children ages 2 – 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Cigna HealthCare, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Rhode Island Department of Health, 2023.

* The data are statistically unreliable; rates are not reported and should not be calculated.

^ Data are statistically unstable and rates or percentages should be interpreted with caution

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

- Centers for Disease Control and Prevention. (2023). *Defining child BMI categories*. Retrieved February 29, 2024, from www.cdc.gov
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- Quickstats: Prevalence of obesity and severe obesity among persons aged 2–19 years — national health and nutrition examination survey, 1999–2000 through 2017–2018. (2020). *MMWR Morb Mortal Wkly Rep* 69(13) 390.
- Stierman B, Afful J, Carroll MD, Chen TC, Davy O, Fink S, et al. (2021). National health and nutrition examination survey 2017–March 2020 prepandemic data files—development of files and prevalence estimates for selected health outcomes. *National Health Statistics Reports; no 158*. Hyattsville, MD: National Center for Health Statistics.

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Births to Teens

DEFINITION

Births to teens is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

SIGNIFICANCE

Teen pregnancy and parenting can impact the development of teen parents as well as their children. Infants of teen parents have higher rates of prematurity, low birthweight, and infant mortality than those born to women in their twenties and thirties.¹ Children of teens have lower academic achievement, have more health issues, and are more likely to have a teen birth themselves compared with children of older mothers.²

There are strong links between maternal education and educational attainment, income, and well-being in the next generation.³ Teen mothers are less likely to graduate from high school. Teen girls in foster care are twice as likely as their peers to become pregnant by age 19.⁴

There are disparities in teen birth rates by age, race, and ethnicity. Nationally, most teen births (76%) are to teens ages 18 or older. The teen birth rate is highest among American Indian or Alaska Native, Black, Hispanic, and Native Hawaiian and lowest among Asian adolescents.^{5,6}

Effective teen pregnancy prevention programs address the social determinants of health and work within

the community to support the health of adolescents. This includes ensuring access to quality reproductive health care and education.⁷ Nationally, fewer teens are having sex and more use contraception.^{8,9}

After peaking in 1991, the U.S. teen birth rate has declined almost every year and reached a historic low in 2022. Nationally, the birth rate for teens overall declined 3% from 2021 to 2022 (from 13.9 per 1,000 to 13.5 per 1,000). Despite these declines, the U.S. teen birth rate remains higher than in other developed countries.^{10,11,12}

Rhode Island's teen birth rate mirrors national trends, peaking in 1993 at a rate of 47.6 per 1,000 and reaching a historic low in 2021 at a rate of 7.8 births per 1,000 teen girls.^{13,14} In Rhode Island between 2018-2022, 3.2% (1,662) of babies were born to mothers under age 20.¹⁵

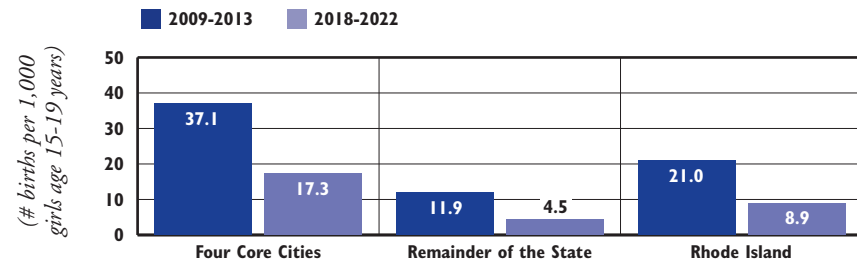
Teen Birth Rates (rate per 1,000 girls ages 15-19)		
	1991	2021
RI	44.7	7.8
US	61.8	13.9
National Rank*		5th
New England Rank**		5th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: For 1991: Ventura, S. J., et al. (2014). National and state patterns of teen births in the United States, 1940-2013. *NVSR*, 63(4), 1-33. For 2021: Osterman, M. J. K., Hamilton, B. E., Martin, J. A., Driscoll, A. K., & Valenzuela, C. (2023). Births: Final data for 2021. *National Vital Statistics Reports*, 72(1), 1-52.

Teen Birth Rates, Rhode Island, Five-Year Average Comparisons: 2009-2013, 2018-2022



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2009-2022.

★ In 2022, the birth rate for U.S. teens (13.5 births per 1,000 teen girls ages 15-19) was the lowest ever recorded.¹⁶

★ In Rhode Island, the statewide five-year average teen birth rate declined 58% between 2009-2013 and 2018-2022, from 21.0 births per 1,000 teen girls to 8.9 per 1,000. The teen birth rate in the four core cities declined 53% during that time but remains more than three times higher than the remainder of the state.¹⁷

★ Despite declines among all racial and ethnic groups, disparities still exist in teen birth rates.¹⁸ In Rhode Island between 2018 and 2022, the teen birth rates for Hispanic (24.3 per 1,000) and Non-Hispanic Black (9.8 per 1,000) teens were higher than the rates of their Non-Hispanic white (3.7 per 1,000) and Non-Hispanic Asian (3.3 per 1,000) peers.¹⁹

Repeat Births to Teens, Rhode Island, 2018-2022

AGE	TOTAL NUMBER OF BIRTHS	NUMBER OF REPEAT BIRTHS	PERCENT REPEAT BIRTHS
15-17	411	24	6%
18-19	1,251	161	13%
Total 15-19	1,662	185	11%

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2018-2022.

★ Nationally, 15% of all births to teens ages 15-19 in 2020 were repeat births.²⁰ To continue to reduce repeat teen births, pregnant and parenting teens should be connected to patient-centered primary care that addresses a variety of needs and integrates a range of tailored services for young mothers and families.²¹



Teen Birth Rates by Location

★ In Rhode Island between 2018 and 2022, the rate of births to teens ages 15-19 in the core cities (17.3 per 1,000) was more than three times higher than the remainder of the state (4.5 per 1,000).²²

★ Twelve percent of teen births in the core cities were repeat births, while 9% of teen births in the rest of the state were repeat births.²³

★ Health care providers can play a key role in reducing teen births by integrating comprehensive reproductive health counseling into health care for all women and men of reproductive age to help reduce unintended pregnancies.²⁴

★ In 2023, 68.5% of Rhode Island high school students reported never having sexual intercourse. Of survey respondents who were sexually active 56.3% reported using a condom, and 11.1% used no method to prevent pregnancy the last time they had sexual intercourse.²⁵

★ Among 15 to 19-year-olds in Rhode Island between 2012 and 2022, the rates of chlamydia have decreased by 5% (1,760 to 1,675 per 100,000) and the rates of gonorrhea have increased by 60% (144 to 230 per 100,000).²⁶

Table 25. Births to Teens, Ages 15-19, Rhode Island, 2018-2022

CITY/TOWN	# OF BIRTHS AGES 15-17	# OF BIRTHS AGES 18-19	# OF BIRTHS AGES 15-19	BIRTH RATE PER 1,000 AGES 15-19
Barrington	0	2	2	*
Bristol	0	4	4	*
Burrillville	2	9	11	*
Central Falls	26	78	104	21.3
Charlestown	0	5	5	*
Coventry	3	20	23	4.2 [^]
Cranston	26	74	100	9.6
Cumberland	2	21	23	3.7
East Greenwich	0	2	2	*
East Providence	12	40	52	13.0
Exeter	0	2	2	*
Foster	1	6	7	*
Glocester	0	1	1	*
Hopkinton	0	4	4	*
Jamestown	1	0	1	*
Johnston	5	13	18	4.2 [^]
Lincoln	4	13	17	4.6 [^]
Little Compton	0	0	0	0.0
Middletown	1	7	8	*
Narragansett	1	1	2	*
New Shoreham	0	0	0	0.0
Newport	11	34	45	7.2
North Kingstown	3	10	13	2.5 [^]
North Providence	9	28	37	7.3
North Smithfield	0	3	3	*
Pawtucket	43	127	170	19.0
Portsmouth	3	3	6	*
Providence	188	491	679	15.5
Richmond	1	2	3	*
Scituate	4	8	12	8.4 [^]
Smithfield	2	5	7	*
South Kingstown	4	6	10	*
Tiverton	2	8	10	*
Warren	1	4	5	*
Warwick	14	42	56	5.9
West Greenwich	1	1	2	*
West Warwick	9	40	49	16.7
Westerly	3	15	18	7.1 [^]
Woonsocket	27	114	141	25.5
Unknown	2	8	10	*
Four Core Cities	284	810	1,094	17.3
Remainder of State	125	433	558	4.5
Rhode Island	411	1,251	1,662	8.9

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022.

* The data are statistically unreliable and rates are not reported and should not be calculated.

[^] The data are statistically unstable and rates or percentages should be interpreted with caution.

The denominators for girls ages 15 to 19 are from CDC Wonder Database, 1-year estimate for race/ethnicity and American Community Survey RI 5-year estimates for city/towns

Births to teens ages 14 and younger are collected by the Rhode Island Department of Health but are not reported in the Factbook.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

¹ March of Dimes. (2012). *Teenage pregnancy*.

^{2,4,8,12} Centers for Disease Control and Prevention. (2021). *About teen pregnancy*. Retrieved March 22, 2024, from cdc.gov

^{3,5,9,18,20} U.S. Department of Health & Human Services Office of Adolescent Health. (n.d.). *Trends in teen pregnancy and childbearing*.

^{6,11} *Teen Birth Trends: In Brief*. (2022). Washington, DC: Congressional Research Service.

⁷ Office of Population Affairs. (n.d.). *About the teen pregnancy prevention program*.

^{10,16} Hamilton, B. E., Martin, J. A., & Osterman, M. J. K. (2023). Births: Provisional Data for 2022. *NVSS Vital Statistics Rapid Release, no 28*. Hyattsville, MD: National Center for Health Statistics.

¹³ Ventura, S. J., Hamilton, B. E. & Mathews, T.J. (2014). National and state patterns of teen births in the United States, 1940-2013. *National Vital Statistics Reports, 63(4)*, 1-33.

¹⁴ Osterman, M. J. K., Hamilton, B. E., Martin, J. A., Driscoll, A. K., & Valenzuela, C. (2023). Births: Final data for 2021. *National Vital Statistics Reports, 72(1)*, 1-52.

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Alcohol, Tobacco, Substance Use, and Exposure

DEFINITION

Alcohol, tobacco, substance use, and exposure is the percentage of middle school and high school students who report using alcohol, tobacco products (including e-cigarettes), and illicit substances.

SIGNIFICANCE

The use and/or abuse of alcohol, tobacco, and other substances by youth impacts the health and safety of themselves, their families, their schools, and their communities.^{1,2} Rhode Island ranks among the states with the highest percentages of adolescents reporting use of alcohol and many types of illicit drugs.³

Key risk periods for alcohol, tobacco, and other drug abuse occur during major life transitions, including the shifts to middle school and high school, when young people experience new academic, social, and emotional challenges. Adolescents are especially vulnerable to developing substance use disorders because their brains are still developing; the prefrontal cortex, which is responsible for decision-making and risk-assessment, is not mature until the mid-20s.^{4,5}

Pathways for becoming a substance user involve the relationship between risk and protective factors, which vary in their effect on different people. Risk

factors are associated with increased drug use and include early aggressive behavior, poor school achievement, peer and parental substance use, chaotic home environment, and poverty. Protective factors lessen the risk of drug use, and include a strong parent-child bond, healthy school environment, academic competence, and attachment to their communities.^{6,7} Historically, rates of substance use have varied among different racial/ethnic groups. Between 2015 and 2019 differences by demographic group remain in alcohol, marijuana, and illicit substance use.^{8,9}

Prevention and reduction in teen substance abuse can be achieved by enacting policies that support prevention, screening, early intervention, treatment, and recovery. Policy examples include preventing underage substance use and sales to minors, improving school climate and academic achievement, enacting sentencing reform, and providing adequate funding for multi-sector youth development, treatment, and recovery services.¹⁰

In Rhode Island in 2022, 12.1% of youth ages 12-17 (about 9,000) needed substance use treatment, while only 3.9% (about 3,000) actually received any substance use treatment in the past year.^{11,12}



Tobacco Use Among Rhode Island Youth

- ★ **In 2023, 17% of Rhode Island high school students reported currently smoking cigarettes or using electronic vapor products (i.e., e-cigarettes, e-cigars, e-pipes, vaping pipes/pens, e-hookahs/pens), down from 32% in 2019. Current use is defined as use on at least one day during the 30 days before the survey.¹³**
- ★ **E-Cigarettes:** E-cigarettes and electronic vapor products contain, among other chemicals, nicotine which is highly addictive and can harm brain development. Some e-cigarette pods have as much or more nicotine as a pack of cigarettes.¹⁴ Nationally in 2023, 10% of high school students reported current e-cigarette use.¹⁵ In Rhode Island in 2023, 17% of high school students reported current use of e-cigarettes and 32% reported ever using e-cigarettes.¹⁶
- ★ **Cigarettes:** Cigarette use has steadily declined among U.S. middle and high school students. Nationally, in 2023, 2% of students reported current cigarette use.¹⁷ In 2023, 3% of Rhode Island high school students reported currently smoking cigarettes.¹⁸
- ★ **Hookah, cigars, and smokeless tobacco:** The prevalence of youth hookah, cigar, and smokeless tobacco use has declined nationally and in Rhode Island.¹⁹ In 2023, 3% of Rhode Island high school students reported currently smoking cigars, and 3% reported current use of smokeless tobacco.²⁰



Tobacco to 21

- ★ **The Centers for Disease Control and Prevention, the Institute of Medicine, and the American Academy of Pediatrics suggest that raising the minimum legal sale age for tobacco products to 21 may prevent or delay initiation of tobacco use by adolescents.^{21,22,23} Nationally, 88% of adult cigarette users who smoke daily report starting by age 18.²⁴ On December 20, 2019, legislation was signed raising the federal minimum age of sale of tobacco products and electronic nicotine delivery systems from 18 to 21 years, effective immediately.²⁵ Despite this law, there is still a 13% noncompliance rate in Rhode Island with some vendors continuing to sell to underage groups.²⁶**

Alcohol, Tobacco, Substance Use, and Exposure

Current Substance Use, Rhode Island High School Students by Select Subgroups, 2023

	ALCOHOL USE*	E-CIGARETTE USE*	CIGARETTE USE*	MARIJUANA USE*	PRESCRIPTION DRUG MISUSE**
Female	23%	20%	2%	23%	12%
Male	13%	12%	4%	17%	9%
Asian, Non-Hispanic	15%	14%	0%	11%	4%
Black, Non-Hispanic	17%	21%	0%	25%	15%
White, Non-Hispanic	19%	15%	3%	19%	9%
All other races, Non-Hispanic	NA	NA	NA	NA	NA
Multiple races, Non-Hispanic	25%	25%	8%	33%	14%
Hispanic	18%	16%	3%	18%	13%
9th Grade	11%	13%	1%	14%	10%
10th Grade	16%	17%	2%	19%	13%
11th Grade	22%	17%	3%	23%	9%
12th Grade	26%	20%	6%	26%	10%
All Students	18%	17%	3%	20%	11%

Source: 2023 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health. *Current use is defined as students who answered yes to using respective substances in the 30 days prior to the survey. **Prescription drug misuse is defined as ever took prescription pain medicine without a doctor's prescription or differently than doctor told them to use it. NA is not available due to small sample size.

★ Among Rhode Island high school students in 2023, 18% reported current alcohol consumption, 20% reported current marijuana use, 17% reported current use of e-cigarettes, 9% reported current binge drinking, 3% reported current cigarette use, and 11% reported ever misusing prescription pain medication.²⁷

★ In 2023, a majority of Rhode Island high school students reported that they have never smoked a cigarette (88%) or used an e-cigarette product (68%).²⁸

★ Cigarette excise taxes are a potential funding stream for state tobacco control programs.²⁹ Between SFY 2002-2023, Rhode Island cigarette tax revenue increased from \$79.4 million to \$134 million and state tobacco control funding decreased from \$3 million to \$419,354. Only .31% of the cigarette tax in SFY 2023 went toward tobacco control and smoking cessation programs.^{30,31,32,33}

Family and Community Exposure

★ Having parents or friends who use tobacco, alcohol, and other drugs, as well as living in communities where there is drug use, are risk factors for teen substance use.³⁴ In Rhode Island in 2023, 26% of middle school students and 22% of high school students reported living with someone who smokes cigarettes. Nearly one in nine (11%) Rhode Island high school students who used an e-cigarette during the past 30 days reported buying it in a store, despite laws prohibiting sales to youth under age 21.³⁵

Exposure to Substances at Birth

★ Neonatal abstinence syndrome (NAS) refers to a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids. Neonatal opioid withdrawal syndrome, more specifically, refers to the withdrawal symptoms related to opioid exposure. Not all substance exposed newborns are diagnosed with NAS.^{36,37}

★ In Rhode Island in 2022, 61 newborns were diagnosed with NAS, at a rate of 60 per 10,000 newborn hospitalizations, which represents a decrease from 2021 at 73 per 10,000 newborn hospitalizations.³⁸

★ NAS rates will not decrease until Opioid Use Disorder rates decrease in the general population. Adequate treatment options and services for those struggling with Opiate Use Disorder are needed before and during pregnancy, at birth, and throughout parenting for the whole family.³⁹ There is a need for universal protocols when working with parents, children, and families impacted by substance use and a critical need to address discriminatory attitudes and beliefs about maternal substance use and substance exposed children.⁴⁰

References

^{1,46} *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health.* (2016). Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.

² *Substance-free youth.* (2015). Washington, DC: Child Trends.

^{3,11} Substance Abuse and Mental Health Services Administration. *2021-2022 National Survey on Drug Use and Health: Model-based prevalence estimates (50 states and district of Columbia).* Retrieved March 19, 2024, from www.samhsa.gov

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Safety

Reality

by Favour Bello

Being a young Black Girl in this world definitely comes with its disadvantages.

Biggest one being the endangerment of my safety

Catcalling

Abuse

Estrogen

Testosterone

Mother Nature herself

And even the law.

Walking out my house each morning requires a series of affirmations and prayers.

Prayers that I make it home in one piece.

“Get home safe” becomes a wish instead of a parting saying

The guarantee of living as any other human is a wish that’ll never come true.

I love being a Black Girl but what worth does that love hold if my safety is at indefinite risk?



Child and Teen Deaths

DEFINITION

Child and teen deaths is the number of deaths from all causes among children ages one to 19, per 100,000 children. The data are reported by place of residence, not place of death.

SIGNIFICANCE

The child and teen death rate is a reflection of access to health care, mental and physical health, community issues (such as environmental toxins and exposure to violence, particularly related to firearms), access to and use of safety devices and practices (such as bicycle helmets, seat belts, and smoke alarms), a variety of risk behaviors including distracted driving and substance use, and the level of adult supervision children and teens receive.^{1,2,3}

The U.S. child and teen death rate has declined steadily since 1980, but disparities still exist by age, gender, and race and ethnicity. Children ages one to four and teens ages 15 to 19 die at higher rates than children ages five to 14. The child and teen death rate is higher for boys than girls and higher for Black and Native American children and teens than for children and teens of all other racial and ethnic groups.^{4,5}

Children are particularly vulnerable to injury due to their size, development, inexperience, and natural curiosity.⁶ In 2021, unintentional injuries were the leading cause of death for children ages

one to 14 both in Rhode Island and in the U.S. Nationally, the leading causes of child unintentional injury deaths were motor vehicle crashes and drowning.^{7,8} Child injury deaths can be reduced by educating families about injury prevention strategies and the importance of using safety products (such as fencing around pools and the use of helmets during sports), enforcing laws that promote safety (such as the mandatory use of seat belts and child passenger restraints), and through continued environmental and product design improvements.⁹

Factors that protect against teen deaths include parent and family involvement, safe driving policies (such as zero tolerance on drunk driving, and graduated licenses), as well as violence and substance use prevention programs. Developmentally appropriate health education, access to preventive health care and integrated mental health services, and safe, supportive environments can support positive behavior changes and overall teen health.^{10,11,12}

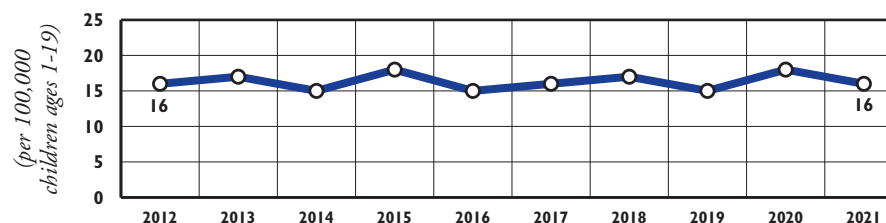
Child and Teen Death Rate (per 100,000 Children Ages 1-19)		
	2012	2021
RI	16	16
US	25	30
National Rank*	1st	
New England Rank**	1st	

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: The Annie E. Casey Foundation KIDS COUNT Data Center, datacenter.kidscount.org.

Child and Teen Death Rate per 100,000 Children Ages One to 19, Rhode Island, 2012-2021



Source: The Annie E. Casey Foundation KIDS COUNT Data Center, datacenter.kidscount.org.

★ In 2021, Rhode Island's child and teen death rate for children ages one to 19 was 16 per 100,000 children and teens, which was a decrease from 2020. Rhode Island's child and teen death rate is the lowest in the nation.¹³

Child Deaths Due to Injury, by Cause, Children Ages One to 14, Rhode Island, 2018-2022

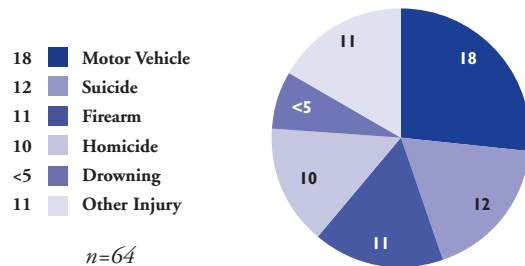
Drowning	10
Motor Vehicle	<5
Fire/Smoke Inhalation	<5
Suicide	<5
Homicide	<5
Other Injury	16

n=32

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2018-2022.

★ Between 2018 and 2022, 32 Rhode Island children ages one to 14 died as a result of injury. Drowning was the leading cause of these child deaths in Rhode Island during this period.¹⁴

Teen Deaths Due to Injury by Cause, Teens Ages 15 to 19, Rhode Island, 2018-2022



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Vital Records 2018-2022. This chart and the first bullet below report deaths of teens residing in Rhode Island. Data reported in the second, third, and fourth bullets below reflect teen motor vehicle deaths that occurred in Rhode Island, regardless of residence. Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th classification to the 10th classification, which may impact comparability across the years.

- ★ Between 2018 and 2022 in Rhode Island, 28% of all teen injury deaths involved motor vehicles. Nineteen percent of the 64 teen deaths caused by injury were suicide.¹⁵
- ★ Among the 21 teens ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2018 and 2022, 14 were driving, seven were passengers in vehicles driven by others and none were pedestrians.¹⁶
- ★ Five (24%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2018 and 2022 had been drinking, and one (5%) teen fatality occurred with an adult driver who had been drinking.¹⁷
- ★ Twelve (57%) of the teen drivers and passengers killed in automobile accidents in Rhode Island between 2018 and 2022 were not wearing a seatbelt.¹⁸
- ★ In 2023, 39% of Rhode Island high school students reported texting or e-mailing while driving on at least one day in the month prior to taking the Rhode Island Youth Risk Behavior Survey. Sixteen percent reported riding in a vehicle driven by someone who had been drinking alcohol, and 38% reported that they did not always wear a seatbelt while riding in a car driven by someone else in the month prior.¹⁹

Teen Suicide

- ★ According to the 2023 Rhode Island Youth Risk Behavior Survey, 9% of Rhode Island high school students reported attempting suicide one or more times in the 12 months before the survey was administered.²⁰
- ★ Of the 12 youth ages 15 to 19 who died from suicide between 2018 and 2022 in Rhode Island, 67% were male.²¹
- ★ In 2022 in Rhode Island, 466 teens ages 13 to 19 were admitted to the emergency department after a suicide attempt. Of these attempts, 75% percent of teens admitted were girls, and 25% were boys.²²
- ★ In 2022 in Rhode Island, 262 teens ages 13 to 19 were hospitalized after a suicide attempt. Of these hospitalizations, 73% were girls, and 27% were boys.²³
- ★ Nationally, even before the COVID-19 pandemic, mental health issues and suicide among adolescents had increased with sharper increases among girls and young women than males. This may be due to the rise in digital media/social media use.²⁴ Mental health problems, physical or sexual abuse, substance use, exposure to bullying or violence, experiencing partner violence, and having a family member or friend attempt suicide are associated with an increased risk of suicide or attempted suicide among youth.²⁵

References

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- ¹⁵ Cunningham, R. M., Walton, M. A. & Carter, P. M. (2018). The Major Causes of Death in Children and Adolescents in the United States. *New England Journal of Medicine*, 379(25).
- ¹⁶ Centers for Disease Control and Prevention. (n.d.). *Leading causes of death for ages 1-14, United States – 2021*. Retrieved March 25, 2024, from www.wisqars.cdc.gov
- ¹⁷ Goldstick, J. E., Cunningham, R. M., Carter, P. M. (2022). Current causes of death in children and adolescents in the United States. *New England Journal of Medicine*, 386(20).
- ¹⁸ Centers for Disease Control and Prevention. (n.d.). *Leading causes of death for ages 1-14 in Rhode Island, United States – 2021*. Retrieved March 25, 2024, from www.wisqars.cdc.gov
- ¹⁹ *Infant, child, and teen mortality*. (2019). Washington, DC: Child Trends.

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Youth Violence

DEFINITION

Youth violence is the number of arrests of youth under age 18 in Rhode Island for violent crime and weapons offenses and the percentage of high school students who report experiencing violence at school. These two measures of youth violence are used to account for violence that leads to arrest as well as some of the violence experienced by youth that may not come to the attention of the police.

SIGNIFICANCE

Youth violence refers to a variety of harmful behaviors that youth can experience as victims, witnesses, or offenders and that can cause emotional harm, physical injury, or death. Violence impacts the well-being of individuals, families, schools, and communities and can generate high social and economic costs.^{1,2}

Effective youth violence prevention aims to stop youth violence from happening in the first place and requires an understanding of the factors that influence violence. Efforts to prevent youth violence should begin in early childhood and address a wide range of individual, family, and community factors. Effective violence prevention strategies include promoting nurturing family environments that support healthy development, providing high-quality early education, strengthening youth's interpersonal, emotional, and

behavioral skills, connecting youth to caring adults in the community, and creating protective environments to reduce youth exposure to violence.^{3,4}

Individual, family, and community factors often interact to put youth at risk for involvement in youth violence. Living in neighborhoods with high concentrations of poverty and less economic opportunity is a risk factor for becoming involved in youth violence, as is having a history of substance use, association with delinquent peers, poor academic performance, and being a victim of child maltreatment.^{5,6,7} Youth who are victims of violence are at increased risk for physical and mental health problems, academic difficulties, smoking, high-risk sexual behavior, and suicide.⁸

Nationally, 15% of high school students reported being bullied on school property during the previous year, 9% did not go to school due to safety concerns, and 7% reported being threatened or injured with a weapon on school property during the previous year.⁹

In 2020, less than one in 10 (8%) youth arrests were for a violent crime in the U.S., which represents a 56% decrease of violent crime arrests among youth since 2010.¹⁰ In 2022 in Rhode Island, there were 487 juvenile arrests for assault/violent offenses and 112 juvenile arrests for weapons offense.¹¹ In 2023, violent crimes made up 4% (185) of the 4,696 juvenile offenses referred to Rhode Island Family Court.¹²



Bully Status, by Gender and Grade Level, Rhode Island, 2023

	MIDDLE SCHOOL		HIGH SCHOOL	
	FEMALE	MALE	FEMALE	MALE
Bullied on School Property	43%	28%	17%	15%
Bullied Electronically	37%	19%	15%	12%
Been in a Physical Fight	10%	19%	7%	12%

Source: 2023 Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis.

- ★ Violence in schools affects individual victims and disrupts the functioning of entire schools and communities.¹³ In Rhode Island in 2023, 12% of high school students reported not going to school due to safety concerns.¹⁴
- ★ Bullying adversely affects all children involved, including victims, perpetrators, and witnesses of bullying behaviors. Victims of bullying are at risk of emotional, behavioral, and mental health problems. Victims of chronic bullying are at an increased risk of self-harm, suicidal ideation, and suicide attempts compared to their peers who are not victims of bullying.¹⁵
- ★ In 2022, nearly half (46%) of U.S. teens reported being the victim of cyberbullying (bullied or harassed online, on their cellphone, on social media, etc.).¹⁶ In 2023 in Rhode Island, 28% of middle school students (37% of females and 19% of males) and 14% of high school students (15% of females and 12% of males) reported being electronically bullied.¹⁷



Youth Witnessing Violence and Youth Gun Violence

- ★ Witnessing violence (like domestic violence) can cause emotional, physical, and mental harm, even for children who are not the direct victims of violence. Early, chronic exposure to violence can damage a child's brain development and condition them to react with fear and anxiety to a range of circumstances.¹⁸
- ★ In 2018, for the first time in history, gun violence surpassed motor vehicle accidents as the leading cause of death for U.S. children and teens ages one to 19.¹⁹ In Rhode Island between 2018 and 2022, there were 147 emergency department visits, 17 hospitalizations, and 11 deaths of children and youth ages one to 19 attributed to firearms.²⁰

Table 26.

Youth Violence, Rhode Island

CITY/TOWN	COMMUNITY CONTEXT		VIOLENCE IN SCHOOLS, 2023		JUVENILE ARRESTS FOR VIOLENCE, 2022		
	TOTAL VIOLENT CRIME OFFENSES (ALL AGES)	TOTAL POPULATION AGES 11-17	% OF HIGH SCHOOL STUDENTS WHO WORRY ABOUT VIOLENCE IN SCHOOL	% OF MIDDLE SCHOOL STUDENTS WHO WORRY ABOUT VIOLENCE IN SCHOOL	# TOTAL VIOLENT CRIME OFFENSES	# FOR WEAPONS OFFENSES	TOTAL # FOR VIOLENT CRIME AND WEAPONS OFFENSES
	2022	2020					
Barrington	19	2,191	4%	5%	1	1	2
Bristol	37	1,290	19%	18%	6	0	6
Burrillville	52	1,467	16%	16%	11	0	11
Central Falls	169	2,662	26%	27%	17	9	26
Charlestown	22	566	15%	21%	2	0	2
Coventry	133	2,944	19%	20%	28	3	31
Cranston	216	6,786	13%	15%	18	9	27
Cumberland	83	3,185	12%	17%	13	1	14
East Greenwich	17	1,661	11%	10%	2	1	3
East Providence	141	3,229	16%	15%	9	1	10
Exeter	NA	518	10%	11%	NA	NA	NA
Foster	16	382	16%	10%	0	0	0
Glocester	25	857	16%	10%	5	0	5
Hopkinton	22	696	15%	21%	1	1	2
Jamestown	6	420	NA	2%	0	0	0
Johnston	91	2,173	26%	22%	3	3	6
Lincoln	95	1,987	15%	11%	12	1	13
Little Compton	5	283	NA	13%	0	0	0
Middletown	47	1,426	11%	9%	6	4	10
Narragansett	29	876	7%	7%	4	0	4
New Shoreham	0	82	NA	NA	0	0	0
Newport	176	1,410	16%	27%	24	9	33
North Kingstown	70	2,506	17%	11%	11	0	11
North Providence	136	2,422	23%	12%	11	5	16
North Smithfield	38	1,018	12%	12%	1	1	2
Pawtucket	603	6,682	20%	27%	57	24	81
Portsmouth	56	1,605	11%	10%	9	0	9
Providence	617	17,093	21%	27%	65	14	79
Richmond	20	703	15%	21%	6	0	6
Scituate	20	869	6%	15%	3	0	3
Smithfield	38	1,544	14%	13%	5	0	5
South Kingstown	62	2,055	5%	10%	8	1	9
Tiverton	68	1,199	34%	12%	4	1	5
Warren	67	796	19%	18%	16	6	22
Warwick	276	5,721	17%	24%	24	0	24
West Greenwich	8	550	10%	11%	4	0	4
West Warwick	215	2,220	13%	25%	15	0	15
Westerly	123	1,762	13%	18%	13	1	14
Woonsocket	453	3,716	39%	28%	53	15	68
State Police/Other	183	NA	NA	NA	20	1	21
Four Core Cities	1,842	30,153	24%	27%	192	62	254
Remainder of State	2,429	59,399	13%	15%	275	49	324
Rhode Island	4,454	89,552	16%	19%	487	112	599

Sources of Data for Table/Methodology

Total violent crime offense data are from Rhode Island Department of Public Safety, Unified Crime Reporting/National Incident Based Reporting, 2022. NA indicates that the data are not available. Exeter, T.F Green International Airport, and University of Rhode Island arrest numbers are included in the State Police/Other totals. See Methodology section for all offenses included as violent crime offenses.

Total population ages 11 to 17 data are from U.S. Census Bureau, Census 2020, PCT12.

Data on high school and middle school students worrying about violence at school are from the 2022-2023 administration of *SurveyWorks*. Rhode Island Department of Education. Percentages reflect students answering frequently or almost always to the question of “how often do you worry about violence at your school.” *SurveyWorks* data for communities that belong to regional districts reflect the district’s overall survey results. Students from Little Compton attend high school in Portsmouth, and students from Jamestown can choose to attend high school in North Kingstown or Narragansett. Rhode Island total and remainder of state include charter schools, state operated schools, and UCAP.

Juvenile arrests for violent crime and weapons offenses data are from Rhode Island Department of Public Safety, Unified Crime Reporting/National Incident Based Reporting, 2022. NA indicates that the data are not available. Exeter arrest numbers are included in the State Police/Other totals. See Methodology section for all offenses included as violent crime offenses.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References for Youth Violence

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^{2,4,5} David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., & Hall, J. E. (2016). *A comprehensive technical package for the prevention of youth violence and associated risk behaviors*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Last reviewed September 10, 2021.

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Gun Violence

DEFINITION

Gun violence is the number of firearm-related deaths and hospitalizations to Rhode Island children and youth under age 20. The data are reported by place of residence, not place of death, injury, or hospitalization.

SIGNIFICANCE

Children and youth can experience gun violence as victims of firearm assaults, self-inflicted injuries, or accidental shootings. Gun violence can also be experienced when gunshots are heard or a shooting is witnessed.¹ Gun violence also can impact children and youth when someone they know is the victim or perpetrator of a shooting. Exposure to violence at home, in schools, and in the community can lead to lasting psychological and emotional damage, including post-traumatic stress disorder, substance use, behavioral problems, depression, anxiety, cognitive and attention difficulties, delinquent acts like assault and property destruction, and adult criminal behavior.^{2,3}

In the U.S., firearms are now the leading cause of death among children and youth ages one to 19, surpassing motor vehicle deaths. American children and youth are 21 to 23 times more likely to be killed by a gun than their peers in other high-income countries.^{4,5} Of the firearm child and youth deaths in 2022,

66% were classified as homicide, 27% were suicide and 5% were accidental.⁶ In the U.S., there was a 49% increase in gun-related deaths from 2019 to 2021 for children under age 17.⁷

During 2021, 4,752 U.S. children and youth under age 20 were killed by firearms. Of these children and youth killed, 83% (3,927) were older teens ages 15 to 19.⁸ Nationally in 2021, males ages 15 to 19 were seven times more likely to die from a firearm than females of the same age.⁹

Gun violence impacts American children and teens disproportionately. Black youth are 17 times more likely and Hispanic youth are 2.7 times more likely to die by gun homicide than their white peers. There are similar disproportionate concentrations of gun violence within cities where neighborhoods that have experienced historic disinvestment experience higher concentrations of violence compared to other neighborhoods within the same city.¹⁰

Preventing access to guns is an important measure in preventing firearm-related injuries and death in children and youth. The presence and availability of a gun is strongly associated with adolescent suicide risk. Keeping guns unloaded and locked, as well as storing and locking ammunition separately, reduces the risk of gun-related injury and death by suicide or homicide.^{11,12}



Gun-Related Emergency Department (ED) Visits, Hospitalizations, and Deaths Among Children and Youth, Rhode Island, 2018-2022

AGE	# OF ED VISITS	# OF HOSPITALIZATIONS	# OF DEATHS
1 to 14	34	<5	0
15 to 17	50	<5	<5
18 to 19	63	10	7
TOTAL	147	17	11

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2018-2022.

★ **Between 2018 and 2022 in Rhode Island, 11% (11) of the 96 injury deaths of children and youth under age 20 were the result of firearms. All of the child deaths due to firearms were among youth over the age of 14.¹³ Between 2018 and 2022 in Rhode Island, there were fewer than five youth between the ages of 15 to 19 who committed suicide using a firearm.¹⁴**

★ **In Rhode Island between 2018 and 2022, there were 147 emergency department visits and 17 hospitalizations of children and youth for gun-related injuries, a decrease from between 2017 and 2021 (184 emergency department visits, and 22 hospitalizations).^{15,16}**



Gun Safety Legislation

★ **During 2022, the Rhode Island General Assembly passed three significant bills aimed at preventing further firearm-related injuries and violence in our communities. These bills increased the age for purchasing firearms and ammunition from age 18 to 21, created a ban on loaded rifles in public, and limited magazine capacity to 10 rounds of ammunition.¹⁷**

★ **The American Academy of Pediatrics recommends public policies to protect children from gun injuries and violence. Among these recommended policies are bans on assault weapons and safe firearm storage. Rhode Island does not currently have a ban on assault weapons.¹⁸**

References

^{1,5,10} Everytown Research & Policy. (2023). *The impact of gun violence on children and teens*. Retrieved from everytownresearch.org

² The American Academy of Pediatrics. (2021). *Childhood exposure to violence*. Retrieved from healthychildren.org

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Youth and Young Adult Homelessness

DEFINITION

Youth and young adult homelessness is the number of unaccompanied youth under age 18 who accessed emergency shelter without their families and the number of youth or young adults ages 18 to 24, including young parents, who accessed emergency shelter.

SIGNIFICANCE

There are three primary causes of homelessness among youth and young adults – family conflict, residential instability resulting from foster care and institutional placements, and economic problems. Many youth run away from home due to abuse, strained family relationships, substance abuse by a family member, and/or parental neglect. The Housing and Urban Development (HUD) *Voices of Youth Count* estimates that there are approximately 700,000 homeless and runaway youth ages 13 to 17 and 3.5 million homeless youth or young adults ages 18 to 25 in the U.S., but the exact number is not known.^{1,2}

Youth may become homeless when they run away from or are discharged from the foster care system. Youth who “age out” of foster care without a proper transition plan or permanent families are more likely to experience homelessness. National estimates find that by age 21, 43% of youth who had been in foster care had experienced homelessness.^{3,4}

Youth who identify as lesbian, gay, bisexual, transgender, and questioning (or queer) (LGBTQ) are overrepresented in the homeless youth population, some of whom report being forced out of their homes by parents who disapprove of their sexual orientation or gender identity. LGBTQ homeless youth experience greater levels of violence and physical and sexual exploitation than their heterosexual peers.^{5,6}

It can be difficult for homeless youth to obtain needed food, clothing, and shelter. To meet these basic needs, some turn to prostitution and/or selling drugs which can result in exploitation, arrest, assault, and/or contracting sexually transmitted infections.^{7,8}

Homelessness often has a negative impact on education, employment, and health outcomes for youth and young adults. Homeless youth are more likely than their peers to be chronically absent, face disciplinary actions, be held back, and drop out of school. They are more vulnerable to physical and sexual violence, pregnancy, substance abuse, mental health problems, bullying, and suicide than youth with stable housing. Homeless youth often have trouble accessing health services because they may lack health insurance, information about their coverage, and/or parental consent for treatment. Black and Hispanic youth are twice as likely to experience homelessness as white youth.^{9,10,11,12}



Homeless Youth and Young Adults in Rhode Island

- ★ In 2023, 239 young adults ages 18-24 stayed at an emergency shelter, or transitional housing facility in Rhode Island, including 145 unaccompanied young adults, 42 parenting young adults, and 52 young adults who were sheltered with their parents. The number of unaccompanied youth under age 18 was not available.¹³
- ★ In January 2024, outreach workers identified 56 young adults ages 18 to 24 who had slept outside or in their cars for at least one night during the previous 30 days, including 20 parenting young adults. No youth under age 18 were identified.¹⁴
- ★ During the 2022-2023 school year, Rhode Island public school personnel identified 46 unaccompanied homeless youth who were living in doubled up situations, in shelters, or unsheltered.¹⁵
- ★ On December 31, 2023, there were 18 youth between the ages of 14 and 18 in the care of the Rhode Island Department of Children, Youth and Families who were classified as absent from care (formerly called AWOL), six females and 12 males. These youth were absent from either foster care or juvenile justice placements.¹⁶
- ★ In 2021, HUD awarded Rhode Island \$3.5 million in Youth Homeless Demonstration Program (YHDP) funds to support Rhode Island in developing and implementing a coordinated community approach to preventing and ending youth homelessness that centers the voice, agency, and leadership of youth.¹⁷
- ★ In 2024, HUD awarded Rhode Island Housing more than \$350,000 to provide 28 housing vouchers to families whose inadequate housing is a primary factor that may lead to out-of-home child welfare placement or delay reunification and to youth ages 18 to 24 who have exited foster care or are due to exit within 90 days and homeless or at-risk of homelessness.¹⁸

References

^{1,7,9} Ingram, E. S., Bridgeland, J. M., Reed, B., & Atwell, M. (2017). *Hidden in plain sight: Homeless students in America's public schools*. Washington, DC: Civic Enterprises & Hart Research Associates.

^{2,3,8,10} Fernandes-Alcantara, A. L. (2019). *Runaway and homeless youth: Demographics and programs*. Washington, DC: Congressional Research Service.

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Youth Referred to Family Court

DEFINITION

Youth referred to Family Court is the percentage of youth ages 10 to 17 referred to Rhode Island Family Court for wayward or delinquent offenses.

SIGNIFICANCE

Individual, family, peer, school, and community risk factors (such as learning disabilities, poverty, maltreatment and abuse, family violence, and exposure to crime) can increase a young person's risk of juvenile delinquency and involvement in the juvenile justice system. An increased number of risk factors and length of exposure can increase a young person's likelihood of involvement, but protective factors, treatment programs, and interventions can prevent involvement.¹

The Rhode Island Family Court has jurisdiction over children and youth under age 18 referred for wayward and delinquent offenses. When a police or school department refers a youth to Family Court, a petition is submitted accompanied by an incident report detailing the alleged violation of law.² During 2023, 2,406 youth (2% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court, up from 1,477 youth during 2020 and 2,084 youth during 2022. The number of offenses referred during 2023 (4,696) also increased, just surpassing the number of offenses prior

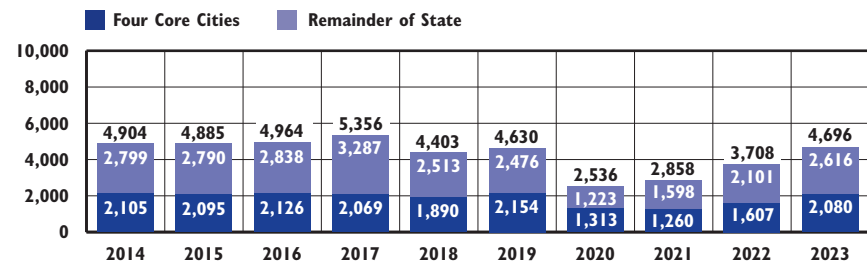
to the COVID-19 pandemic (4,630). Of the juvenile offenses in 2023, 185 (4%) involved violent crimes.^{3,4}

In 2023 in Rhode Island, 19% of juvenile offenses referred to Family Court involved youth from Providence, 26% involved youth from the other three core cities, and 56% involved youth living in the remainder of the state.⁵

Using risk and needs assessments can reduce racial and ethnic bias in juvenile justice sanctions and better predict a youth's likelihood to reoffend than a justice official's professional judgment.⁶ Of the youth referred to the Family Court in 2023, 73% were referred for the first time, 15% had been referred once before, and 12% had been referred at least twice before.⁷

Research shows that incarcerating youth is costly and leads to worse public safety outcomes and higher recidivism rates than community-based alternatives.⁸ Community-based programs that involve youth and their families and connect youth to role models, education, and resources prevent entry into the juvenile justice system and recidivism better than those that emphasize punishment, discipline, and consequences. Programming must balance adolescents' burgeoning independence, connection to positive peer relationships, and ongoing need for parental guidance.⁹

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2014-2023



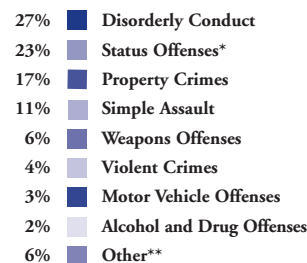
Source: Rhode Island Family Court, 2014-2023 Juvenile Offense Reports.

★ The number of juvenile offenses referred to the Family Court in 2023 (4,696) surpassed pre-pandemic levels (4,630 in 2019). The number of juvenile offenses decreased by 45% from 2019 to 2020 but has steadily increased since the COVID-19 pandemic.¹⁰

★ Youth of Color are disproportionately referred to the Family Court compared to their representation in the youth population. For example, in 2023, 27% of referred offenses involved Black youth who only make up 6% of the Rhode Island child population.^{11,12}

★ In 2023, 32% of offenses referred to the Family Court involved female youth and 68% male youth. In 2023, 22% of offenses referred to Family Court involved youth under the age of 14, 36% youth ages 14 to 15, 42% youth ages 16 to 17, and less than 1% of youth of other ages.¹³

Juvenile Offenses, By Type of Offense, 2023



n=4,696

*Status offenses are age-related acts that would not be punishable if the offender were an adult, such as truancy and disobedient conduct.

**Other includes offenses such as conspiracy, sex offenses, escape from custody, computer crimes, etc. Civil violations, contempt of court, and other violations of court orders are not included in the offenses above.

Source: Rhode Island Family Court, 2023 Juvenile Offense Report.



Alternatives to Incarceration for Juvenile Offenders in Rhode Island

★ Juvenile courts have a wide range of options for handling juvenile offenders, including restitution, community service, revocation of driving privileges, counseling, substance abuse treatment, and probation.¹⁴ In 2023 in Rhode Island, 35% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing, down from 51% in 2022.^{15,16}

★ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2023, 1,287 youth were referred to the Truancy Court by schools, a 49% increase from 2022. In 2023, 126 youth who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication.^{17,18}



Community-Based Diversion in Rhode Island

★ A community-based option that diverts youth from court involvement is the Juvenile Hearing Board (JHB). Comprised of volunteer community members, JHBs permit the diversion of youth accused of lower-level offenses, including status offenses and misdemeanors. Youth who complete sanctions, such as community service, restitution, and counseling, are often able to avoid having a court record following this process.¹⁹

★ In 2023, there were 35 Juvenile Hearing Boards in Rhode Island. Four communities did not have Juvenile Hearing Boards (Little Compton, Richmond, North Kingstown and South Kingstown). Rhode Island Juvenile Hearing Boards reported hearing 276 cases involving 300 offenses in 2023.²⁰ In 2023, 59% of youth referred to JHBs were white, 24% were Hispanic, 17% were Black, and <1% were Asian. Almost half (47%) of all offenses were for disorderly conduct, and 21% were for simple assault. Other offenses included drugs/alcohol (8%), malicious damage (6%), weapon possession (6%), shoplifting (4%), status offenses (1%), larceny/stolen goods (1%), trespassing (2%), and other offenses (5%).

References

¹ Interagency Working Group on Youth Programs. (n.d.). *Youth justice: Risk and protective factors*. Retrieved March 29, 2024, from www.youth.gov

² Rhode Island Family Court. (n.d.). *About the Family Court*. Retrieved March 29, 2024, from www.courts.ri.gov

^{3,5,7,10,11,13} Rhode Island Family Court, 2014-2023 *Juvenile Offense Reports*.

⁴ U.S. Census Bureau, Census 2020, Table PCT12

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Age of Jurisdiction for Family Court

★ The Rhode Island Family Court is responsible for all referrals for wayward and delinquent offenses committed by youth under age 18. Unless discharged previously, these youth will remain under the jurisdiction of the Family Court until they reach age 19.²¹

★ Developmentally, young children are unable to understand court proceedings and participate meaningfully in their defense. They are also more likely to experience trauma through the court process and physical harm if sentenced to custody. Rhode Island is one of 24 states that currently has no minimum age of jurisdiction for Family Court. In New England, Connecticut, Massachusetts, New Hampshire and Vermont have laws that set a minimum age for children to be tried in juvenile court. Research suggests that setting a minimum age of jurisdiction at age 14 would be developmentally appropriate and in the best interest of children, especially Children of Color.^{22,23}

★ Behavioral research shows that adolescents are less able than adults to weigh risks and consequences and to resist peer pressure. Their judgment and decision-making skills are still developing. As the adolescent brain continues to develop, most youth offenders will stop breaking the law. Michigan, New York, and Vermont have now raised the age of jurisdiction for juvenile court to include young people who are age 18. Vermont's law will continue to raise the age so that in 2024 all young people up to age 20 will be referred to juvenile court with exceptions for certain violent offenses.^{24,25}

★ Because the developmental needs of youth are different than adults, youth involved in the adult court and justice system are at risk for abuse, suicide, and prolonged experiences in solitary confinement. In Rhode Island, youth interact with the adult correctional system in two ways—when they are “waived” to adult court at the request of the Rhode Island Attorney General or when they are “certified” resulting in sentencing beyond age 19 and transfer from the Training School to the Adult Correctional Institutions upon reaching age 19. In 2023, nine motions to waive jurisdiction to try juveniles as adults and nine certification motions were filed. Six waiver motions were pending at the end of 2023, and four motions to certify were certified.^{26,27,28}

Youth in the Juvenile Justice System

DEFINITION

Youth in the juvenile justice system is the number of youth ages 21 or under who were on probation and the number of youth ages 18 and under who were at the Rhode Island Training School at any time during the calendar year.

SIGNIFICANCE

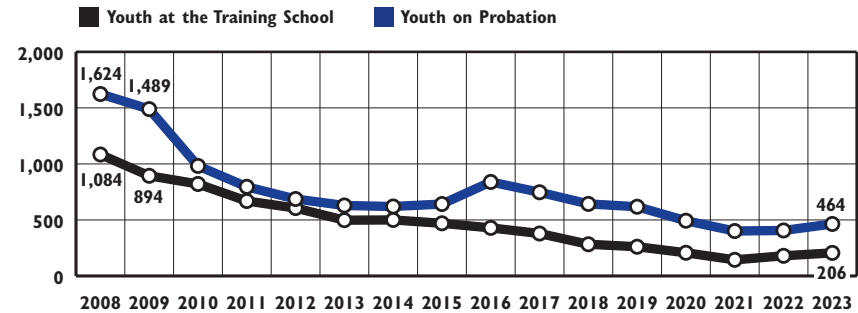
The juvenile justice system is responsible for ensuring community safety by promoting positive youth development, recognizing that the needs of children and adolescents in the justice system are different than adults. During adolescence, the part of the brain that controls reasoning, weighs consequences, and helps youth consider the implications of their behavior is still developing, and it can be delayed when alcohol or drug use are present. This ongoing brain development means that adolescents make decisions and solve problems differently than adults. Adolescents are more likely to be impulsive, misread social and emotional situations, get into accidents and fights, and engage in risk-taking behaviors. With guidance and support from parents and caring adults, most adolescents will grow out of these behaviors as their brain develops.^{1,2,3,4}

Juvenile justice systems have a range of options for monitoring and rehabilitating youth, including restorative justice programs, evidence-

based treatment programs, probation, and incarceration. Alternatives to incarceration have been shown to be more developmentally appropriate, more effective in preventing recidivism, and more cost effective than incarceration. The most successful programs involve family in treatment and promote healthy development at the individual, family, school, and peer levels.^{5,6,7,8}

The Rhode Island Department of Children, Youth and Families (DCYF) Division of Youth Development (formerly Division of Juvenile Corrections) implements a continuum of programs to promote positive development for youth in its care and custody and to reduce recidivism. As part of this continuum, DCYF operates the Rhode Island Training School, the state's secure facility for adjudicated youth and youth in secure detention awaiting trial.⁹ On December 31, 2023, 60 youth were in the care or custody of the Training School, 40 of whom were physically at the Training School.¹⁰ The Office of Juvenile Probation provides supervision and supports to maintain youth safely in the community, including youth living at home, in foster care, and in residential treatment programs (temporary community placements).¹¹ On January 2, 2024, there were 293 youth on probation, up 12% from 262 youth on January 4, 2022.¹²

Youth in the Juvenile Justice System, Calendar Years 2008-2023



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2023. Some youth may have spent time at the Training School and on probation during any calendar year.

- ★ Between 2008 and 2023, the annual total number of youth at the Training School at any point during the year declined by 81% from 1,084 to 206. The decline of youth at the Training School began after a cap of 148 boys and 12 girls on any given day was placed on the Training School population in July 2008.^{13,14}
- ★ A total of 206 youth were at the Training School during 2023, up 43% from 144 during 2021.¹⁵
- ★ Between 2008 and 2023, the annual total number of youth on probation during the year declined by 71% from 1,624 to 464. A total of 464 youth were on probation during 2023, an increase of 14% from 2022 (406). Of the 464 youth on probation, 87% (405) were on probation at home, and 13% (59) were on probation in out-of-home placements.¹⁶
- ★ Some of the recent year decreases in youth at the Training School and on probation were due to decreases in the number of offenses referred to Family Court, but the Department of Children, Youth and Families and Family Court also instituted procedures to reduce counts because of risks related to the COVID-19 pandemic. Although we are seeing recent increases in youth at the Training School and on probation, counts have not reached pre-pandemic numbers.

Youth in the Juvenile Justice System

Racial and Ethnic Disparities in the Juvenile Justice System

★ Youth of Color continue to be disproportionately represented at every stage of the juvenile justice system. Nationally, Black youth are five times as likely and American Indian youth are three times as likely to be incarcerated as their white peers.¹⁷

Racial and Ethnic Disparities in Rhode Island

	% OF TOTAL CHILD POPULATION, 2020	% OF YOUTH AT THE RITS, 2023	% OF YOUTH ON PROBATION, 2023
American Indian	<1%	1%	1%
Asian	3%	1%	<1%
Black	6%	26%	24%
Hispanic	27%	37%	34%
Multiracial	8%	14%	10%
Pacific Islander	<1%	1%	<1%
White	53%	19%	30%
Unknown	NA	1%	1%
TOTAL	209,785	206	464

Sources: Rhode Island Child Population data by race are from the U.S. Census Bureau, 2020 Census, P2, P4. Youth at the Training School and on probation data are from the Rhode Island Department of Children, Youth and Families, RICHIST, 2023. Hispanic children may be of any of the race categories. Race categories are non-Hispanic. Percentages may not sum to 100% due to rounding.

★ During 2023, non-Hispanic Black youth made up 26% of youth at the Training School and 24% of youth on probation, while making up only 6% of the total child population. Hispanic youth made up 37% of youth at the Training School and 34% of youth on probation, while making up 27% of the total child population.^{18,19}

Juvenile Detention Alternatives Initiative (JDAI)

★ The Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) works in jurisdictions across the U.S. to promote policies and practices that reduce inappropriate and unnecessary secure detention, reduce racial and ethnic disparities, and maintain public safety. JDAI focuses on creating opportunities for positive youth development through proven, family-focused interventions. For most youth in the juvenile justice system, JDAI recommends using high-quality community-based programs that provide supervision, accountability, and therapeutic services. Since 2009, Rhode Island juvenile justice stakeholders have contributed to a statewide JDAI effort that has created a coordinated reform effort to decrease the number and racial disproportionality of youth at the Training School and to increase the use of community-based alternatives to detention.²⁰

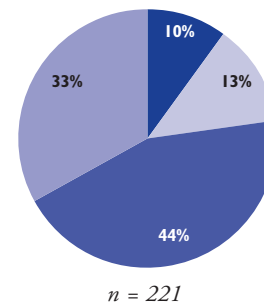
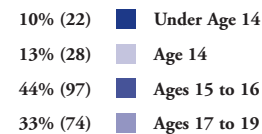
Youth in the Juvenile Justice System by Gender

★ During 2023, 20% of the 206 youth at the Training School were girls and 80% were boys. Similarly, 14% of the 464 youth on probation were girls and 86% were boys.²¹

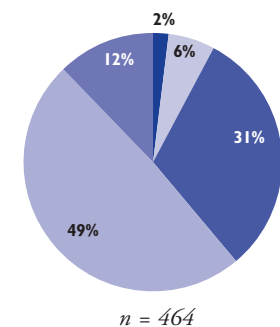
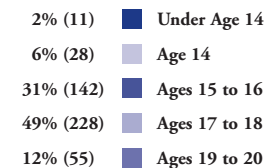
★ During 2023, the number of girls who passed through the Training School more than doubled from 19 in 2021 to 41. Nationally, girls have represented a growing share of youth involved in juvenile justice. Girls enter the system with different personal and offense histories and needs than boys. Girls are often detained for non-violent offenses, meaning that they may not pose a public safety threat. Girls in juvenile justice are more likely to have histories of trauma, including physical and sexual abuse, than their peers. In fact, 10% of girls who spent time at the Training School in 2023 had a history of neglect or abuse prior to entering the Training School. Effective programs for girls use a developmental approach that considers trauma history, gender, and culture.^{22,23}

Youth in the Juvenile Justice System by Age

Youth at the Training School by Age, 2023



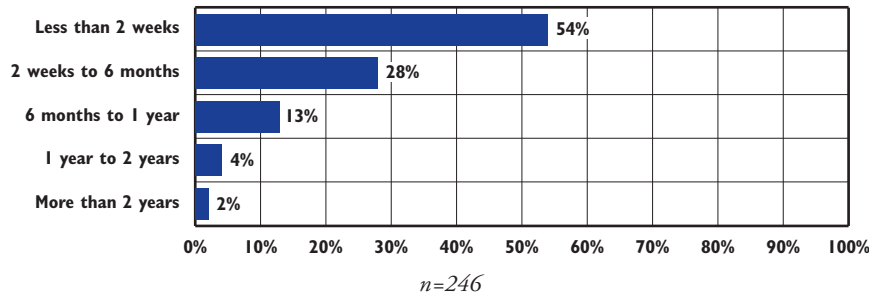
Youth on Probation by Age, 2023



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2023. The total number of youth at the Training School by age (221) is larger than the total number of youth at the Training School (206) due to some youth having birthdays while at the Training School and therefore being counted twice. Percentages may not sum to 100% due to rounding.

Youth in the Juvenile Justice System

Discharges From the Rhode Island Training School, by Length of Time in Custody, 2023



Source: Rhode Island Department of Children, Youth and Families, RIC HIST, 2023. Total number of discharges (246) is larger than the total number of youth who passed through the Training School (206) due to some youth being discharged from the Training School more than once in 2023. Percentages may not sum to 100% due to rounding.

Promoting Rehabilitation and Preventing Recidivism

★ The Division of Youth Development is a resource for rehabilitating youth who have committed serious offenses. Youth who are considered to pose a danger to the community can be confined in the Training School, but a growing body of national research suggests that youth incarceration may increase criminal behavior and recidivism among youth with less serious offenses.^{24,25,26} Of the 206 youth at the Training School during 2023, 77% (159) were admitted once, 18% (37) were admitted twice, and 5% (10) were admitted three or more times.²⁷

★ Objective admissions screening tools help limit the use of secure detention to serious offenders and reduce bias in decision making for which youth are sent to secure detention. The Rhode Island General Assembly passed a law in 2008 that mandates the use of a screening tool called the Risk Assessment Instrument (RAI) for youth being considered for secure detention. The RAI has been piloted but has not yet been fully implemented in Rhode Island and needs reevaluation before widespread use in the field.^{28,29,30}

Supporting Youth Development at the Training School

History of Child Neglect and Abuse

★ Children who experience child abuse or neglect are at increased risk for developing behavior problems and becoming involved in the juvenile justice system.³¹ In 2023, 13% (27) of the 206 youth at the Training School had at some point in their childhood been victims of documented child neglect or abuse.³²

Behavioral Health Services

★ In 2023, nearly half (46%) of the 206 youth at the Training School received mental health services at the Training School for psychiatric diagnoses other than conduct and adjustment disorders, including 32% (13) of female youth and 49% (81) of male youth. During 2023, 33% (69) of the 206 youth at the Training School received substance use treatment services, including 22% (9) of female youth and 36% (60) of male youth. Of these, 48 youth (all male) received residential substance abuse treatment.³³

Educational Services

★ While the average age of youth at the Training School in 2023 was 16 years, students' math and reading skills were on average at a fourth-grade level at entry to the Training School. Average grade levels for math and reading increased by about one year at the time of departure.^{34,35}

Special Educational Services

★ Of the 146 youth ages 13 to 18 who received educational services at the Training School during the 2022-2023 academic year, 40% (54) received special education services based on Individualized Education Programs (IEPs).³⁶

Educational Achievements

★ During 2022-2023, 150 youth completed learning/skills development opportunities including: Driver's education (9), culinary (63), barbering (18), landscape design (15), CPR and First Aid (30), CCAP (10), and ServSafe Food handling certifications (5).³⁷

Youth in the Juvenile Justice System



Youth in Detention in Rhode Island

★ In Rhode Island, the term “detention” is used to describe the temporary custody of a youth, who is accused of a wayward or delinquent offense, at the Training School pending a hearing in Family Court. The only two legal reasons for pre-trial detention include cases where a youth poses a threat to public safety or is at risk for not attending his or her next court hearing.^{38,39}

★ Some youth are detained for short periods of time and released at their first court appearance (usually the following business day). Of the 246 discharges from the Training School during 2023, 24% resulted in stays of two days or less, 30% resulted in stays of three days to two weeks, and 46% resulted in stays of more than two weeks.⁴⁰

Table 27. Youth in the Juvenile Justice System, Rhode Island, 2023

CITY/TOWN	TOTAL POPULATION AGES 13-18 2020	# YOUTH ON PROBATION	# OF PRE-ADJUDICATED YOUTH AT THE RITS	# OF ADJUDICATED YOUTH AT THE RITS	TOTAL # OF YOUTH AT THE RITS
Barrington	1,869	2	0	0	0
Bristol	1,735	1	0	0	0
Burrillville	1,283	8	0	1	1
Central Falls	2,211	19	14	7	18
Charlestown	489	2	0	0	0
Coventry	2,544	9	2	1	3
Cranston	5,813	12	5	3	8
Cumberland	2,757	6	2	1	3
East Greenwich	1,482	1	1	0	1
East Providence	2,723	5	2	0	1
Exeter	450	1	0	0	0
Foster	320	1	1	0	1
Glocester	756	1	0	1	0
Hopkinton	584	1	0	1	1
Jamestown	367	0	0	0	0
Johnston	1,886	5	3	1	2
Lincoln	1,700	7	1	1	2
Little Compton	259	0	0	0	0
Middletown	1,199	8	1	1	1
Narragansett	785	7	3	1	3
New Shoreham	78	0	0	0	0
Newport	1,637	8	4	2	7
North Kingstown	2,183	6	4	1	5
North Providence	2,151	7	3	0	3
North Smithfield	870	4	1	0	1
Pawtucket	5,549	62	22	14	30
Portsmouth	1,478	2	0	0	0
Providence	16,873	126	47	25	64
Richmond	602	0	0	0	0
Scituate	783	2	0	1	1
Smithfield	1,347	3	1	0	1
South Kingstown	3,100	8	0	1	1
Tiverton	1,009	1	0	0	0
Warren	694	4	1	1	1
Warwick	4,902	10	4	3	5
West Greenwich	496	1	0	0	0
West Warwick	1,889	9	1	0	0
Westerly	1,512	5	2	0	3
Woonsocket	3,108	52	24	13	27
Out-of-State	NA	34	12	5	12
Four Core Cities	27,741	259	107	59	139
Remainder of State	53,732	147	42	21	55
Rhode Island	81,473	406	149	80	194

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children’s Information System (RICHIST), 2023; and the U.S. Census Bureau, Census 2020 PCT12.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Total number of youth includes adjudicated and pre-adjudicated youth who were at the Rhode Island Training School during calendar year 2023 (including youth from out of state, those with unknown addresses, and those in temporary community placements). Youth with out-of-state addresses are not included in the Rhode Island, four core cities, or remainder of state totals. The total number of youth at the Training School may not equal the sum of adjudicated and pre-adjudicated youth because some youth may have spent time at the Training School both before and after sentencing.

There is no statutory minimum age limit for sentencing, however adjudicated children under age 13 typically do not serve sentences at the Training School.

An “out-of-state” designation is given to youth whose parent(s) have an address on file that is outside of Rhode Island or to youth who live in other states but have committed crimes in Rhode Island and have been sentenced to a term of probation or to serve time at the Training School. They are not included in the Rhode Island total.

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(continued on page 185)

Children of Incarcerated Parents

DEFINITION

Children of incarcerated parents is the number of children with parents serving sentences at the Rhode Island Department of Corrections per 1,000 children under age 18. The data are reported by the place of the parent's last residence before entering prison and do not include Rhode Island children who have parents incarcerated at other locations.

SIGNIFICANCE

More than five million children in the U.S. have had a parent incarcerated at some point in their lives.¹ Parental incarceration can contribute to children's insecure attachment to their parent, which can lead to poor developmental outcomes. Children of incarcerated parents experience high rates of physical and mental health problems (including asthma, obesity, and depression) and educational challenges (including grade retention, placement in special education, and suspension) and are at increased risk for learning disabilities, ADHD, conduct problems, developmental delays, and speech problems.^{2,3,4,5}

Nationally, most children of incarcerated parents live with their other parent, a grandparent, or other relatives.⁶ Of the 1,590 parents incarcerated in Rhode Island on September 30, 2023 (including those awaiting trial), 93% (1,486) were fathers and 7% (104) were mothers.⁷

Parents of minor children represent over half of the U.S. prison population.⁸

Children of incarcerated parents are more likely than other children to be involved with the child welfare system. In the U.S., 40% of children in foster care had experienced parental incarceration.⁹ Although these children may present complex cases for child welfare agencies, caseworkers are required to pursue reunification and regular visitation as they would for other nonincarcerated, child-welfare-involved parents.¹⁰

Programs and policies targeting the unique needs of incarcerated pregnant women and mothers can improve outcomes for them and their families. Placing children with family members, providing family counseling and access to mental health care, mentoring, peer support services, and prison transition supports can alleviate the effects of parents' imprisonment on children and improve the family reunification process.^{11,12}

Nationally and in Rhode Island, the criminal justice system disproportionately affects People of Color. In the U.S., 24% of Black children and 11% of Hispanic children will experience parental incarceration compared to 4% of white children.¹³ Of the 1,590 parents incarcerated in Rhode Island on September 30, 2023 (including those awaiting trial), 36% were white, 31% were Black, 30% were Hispanic, and 3% were another race.¹⁴



Parents at the Rhode Island Adult Correctional Institutions (ACI), September 30, 2023

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	760	563	74%	1,511
Serving a Sentence	1,596	1,027	64%	2,475
TOTAL	2,356	1,590	67%	3,986

Source: Rhode Island Department of Corrections, September 30, 2023. *Does not include inmates who were missing responses to the question on number of children, inmates on home confinement, inmates serving at Institute of Mental Health, or those from another state's jurisdiction.

★ Of the 2,356 inmates awaiting trial or serving a sentence at the ACI on September 30, 2023 who answered the question on number of children, 1,590 inmates reported having 3,986 children. Forty-two percent of sentenced mothers and 9% of sentenced fathers had sentences that were six months or less.¹⁵

★ Of the 64 sentenced mothers on September 30, 2023, 53% for a nonviolent offense, 28% were serving a sentence for a violent offense, 16% for a drug-related offense, and 3% for a sex-related offense. Of the 963 sentenced fathers, 49% were serving sentences for a violent offense, 17% for a nonviolent offense, 16% for a sex-related offense, 13% for a drug-related offense, and 4% for breaking and entering.¹⁶

★ Thirty-seven percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2023 had less than a high school diploma, 49% had a high school diploma or a GED, and 14% had at least some college education.¹⁷

★ A supportive family, safe and secure housing, assistance obtaining employment, medical and mental health services, and substance abuse treatment are critical to parents' successful transition to the community after incarceration and to support the well-being of their children.^{18,19}

★ Families with parents with a criminal record can experience significant challenges even if the parent has never been incarcerated. A parent's criminal record is often a barrier to housing eligibility, employment opportunities, maintaining parental rights, and access to public benefits. For immigrants, a conviction can lead to deportation.²⁰

Children of Incarcerated Parents

Table 28.

Children of Incarcerated Parents, Rhode Island, September 30, 2023

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2020 POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	0	0	4,489	0.0
Bristol	5	12	2,887	4.2
Burrillville	7	14	3,229	4.3
Central Falls	34	75	6,411	11.7
Charlestown	3	7	1,161	6.0
Coventry	10	20	6,655	3.0
Cranston	57	124	15,744	7.9
Cumberland	9	23	7,550	3.0
East Greenwich	7	14	3,465	4.0
East Providence	15	35	7,886	4.4
Exeter	1	2	1,175	1.7
Foster	3	5	790	6.3
Glocester	2	9	1,896	4.7
Hopkinton	3	6	1,613	3.7
Jamestown	1	2	871	2.3
Johnston	17	29	5,119	5.7
Lincoln	4	10	4,640	2.2
Little Compton	1	4	568	7.0
Middletown	4	10	3,487	2.9
Narragansett	2	6	1,651	3.6
New Shoreham	0	0	189	0.0
Newport	21	49	3,660	13.4
North Kingstown	7	19	5,496	3.5
North Providence	21	48	5,802	8.3
North Smithfield	2	6	2,274	2.6
Pawtucket	89	215	16,455	13.1
Portsmouth	3	10	3,444	2.9
Providence	325	764	41,021	18.6
Richmond	1	2	1,627	1.2
Scituate	4	5	1,866	2.7
Smithfield	4	7	3,411	2.1
South Kingstown	6	10	4,339	2.3
Tiverton	5	13	2,723	4.8
Warren	3	5	1,826	2.7
Warwick	30	63	14,034	4.5
West Greenwich	1	1	1,251	0.8
West Warwick	30	61	5,787	10.5
Westerly	12	35	3,826	9.1
Woonsocket	63	178	9,467	18.8
Unknown Residence	156	447	NA	NA
Out-of-State Residence**	59	130	NA	NA
Four Core Cities	511	1,232	73,354	16.8
Remainder of State	301	666	136,431	4.9
Rhode Island	812	1,898	209,785	9.0

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2023. Offenders who were in home confinement and the awaiting trial population are excluded from this table.

U.S. Census Bureau, Census 2020, P2,P4.

Since the 2007 *Factbook*, data are reported as of September 30, with the exception of the 2015 *Factbook*, in which data were reported as of October 10, 2014.

*Data on the number of children are self-reported by the incarcerated parents and may include some children over age 18. Nationally and in Rhode Island, much of the existing research has relied upon self-reporting by incarcerated parents or caregivers.

**Data on Out-of-State Residence includes inmates who are under jurisdiction in Rhode Island but report an out-of-state address. Inmates who were from another state's jurisdiction, but serving time in Rhode Island, are not included in the Rhode Island, four core cities, or remainder of state rates, nor are those with an unknown residence.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

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- ^{7,14,15,16,17} Rhode Island Department of Corrections, September 30, 2023.

(continued on page 185)

Children Witnessing Domestic Violence

DEFINITION

Children witnessing domestic violence is the percentage of reported domestic violence incidents resulting in an arrest in which children under age 18 were present in the home. The data are based on police reports of domestic violence. Domestic violence is the use of physical force, or threat of force, against a current or former partner in an intimate relationship, resulting in fear and emotional and/or physical suffering.

SIGNIFICANCE

It is estimated that up to 10 million U.S. children are exposed to domestic violence each year. Rates of partner violence are higher among couples with children than those without children.^{1,2} In Rhode Island in 2022 (the most recent year for which full data are available), police reports indicate that children were present at 26% of domestic violence incidents resulting in arrests.³

Children can be exposed to domestic violence in several ways. They may witness it directly (by seeing and/or hearing violent incidents), have their lives disrupted by the chaos of an unsteady and hostile environment, and/or may be used by the abusive parent to manipulate or gain control over the victim. Children exposed to domestic violence may also lose a parent to domestic homicide.^{4,5,6} Children who are exposed to domestic

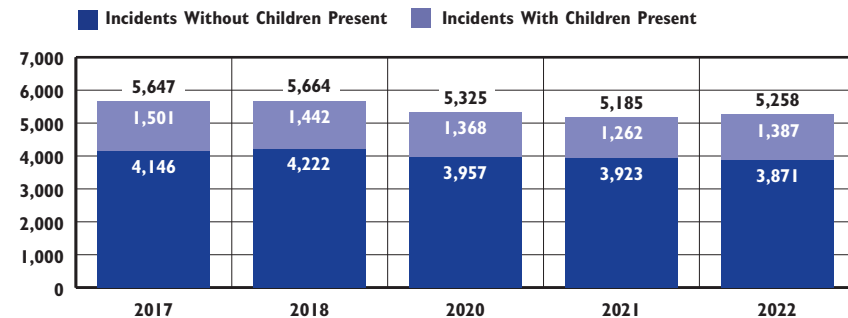
violence are often victims of physical abuse, and they are at an increased risk of entering into abusive relationships or becoming an abuser themselves.^{7,8}

Exposure to domestic violence is distressing to children and can lead to mental health problems, including post-traumatic stress, depression, and anxiety in childhood and later in life. Children who witness domestic violence are more likely to experience physical, emotional, health, and learning challenges throughout their childhood and adulthood. They are more likely to have concentration and memory problems, and to have difficulty with school performance than children who have not witnessed domestic violence.^{9,10,11}

While many children who have witnessed domestic violence show resilience, exposure to violence may impair a child's capacity for partnering and parenting later in life. This cycle can be broken through honest conversations with — and positive coping strategies taught by — supportive adults.^{12,13}

Children can be injured or killed in domestic violence especially when their parent is planning to leave an abusive relationship. This includes biological children as well as step- and adopted children who live in the household and are children of the victimized partner.¹⁴ It is, therefore, important to put supports in place to ensure the safety of all children living in households experiencing domestic violence.

Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2017-2018, 2020-2022



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2017, 2018, 2020, 2021, 2022. Includes domestic violence reports resulting in an arrest by local police and Rhode Island State Police.

★ In Rhode Island in 2022, there were 5,258 domestic violence incidents that resulted in arrests, similar to the number of incidents in the previous year (5,185). Children were reported present in 26% (1,387) of incidents in 2022.¹⁵ Rhode Island police officers document children's exposure to violence on reporting forms by noting the number and ages of minor children living in the home, how many were present during the incident, how many saw the incident, and how many heard it.¹⁶

★ In Rhode Island in 2022, police reported that children saw the domestic violence incident in 1,012 arrests and children heard the incident in 1,127 arrests. These incidents were not mutually exclusive, and more than one child may have witnessed each incident.¹⁷

★ Rhode Island's domestic violence shelters and advocacy programs provide emergency and support services to victims of domestic violence, dating violence, sexual violence, and stalking.¹⁸ During 2023, Rhode Island's domestic violence shelters provided services to 11,094 individuals, including 495 children. In 2023, 160 children and 188 adults spent a total of 23,869 nights in domestic violence shelters, 75 children and 67 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence). Forty-nine children and adults moved into permanent supportive housing, and 255 accessed Rapid Re-housing.^{19,20}

Children Witnessing Domestic Violence

Table 29. Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2022

CITY/TOWN	TOTAL # OF INCIDENTS RESULTING IN ARREST	TOTAL # OF INCIDENTS RESULTING IN ARREST WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	23	11	48%
Bristol	63	8	13%
Burrillville	78	25	32%
Central Falls	113	37	33%
Charlestown	27	6	22%
Coventry	141	34	24%
Cranston	264	63	24%
Cumberland	105	28	27%
East Greenwich	20	7	35%
East Providence	208	56	27%
Exeter*	NA	NA	NA
Foster	21	4	19%
Glocester	22	9	41%
Hopkinton	11	3	27%
Jamestown	6	3	50%
Johnston	136	26	19%
Lincoln	73	21	29%
Little Compton	4	1	25%
Middletown	56	16	29%
Narragansett	33	9	27%
New Shoreham	9	2	22%
Newport	131	18	14%
North Kingstown	69	12	17%
North Providence	162	42	26%
North Smithfield	56	18	32%
Pawtucket	702	185	26%
Portsmouth	93	21	23%
Providence	1,106	340	31%
Richmond	18	7	39%
Scituate	15	4	27%
Smithfield	50	10	20%
South Kingstown	87	10	11%
Tiverton	63	18	29%
Warren	59	14	24%
Warwick	377	96	25%
West Greenwich	9	2	22%
West Warwick	272	77	28%
Westerly	135	28	21%
Woonsocket	404	112	28%
Rhode Island State Police	37	4	11%
Four Core Cities	2,325	674	29%
Remainder of State	2,896	709	24%
Rhode Island	5,258	1,387	26%

Source of Data for Table/Methodology

The number of domestic violence incident reports in which an arrest was made and the number of incidents in which children were present are based on the Domestic Violence and Sexual Assault/Child Molestation Reporting Forms sent by Rhode Island law enforcement to the Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit between January 1, 2022 and December 31, 2022.

The data are only the incidents during which an arrest was made in which children were present, and do not represent the total number of children who experienced domestic violence in their homes. More than one child may have been present at an incident.

*Reports of domestic violence in Exeter are included in the Rhode Island State Police numbers. Rhode Island State Police numbers are included in the Rhode Island state totals but are not included in the Remainder of State totals.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

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- ⁴ National Domestic Violence Hotline. (n.d.). *Children as an abusive mechanism*. Retrieved April 6, 2023, from thehotline.org
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(continued on page 185)



Support for Children Witnessing Domestic Violence

★ With the help of caring adults, children who have witnessed domestic violence can develop resilience and thrive. Effective therapeutic interventions often focus on supporting parents and can include increasing parenting skills and assisting parents in addressing mental health issues. Other strategies include connecting children to adult mentors, nurturing areas of strength, and encouraging children to contribute to their families or communities in a positive way.²¹



Domestic Homicide and Guns

★ When firearms are present in domestic violence situations, women are five times more likely to die. Nationally, nearly half of all women murdered are killed as a result of domestic violence.²²

★ In 2018, "red flag" legislation passed that authorizes the Rhode Island Supreme Court to issue "extreme risk protection orders" requiring the surrender of all firearms from persons determined to be capable of causing personal injury and prevents them from purchasing, receiving or attempting to purchase or receive firearms.²³

Child Neglect and Abuse

DEFINITION

Child neglect and abuse is the total unduplicated number of victims of child neglect and abuse per 1,000 children. Child neglect includes emotional, educational, physical, and medical neglect, as well as a failure to provide for basic needs. Child abuse includes physical, sexual, and emotional abuse.

SIGNIFICANCE

Children need love, affection, and nurturing from their parents and caregivers for healthy physical and emotional development. Experiencing child neglect or abuse can have lifelong consequences for a child's health, well-being, and relationships with others. Parents and caregivers are at increased risk for maltreating children if they are overwhelmed by multiple risk factors such as poverty, substance abuse, intergenerational trauma, isolation, or unstable housing.¹ Children who have been maltreated often face long-term consequences including chronic health and psychological problems. They are at increased risk for delinquency, substance use disorders, mental health problems, teen pregnancy, and impaired cognition.^{2,3} Responding to reports of child neglect and abuse and ensuring child safety are important functions of child protection systems. Focusing on prevention is equally critical and more cost-effective. In Rhode Island, if an investigation does not reveal

maltreatment but family stressors and risk factors are identified, the Department of Children, Youth and Families (DCYF) refers families to community-based support services to reduce the risk of future involvement with DCYF. When maltreatment has occurred, a determination may be made that it is safe for the children to remain at home with support services provided to their family.⁴ In both cases, DCYF makes referrals to regional Family Care Community Partnership (FCCP) agencies that work with families to identify services and resources, including natural supports (persons and resources that families can access independent from formal services).⁵

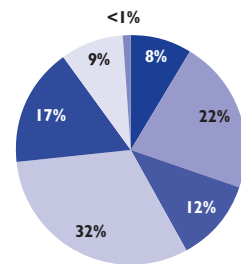
In 2023, 2,192 calls were made to the family referral line (1-888-RI-FAMILY), where families can call to access services previously available only through DCYF involvement. In 2023, over half of the calls (61%) resulted in a service referral or general information response.⁶

In 2023 in Rhode Island, there were 1,659 indicated investigations of child neglect and abuse involving 2,302 children. The rate of child neglect and abuse per 1,000 children under age 18 was substantially greater in the four core cities (15.0 victims per 1,000 children) than in the remainder of the state (8.8 victims per 1,000 children). Forty-two percent of the victims of child neglect and abuse were young children ages five and under and almost one-third (30%) were ages three and younger.⁷

Child Neglect and Abuse, Rhode Island, 2023

By Age of Victim*

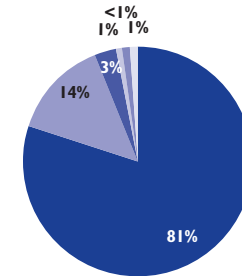
8% (191)	■ Under Age 1
22% (537)	■ Ages 1 to 3
12% (289)	■ Ages 4 to 5
32% (782)	■ Ages 6 to 11
17% (417)	■ Ages 12 to 15
9% (225)	■ Ages 16 and Older
<1% (5)	■ Unknown



n=2,446*

By Type of Neglect/Abuse**

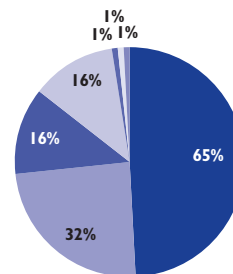
81% (2,178)	■ Neglect
14% (364)	■ Physical Abuse
3% (87)	■ Sexual Abuse
1% (17)	■ Medical Neglect
<1% (8)	■ Emotional Abuse
1% (30)	■ Other



n=2,684**

By Race/Ethnicity of Victim***

65% (1,589)	■ White
32% (784)	■ Hispanic***
16% (402)	■ Two or More Races
16% (390)	■ Black
1% (23)	■ Asian/Native Hawaiian/Other Pacific Islander
1% (21)	■ American Indian/Alaska Native
1% (21)	■ Unknown



n=2,446

Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST), 2023. Percentages may not sum to 100% due to rounding.

Notes on Pie Charts

*These data reflect an unduplicated count of child victims which includes out-of-state child victims. The number of victims is higher than the number of indicated investigations. One indicated investigation can involve more than one child victim.

**This number is greater than the unduplicated count of child victims because children often experience more than one maltreatment event and/or more than one type of abuse. Within each type of abuse, the number of child victims is unduplicated.

***Hispanic children may be included in any race category.

DCYF Child Protective Services (CPS) Hotline Calls for Reports of Neglect and/or Abuse, Investigations, * and Indicated Investigations, Rhode Island, 2014-2023

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
2014	14,735	51% (7,573)	2,413
2015	14,402	45% (6,470)	2,227
2016	14,942	40% (5,935)	2,074
2017	15,945	42% (6,628)	2,404
2018	21,837	38% (8,296)	2,430
2019	19,401	37% (7,240)	2,249
2020	16,195	35% (5,661)	1,861
2021	14,876	34% (4,978)	1,704
2022	14,417	33% (4,742)	1,749
2023	15,670	30% (4,752)	1,700

Source: Rhode Island Department of Children, Youth and Families, RIC HIST, 2014-2023.

*One investigation can be generated by multiple hotline calls. Investigations can result in a finding of indicated, unfounded, or unable to complete (as when essential party cannot be found).

★ From 2018 to 2023 in Rhode Island, the number of unduplicated child maltreatment reports decreased by 28%, the number of completed investigations decreased by 43%, and the number of indicated investigations decreased by 30%. In 2023, 36% of the 4,752 completed investigations were indicated investigations in which there is a “preponderance of evidence” that a child has been abused and/or neglected. Targeted, ongoing prevention efforts by DCYF focused on ways to help families before a CPS call is warranted is likely the reason for declines in reporting in recent years. Although the number of reports increased slightly from 2022, the number of indicated investigations has steadily decreased.^{8,9,10}

★ Of the 15,670 maltreatment reports in 2023, 64% (10,060) were classified as “information/ referrals”.¹¹ Information/referrals are reports made to the CPS Hotline that contain a concern about the well-being of a child but do not meet the criteria for an investigation. Criteria for investigation include that the victim is a minor, the alleged perpetrator is responsible for the child’s welfare, there is reasonable cause to believe that neglect or abuse exist, and there is a specific incident or pattern of incidents suggesting that harm can be identified. In 2019, DCYF began using a standardized screening tool to determine whether Hotline reports that do not meet the criteria for investigation should be referred for family assessment, which may lead to the development of a safety plan with the family, including referral and delivery of other services.¹²

Emergency Department Visits, Hospitalizations, and Deaths Due to Child Neglect and/or Abuse, Rhode Island, 2018-2022

YEAR	# OF EMERGENCY DEPARTMENT VISITS*	# OF HOSPITALIZATIONS*	# OF DEATHS**
2018	110	25	–
2019	85	38	–
2020	100	98	–
2021	82	106	–
2022	104	102	–
TOTAL	481	369	<5

Source: Rhode Island Department of Health, 2018-2022.

*The number of Emergency Department visits and the number of hospitalizations include both suspected and confirmed assessments of child neglect and abuse.

**Due to a change in data source, data for child deaths due to child neglect and/or abuse are only comparable with Factbooks since 2013.

**Data contain small numbers. Counts from 1-4 are suppressed as <5. Rates should not be calculated from counts <5. Dashes (-) represent suppressed numbers.

★ Between 2018 and 2022, there were 481 emergency department visits, 369 hospitalizations, and <5 deaths of Rhode Island children under age 18 due to child neglect and/or abuse.¹³ Nationally in 2022, 76% of child maltreatment deaths involved neglect and 42% involved physical abuse. Because a victim may have suffered more than one type of maltreatment, these categories are not mutually exclusive.¹⁴

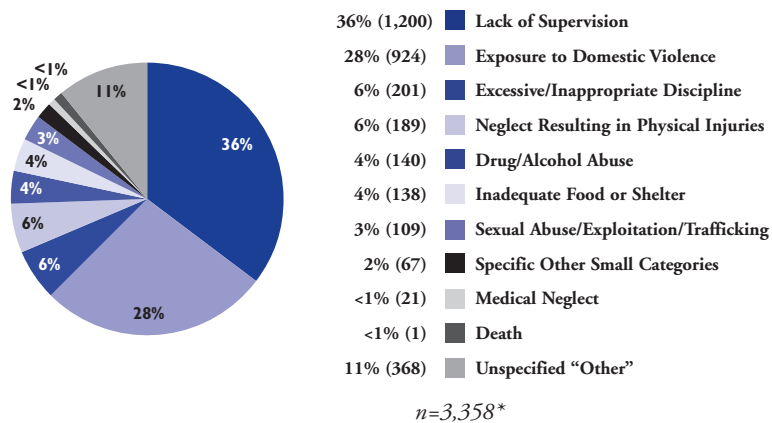
Child Neglect and Abuse in Rhode Island Communities

★ Many parents at risk of child neglect and abuse are struggling with a combination of social and economic issues including financial stress, community violence, and/or trauma. These families can benefit from programs that enhance economic resources and concrete supports including Earned Income and Child Tax Credits, high quality affordable child care, health care, safe and stable housing, as well as social supports, and knowledge of child development. Increased access to economic resources and concrete supports significantly lower the risk of child maltreatment.^{15,16}

★ In Rhode Island in 2023, 95% (2,383) of child neglect and abuse cases were perpetrated by parents of the victim.¹⁷ Rhode Island had 11.0 child victims of neglect and abuse per 1,000 children. Woonsocket (20.9 victims per 1,000 children), had the highest rate of child victims of neglect and abuse in the state.¹⁸

Child Neglect and Abuse

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2023



Source: Rhode Island Department of Children, Youth and Families, RIC HIST, 2023.

*The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation.

★ Of the 3,358 indicated allegations (confirmed claims) of neglect of children under age 18 in Rhode Island in 2023, 36% involved lack of supervision. This highlights the importance of access to high-quality, affordable child care, preschool, and after-school programs.¹⁹

★ The second largest category of neglect (28%) is “exposure to domestic violence.” These are instances where the neglect is related to the child witnessing domestic violence in the home.²⁰

★ The “specific other small categories” include educational neglect (35), abandonment (8), inappropriate restraint (7), tying/close confinement (6), emotional abuse (5), emotional neglect (4), poisoning/noxious substances (1), and failure to thrive (1).²¹

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2023

★ In Rhode Island in 2023, there were 109 indicated allegations (confirmed claims) of child sexual abuse and five of these cases, were reported as school-based sexual molestation/intercourse. Some children were victims of sexual abuse more than once. There were 100 (92%) female victims and 9 (8%) male victims with confirmed allegations. Thirty-eight percent of all victims were under age 12.²²

★ In the majority of child sexual abuse cases, the perpetrator is a relative or person known to the victim. Sexual abuse by a stranger is less likely.²³

Early Intervention & Infants and Toddlers Involved with the Child Welfare System

★ Because maltreated infants and toddlers are at increased risk for developmental delays, federal law requires states to screen and/or refer infants and toddlers who have experienced neglect or abuse to Early Intervention (EI) for eligibility determination and services. A national study found that over 35% of infants and toddlers involved in child welfare investigations had delays or disabilities that would make them eligible for EI, but only 13% were receiving services.²⁴

★ Rhode Island specifically allows infants and toddlers who have experienced trauma, neglect, or abuse to be determined eligible for EI through “informed clinical opinion – family circumstances” even if the child does not have a measurable developmental delay or disability.²⁵

★ In Rhode Island in State Fiscal Year 2023, there were 675 children under age three who were victims of child neglect or abuse or involved with an indicated case. Of these, 149 (22%) were referred directly to EI for evaluation, 501 (74%) were referred to First Connections for a developmental screening, 12 (2%) were already referred or enrolled in EI, and 13 (2%) were not referred. Of the 178 infants and toddlers referred to EI for evaluation by DCYF or by First Connections, 134 (75%) were determined eligible for EI. Of the 675 children, there were 372 (55%) who did not receive a developmental screening or an evaluation even after referral. Of all 675 victims, 20% were determined eligible for EI.²⁶

Table 30.

Indicated Investigations of Child Neglect and Abuse, Rhode Island, 2023

CITY/TOWN	# OF CHILDREN UNDER AGE 18	# OF INDICATED INVESTIGATIONS OF CHILD NEGLECT/ABUSE	INDICATED INVESTIGATIONS PER 1,000 CHILDREN	# OF VICTIMS OF CHILD NEGLECT/ABUSE	VICTIMS OF CHILD NEGLECT/ABUSE PER 1,000 CHILDREN
Barrington	4,489	10	2.2	14	3.1
Bristol	2,887	21	7.3	29	10.0
Burrillville	3,229	20	6.2	33	10.2
Central Falls	6,411	72	11.2	113	17.6
Charlestown	1,161	3	2.6	12	10.3
Coventry	6,655	40	6.0	65	9.8
Cranston	15,744	106	6.7	131	8.3
Cumberland	7,550	24	3.2	26	3.4
East Greenwich	3,465	9	2.6	8	2.3
East Providence	7,886	39	4.9	81	10.3
Exeter	1,175	1	0.9	14	11.9
Foster	790	6	7.6	5	6.3
Glocester	1,896	12	6.3	8	4.2
Hopkinton	1,613	10	6.2	12	7.4
Jamestown	871	3	3.4	3	3.4
Johnston	5,119	29	5.7	39	7.6
Lincoln	4,640	32	6.9	46	9.9
Little Compton	568	0	0.0	0	0.0
Middletown	3,487	16	4.6	14	4.0
Narragansett	1,651	15	9.1	11	6.7
New Shoreham	189	0	0.0	0	0.0
Newport	3,660	36	9.8	69	18.9
North Kingstown	5,496	26	4.7	42	7.6
North Providence	5,802	68	11.7	85	14.7
North Smithfield	2,274	19	8.4	24	10.6
Pawtucket	16,455	190	11.5	241	14.6
Portsmouth	3,444	16	4.6	29	8.4
Providence	41,021	408	9.9	547	13.3
Richmond	1,627	6	3.7	7	4.3
Scituate	1,866	11	5.9	16	8.6
Smithfield	3,411	16	4.7	18	5.3
South Kingstown	4,339	24	5.5	53	12.2
Tiverton	2,723	15	5.5	14	5.1
Warren	1,826	20	11.0	21	11.5
Warwick	14,034	76	5.4	117	8.3
West Greenwich	1,251	1	0.8	1	0.8
West Warwick	5,787	80	13.8	101	17.5
Westerly	3,826	33	8.6	55	14.4
Woonsocket	9,467	143	15.1	198	20.9
Unknown Residence	NA	10	NA	1	NA
Out of State	NA	32	NA	NA	NA
Four Core Cities	73,354	813	11.1	1,099	15.0
Remainder of State	136,431	846	6.2	1,203	8.8
Rhode Island	209,785	1,659	7.9	2,302	11.0

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), Calendar Year 2023. These data include child victims living out-of-state and in unknown residences.

Victims of child neglect/abuse are unduplicated counts of victims with substantiated allegations of child neglect and/or abuse. More than one victim can be involved in an investigation.

An indicated investigation is an investigated report of child neglect and/or abuse for which a preponderance of evidence exists that child neglect and/or abuse occurred. An indicated investigation can involve more than one child and multiple allegations.

The denominator is the number of children under age 18 according to the U.S. Census 2020 and the numerator is an unduplicated count of child victims.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

- ^{1,15} U.S. Department of Health and Human Services, Administration for Children and Families. (2023). *2023/2024 prevention resource guide*. Washington, DC: Children's Bureau
- ² Child Welfare Information Gateway. (2019). *Long-term consequences of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- ³ Strathearn L., Giannotti M., Mills R., et al. (2020). Long-term cognitive, psychological, and health outcomes associated with child abuse and neglect. *Pediatrics, 146*(4).
- ⁴ Rhode Island Department of Children, Youth and Families. (n.d.) The Family Services Unit. Retrieved from www.dcyf.ri.gov
- ^{5,10} Rhode Island Department of Children, Youth and Families. (n.d.). *Program: Family Care Community Partnerships (FCCPs)*. Retrieved from www.dcyf.ri.gov
- ^{6,7,8,11,17,18,19,20,21,22} Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2014-2023.

(continued on page 186)

Children in Out-of-Home Placement

DEFINITION

Children in out-of-home placement is the number of children who have been removed from their families and are in the care of the Rhode Island Department of Children, Youth and Families (DCYF) while awaiting permanency. Out-of-home placements include foster care homes, group homes, assessment and stabilization centers, residential facilities, and medical facilities. Permanency can be achieved through reunification with the family, adoption, or guardianship.

SIGNIFICANCE

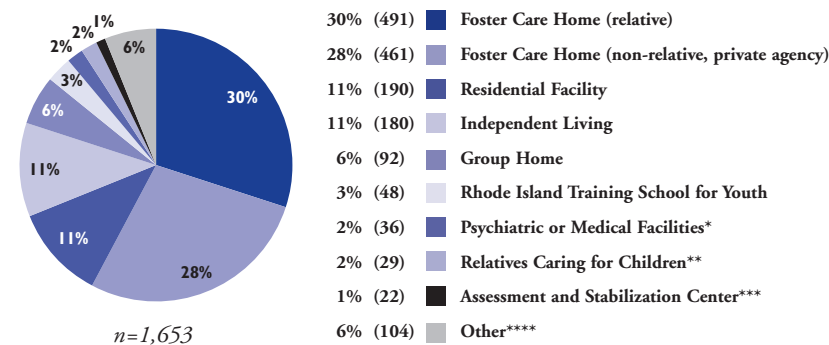
Children need stability, permanency, and safety for healthy development. Whenever possible, it is best for children and families to remain together. Removal from the home may be necessary for the child's safety and well-being; however, critical connections and a sense of permanency may be lost when a child is placed out-of-home.¹ Permanency planning efforts should begin as soon as a child enters the child welfare system so that a permanent living situation can be secured as quickly as possible.² The federal *Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections Act)* promotes permanency through supports for relative guardianship and incentives for adoption.³

Children in out-of-home care can experience multiple placements, lose contact with family members and

siblings, and may have overlooked educational, physical, and mental health needs.⁴ They suffer more frequent and more serious medical, developmental, and mental health problems than their peers.⁵ Mental and behavioral health is the largest unmet health need.⁶ Long-term stays in care can cause emotional, behavioral, or educational problems that can negatively impact children's long-term well-being and success.⁷ Children in foster care are about twice as likely as their peers to be absent from school or be suspended and are nearly three times more likely than their peers to be expelled. Appropriate supports and services can help youth in care maximize their potential and ensure that they are prepared for higher education and work.⁸ As of the 2017-2018 school year in Rhode Island, data on reading and math proficiency and high school graduation is publicly available for students in foster care.⁹

Children of Color are overrepresented at various points in the child welfare system, including reporting, screening, investigation, and assessment, and child welfare systems often fail to find and retain foster and adoptive Families of Color. Children of Color in child welfare systems are more likely to be removed from their homes, remain in the child welfare system longer, have parental rights terminated, and are less likely to reunify with their families.¹⁰

Children in Out-of-Home Placement, Rhode Island, December 1, 2023



*Medical facilities data include medical hospitals (13) and psychiatric hospitals (23).

**Relatives caring for children are classified as an out-of-home placement by DCYF, despite the fact that these relatives did not receive monetary payments from DCYF to care for the children and the children were never removed and never needed to be removed from the relatives' homes. In these cases, the relative caring for the child contacted DCYF to receive assistance from the agency.

***Assessment and Stabilization Centers are described as an emergency placement.

****The placement category "Other" includes out-of-state/other agency (70), runaway youth in DCYF care or those with unauthorized absences (21), Job Corps (1), prison (1), substance use treatment facility (1), and other (10).

Source: RI Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2023. Percentages may not sum to 100% due to rounding.

★ As of December 1, 2023, there were 1,653 children under age 21 in the care of DCYF who were in out-of-home placements.¹¹

★ The total DCYF caseload on December 1, 2023 was 6,253, including 2,102 children living in their homes under DCYF supervision, an increase from 2022 (1,974), and 2,498 children living in adoption settings.¹²

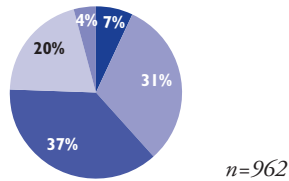
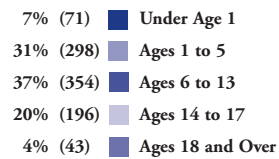
★ The total DCYF caseload also included 70 children in out-of-state placements/other agency custody, one participating in Job Corps, one serving a prison sentence, and 10 youth in other placements.¹³

★ On December 1, 2023, 282 children were living in a residential facility or group home, a slight increase from 265 children on December 31, 2022. The percentage of children in out-of-home placement who were in a relative foster care home decreased from 35% (634) on December 31, 2022 to 30% (491) on December 1, 2023.^{14,15}

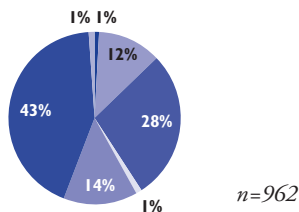
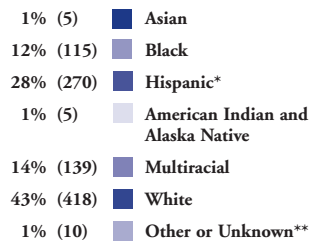
Children in Out-of-Home Placement

Children in Out-of-Home Placement, by Type of Setting, Age, and Race and Ethnicity, Rhode Island

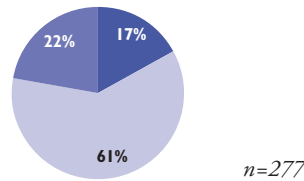
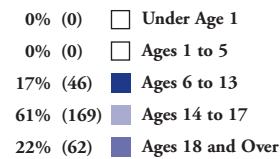
In Foster Care Homes by Age



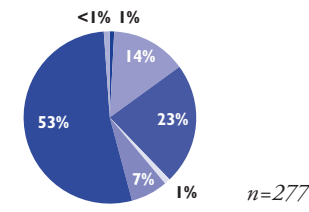
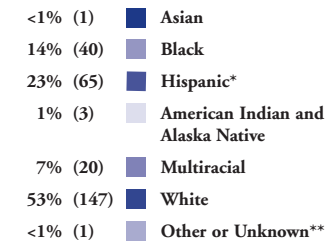
In Foster Care Homes by Race and Ethnicity



In Group Homes and Residential Facilities by Age



In Group Homes and Residential Facilities by Race and Ethnicity



*Hispanic children may be of any of the race categories. **Other or Unknown also includes those who "Declined to Disclose" their race/ethnicity.

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2023-2024. Pie charts show data for a single point-in-time: Foster Care Homes on January 2, 2024 and Group Homes and Residential Facilities on December 31, 2023. Data may not match the chart on previous page due to different report dates. Residential facilities do not include psychiatric hospitals, medical hospitals, the Rhode Island Training School, out-of-state/other agency custody or residential facility placements pending contract. Percentages may not sum to 100% due to rounding.

Ensuring Children Grow Up in Families

★ Whenever safely possible, it is important to support families so children can remain with their parents. The *Family First Prevention Services Act (FFPSA)* of 2018 enables states to use funds from the entitlement of Title IV-E of the *Social Security Act* that pays for child welfare, for services to prevent the use of foster care in cases of maltreatment. States can spend money on services to address mental health issues, in-home parent skill-based programs, and substance use treatment for parents and relatives caring for children. Rhode Island received approval begin implementing the *FFPSA* over five years starting in FFY 2022. In 2023 the *FFPSA* was updated to simplify the licensing process for kinship placements, protect LGBTQ+ children in foster care, and expand access to legal representation.^{16,17}

★ If children cannot remain safely at home with family supports, out-of-home placement with a kinship foster family may be the best option. Children in kinship foster families have been shown to have fewer mental health and behavioral issues, as well as increased educational and placement stability.¹⁸ The *Fostering Connections Act* promotes kinship care and family connections by requiring states to notify relatives when a child is placed in foster care and providing funding for states offering kinship guardianship assistance payments.¹⁹ Rhode Island defines kin broadly and includes any adult who has a close and caring relationship with the child.²⁰ On December 1, 2023, of the 952 children in foster care placements in Rhode Island, 52% (491) were in kinship foster families.²¹

★ Children in foster families experience better outcomes related to placement stability, education, and delinquency compared to children in congregate care settings.²² Some youth who require intensive services for mental health needs can benefit from the care provided in a treatment foster care home, which is often more cost effective than residential treatment homes and provides the structure and familiarity of a home environment.²³

★ Adolescents are more likely to be placed in group homes and residential facilities than younger children. In Rhode Island on December 31, 2023, of the 277 children placed in groups homes and residential facilities, 83% (231) were ages 14 and older.²⁴

★ Black children are twice as likely to be in both foster care and congregate care placements compared to their representation in the population. Multiracial children are also more than one and a half times more likely to be in foster care.^{25,26}

(References are on page 186)

Outcomes for Children in DCYF Care

DEFINITION

Outcomes for children in DCYF care is the percentage of children in out-of-home care who transition to a permanent living arrangement through reunification, adoption, or guardianship. Data are for all children under age 18 who entered out-of-home placement with the Rhode Island Department of Children, Youth and Families (DCYF) and achieved permanency within 12 months.

SIGNIFICANCE

Children who are removed from their families suffer trauma leading into and including removal. This trauma compounds when children remain in foster care for years and are moved to different placements.¹ Multiple, prolonged, and unstable placements can negatively affect children's academic achievement, mental health, ability to develop healthy connections, and future earnings.^{2,3,4} Many of these factors can also affect these children's likelihood of reaching permanency.⁵


Planning for permanency begins with increasing placement stability so children are living in safe, caring foster families that can support them in exiting to permanency as soon as possible. Strategies to improve permanency include prioritizing kinship care, placement matching to ensure that first placements are successful, improving supports for children and

foster families, and meaningfully involving youth in their case planning.⁶

Reunification with parents is both the primary goal and the most common permanency outcome. When reunification is not possible, child welfare agencies focus on placing children in another permanent family through adoption or guardianship, a legal arrangement where an adult is named a child's caregiver and given custody and legal authority to make decisions about the child, often without terminating parental rights.^{7,8,9}

Children and youth who live with families while in the child welfare system are better prepared to thrive in permanent homes. To promote permanency through placements with family members, federal law requires states to notify relatives when a child is placed in foster care, provides funding for states offering kinship guardianship assistance, provides incentive payments for adoptions of older children and children with special needs, and requires that states inform families about the availability of the federal adoption tax credit.^{10,11}

Older youth who age out of foster care without permanency are at risk for low educational attainment, homelessness, unemployment, and unintended pregnancy. *The Families First Prevention Services Act* allows states to extend eligibility for services up to age 23 to help youth transition to independent living with better outcomes into adulthood.^{12,13}



Among Rhode Island FFY 2022 Entry Cohort, Children Who Achieved Permanency Within 12 Months, by Discharge Reason

DISCHARGE REASON	NUMBER	PERCENTAGE	MEDIAN DAYS IN PLACEMENT
Reunification with Parents	141	79%	258
Guardianship	25	14%	308
Adoption	6	3%	306
Adoption – Direct Consent	<6	*	263
Living with Relative(s)	<6	*	179
Total Number	178	100%	265

Source: *Permanency analytic report FFY 22 Entry Cohort* Rhode Island Department of Children, Youth and Families. Permanency includes reunification, guardianship, living with a relative, adoption, and reunification. *Cannot be calculated because small numbers have been suppressed to protect confidentiality.

★ Of the 839 Rhode Island children in the FFY 2022 entry cohort, 21% (178) of children in out-of-home placement exited foster care to permanency (reunification, guardianship, living with other relatives, or adoption) within 12 months of removal. In part, residual COVID-19 impacts contributed to lower permanency outcomes.^{14,15}

★ Of the 178 children in the FFY 2022 entry cohort who achieved permanency within 12 months, 51% were under age six, 24% were ages six to 11, and 25% were ages 12 to 17. Ten percent of these children were Black, 31% of children were Hispanic (of any race), 15% were Multiracial or other, 44% were white, and <1% were of unknown race.¹⁶

★ Among the 178 Rhode Island children in the FFY 2022 cohort who achieved permanency within 12 months, 79% achieved permanency through reunification with their family of origin. Child welfare agencies can promote reunification by setting policies and practices that include comprehensive family assessment, active case management, and reunification and post-reunification services tailored to the family's needs.^{17,18}

★ Rhode Island's guardianship assistance program defines kin as any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy. Among the 178 children in the FFY 2022 cohort who achieved permanency within 12 months, 14% achieved permanency through guardianship.^{19,20}

★ Of the 780 Rhode Island children in the FFY 2021 entry cohort, 25% (198) exited foster care to permanency within 12 months of removal, and 22% (173) exited foster care to permanency in 13 to 24 months.²¹

Outcomes for Children in DCYF Care

Voluntary Extension of Care (VEC)

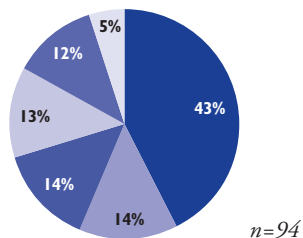
★ In 2018, Rhode Island established the VEC program, allowing youth in foster care ages 18 to 21 the option of continuing to receive services. VEC helps older youth in care transition to adulthood by supporting them in setting their own goals for housing, education, employment, health care, social services, and social activities while providing guidance in decision-making and when challenges arise. Youth must meet specific eligibility guidelines to be referred and enrolled in the program, and to remain enrolled, youth must meet education or employment requirements.²²

★ On November 30, 2023, 94 youth ages 18 to 21 were enrolled in VEC with approved court petitions. An additional four youth were in VEC case management and 12 were in transition to VEC. Of these 94 youth, 68% were female and 32% were male. Seventeen percent were age 18, 33% were age 19, 43% were age 20, and 7% were age 21. Twenty-one percent were Black, 24% were Hispanic (of any race), 10% were Multiracial/Other, and 45% were white.²³

★ Of the 94 youth in VEC on November 30, 2023, 43% were continuing their education. Additionally, 70% had some form of employment, including 24 youth who were employed full time, and 35 who were employed part time. Twenty-nine percent were not employed.²⁴

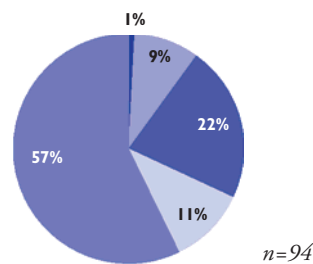
Housing for Youth in VEC

- 43% (40) ■ Apartment Alone
- 14% (13) ■ Former Foster Home
- 14% (13) ■ With Relative/Kin
- 13% (12) ■ Apartment with Others
- 12% (11) ■ Paid Independent Living
- 5% (5) ■ Dormitory



Education for Youth in VEC

- 1% (1) ■ Enrolled in High School
- 9% (8) ■ Enrolled in GED
- 22% (21) ■ Full-time Postsecondary
- 11% (10) ■ Part-time Postsecondary
- 57% (54) ■ Not Currently Enrolled



Source: Rhode Island Department of Children, Youth and Families, November 30, 2023.

Supports and Services for Permanency Through Reunification

★ The most common permanency outcome is reunification with the child's family of origin when it is safe to do so. Families who receive reunification services frequently have complex needs. There are several factors that impact reunification including addressing the safety concern that prompted the initial removal and healing from the trauma experienced by both the child and their family. Using trauma-informed, and culturally responsive assessments to identify strengths and needs of the child and family that engage them as experts in their lives lead to successful permanency through reunification. Additionally, wrap-around services that increase family stability, parent support and peer mentoring, and enhanced visitation are essential supports that promote reunification. After families exit care, post-reunification services are recommended to meet the ongoing needs of families.^{25,26,27}

Adoptions for Children in DCYF Care

★ During calendar year 2023, 149 children in the care of DCYF were adopted in Rhode Island, down 38% from 2022. Of these children, 60% were under age six, 34% were ages six to 13, and 6% were ages 14 or older. Three percent were Black, 32% were Hispanic (of any race), 20% were Multiracial, less than 1% were Pacific Islander, and 44% were white.²⁸

★ On January 1, 2024, there were 122 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these children, 33% were under age six, 23% were ages six to 10, 34% were ages 11 to 15, and 10% were ages 16 and older. Four percent were Black, 26% were Hispanic (of any race), 21% were Multiracial or other, and 48% were white.²⁹

★ Of the 122 children waiting to be adopted, 28% (34) were children of parents whose parental rights had been legally terminated.³⁰

★ Of the 173 Rhode Island children in the FFY 2021 entry cohort who reached permanency in 13 to 24 months, 20% were adopted.³¹

References

^{1,3,5} Casey Family Programs. (2023). *Strong families strategy brief: What impacts placement stability?* Retrieved March 14, 2024, from www.casey.org

² Wedeles, J. (n.d.). *Placement stability in child welfare.* Retrieved March 14, 2024, from www.oacas.org

(continued on page 186)

Education

Rhode Island

by Saumya Gupta

I'm the tiny little state
Let me tell you a little bit about myself
I may be small but great
The oceans I'm a home to
For tourists I'm a go to
The fall colors I produce are so pretty
I have towns and cities
I'm a state lots of people love
I'm everything and above
But the thing that makes me a lovely state
Is the people gathering together
That become friends even mates
So here it is I hope you had a lot of fun
I'm sorry to say this my friend but this rhyme is done



Children Enrolled in Early Intervention

DEFINITION

Children enrolled in Early Intervention is the number and percentage of children under age three who have an active Individual Family Service Plan through a Rhode Island Early Intervention provider.

SIGNIFICANCE

During the first few years of life, children develop the basic brain architecture and social-emotional health that serves as a foundation for all future development and learning. Infants and toddlers with developmental delays and disabilities and those who face significant family circumstances need extra help and should receive high-quality Early Intervention services to develop essential language, social-emotional, and motor skills to reduce the need for services when they are older.¹

States are required to provide Early Intervention services to infants and toddlers with developmental delays and disabilities under Part C of the *Individuals with Disabilities Education Act (IDEA)*. States may also choose to serve children who are at risk of falling behind without early supports.²

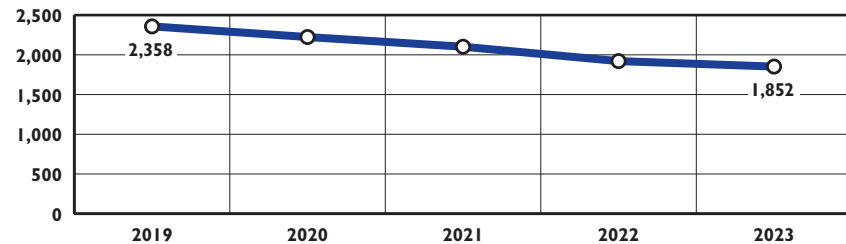
In Rhode Island, children under age three are eligible for Early Intervention (EI) if they have a “single established condition” known to lead to developmental delay (very low birth weight, Down Syndrome, etc.) or if they have a significant developmental delay

in one or more areas of development (cognitive, physical, communication, social-emotional, and adaptive). Current eligibility criteria allow children with “significant circumstances” (significant trauma, history of neglect/abuse, significant parental health/mental health or substance use issues, etc.) to qualify through informed clinical opinion under the developmental delay category, if the circumstances impact child or family functioning.³

Experts estimate that between 13% and 20% of children under age three have developmental delays or disabilities and would benefit from EI. Nationally, less than a quarter of children with developmental delays and disabilities receive EI before age three. One recent study of a large urban health care system found that only 19% of EI-eligible children were referred to EI and, of those referred, only 26% received EI services, amounting to a net enrollment of 5% of EI-eligible children.^{4,5,6}

Routine developmental and Autism Spectrum Disorder screenings using standardized tools at pediatric well-child visits help to identify children who may benefit from Early Intervention services.⁷ In Rhode Island in Calendar Year 2022, 73% of children under age one, 76% of children age one, and 70% of children age two (72% of all children under age three) with RIte Care insurance received developmental screenings.⁸


Infants & Toddlers Receiving Early Intervention Services as of June 30, 2019-2023, Rhode Island



Source: Rhode Island Executive Office of Health and Human Services, Children enrolled as of June 30, 2019-2023.

- ★ As of June 30, 2023, 1,852 infants and toddlers were receiving EI services, 6% of the population under age three. The number enrolled was down 21% from June 2019.⁹
- ★ In State Fiscal Year 2023, 3,468 children were referred to Early Intervention. Most referrals came from primary health care providers (30%) or parents/guardians (27%). Of those referred, 67% were evaluated and enrolled, 10% were evaluated and determined not eligible, 18% were not evaluated and were referred to other services, and 5% were still in process.¹⁰
- ★ In State Fiscal Year 2023, 1,989 children were discharged from EI. Of these, 293 (15%) met their developmental goals and no longer needed EI services, 1,359 (68%) reached the age to transition out of EI and were referred to school districts for evaluation, and 337 (17%) exited for other reasons. Of those who reached the age to transition out of EI, 929 were determined eligible for preschool special education, 203 were determined not eligible, and 227 did not have eligibility determined when they exited EI.¹¹
- ★ As of June 30, 2023, in Rhode Island, Early Intervention services for 1,090 children (59%) were paid for by public insurance (RIte Care and Medicaid), 747 children (40%) were paid for by private health insurance providers, and 15 children (1%) were uninsured with services covered by federal *IDEA Part C* funding.¹²
- ★ Since November 2021, infants and toddlers referred to Early Intervention in Rhode Island have had to wait for services due to a staffing crisis caused primarily by inadequate payment rates. In November 2023, Early Intervention agencies reported 42 vacant staff positions. As of February 2024, 623 infants and toddlers in Rhode Island had been waiting for Early Intervention for more than 45 days.^{13,14}

Children Enrolled in Early Intervention

Table 31. Infants and Toddlers Enrolled in Early Intervention (EI) by Eligibility Type, Rhode Island, 2023

CITY/TOWN	# OF CHILDREN UNDER AGE 3	STATE FISCAL YEAR 2022-2023 REFERRALS	JUNE 30, 2023 ENROLLMENT BY ELIGIBILITY					
		# OF CHILDREN REFERRED TO EARLY INTERVENTION	SINGLE ESTABLISHED CONDITION	MEASURED DEVELOPMENTAL DELAY	SIGNIFICANT CIRCUMSTANCES IMPACTING CHILD/FAMILY FUNCTION	NO INFORMATION	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED IN EI
Barrington	412	41	4	15	13	0	32	8%
Bristol	375	36	4	17	9	0	30	8%
Burrillville	388	42	4	15	5	0	24	6%
Central Falls	937	124	3	49	8	2	62	7%
Charlestown	157	12	0	2	2	0	4	3%
Coventry	893	85	5	34	24	1	64	7%
Cranston	2,271	263	11	100	39	3	153	7%
Cumberland	1,097	112	7	44	14	2	67	6%
East Greenwich	353	32	2	10	5	1	18	5%
East Providence	1,237	143	9	48	20	0	77	6%
Exeter	158	12	2	2	3	0	7	4%
Foster	113	13	0	5	2	0	7	6%
Glocester	250	19	0	2	2	1	5	2%
Hopkinton	196	20	2	8	1	0	11	6%
Jamestown	90	6	0	3	0	0	3	3%
Johnston	703	85	3	33	14	0	50	7%
Lincoln	531	65	3	18	11	0	32	6%
Little Compton	73	2	0	0	1	0	1	1%
Middletown	520	55	3	12	9	0	24	5%
Narragansett	175	8	0	4	0	0	4	2%
New Shoreham	14	3	1	1	0	0	2	14%
Newport	606	73	5	25	7	0	37	6%
North Kingstown	729	52	4	13	10	1	28	4%
North Providence	914	86	8	32	11	0	51	6%
North Smithfield	286	29	2	14	5	0	21	7%
Pawtucket	2,652	290	10	99	25	1	135	5%
Portsmouth	441	44	5	17	13	0	35	8%
Providence	6,323	950	45	322	83	11	461	7%
Richmond	234	14	1	1	1	0	3	1%
Scituate	244	23	0	12	2	1	15	6%
Smithfield	445	47	2	22	7	0	31	7%
South Kingstown	501	33	3	17	1	0	21	4%
Tiverton	351	37	8	11	10	0	29	8%
Warren	243	16	2	8	4	0	14	6%
Warwick	2,146	224	6	69	39	2	116	5%
West Greenwich	159	13	1	6	2	0	9	6%
West Warwick	900	90	4	33	10	0	47	5%
Westerly	496	43	7	12	5	1	25	5%
Woonsocket	1,469	213	6	75	15	1	97	7%
Unknown	NA	13	NA	NA	NA	NA	NA	NA
Four Core Cities	11,381	1,577	64	545	131	15	755	7%
Remainder of State	18,701	1,878	118	665	301	13	1,097	6%
Rhode Island	30,082	3,468	182	1,210	432	28	1,852	6%

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, Early Intervention referrals for State Fiscal Year 2023 (July 1, 2022 – June 30, 2023) and enrollment as of June 30, 2023 (point-in-time).

The denominator is the number of children under age three, according to Census 2020, PCT 12.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

- ¹² Ullrich, R., Cole, P., Gebhard, B., & Schmit, S. (2017). *Early Intervention: A critical support for infants, toddlers, and families*. Washington, DC: Zero to Three and CLASP.
- ³ *Rhode Island Early Intervention certification standards policies and procedures: IV. Eligibility determination*. (2018). Cranston, RI: Rhode Island Executive Office of Health and Human Services.
- ⁴ Prenatal to 3 Policy Impact Center. *What are Early Intervention services and why are they important?* Retrieved March 5, 2024, from www.pn3policy.org
- ⁵ Zubler, J. M., et al., (2022). Evidence-informed milestones for developmental surveillance tools. *Pediatrics*, 149(3): e2021052138.
- ⁶ McManus, B. M., et al., (2020). Child characteristics and early intervention referral and receipt of services: A retrospective cohort study. *BMC Pediatrics*, 20:84.
- ⁷ Lipkin, P. H., Macias, M. M., & AAP Council on children with disabilities, section on developmental and behavioral pediatrics. (2020). Promoting optimal development: Identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*, 145(1): e20193449.
- ⁸ Rhode Island Executive Office of Health and Human Services, Medicaid Core Set Measure, Developmental Screenings Children Under Age 3, Calendar Year 2022, Federal Fiscal Year 2023.
- ^{9,10,11,12} Rhode Island Executive Office of Health and Human Services, 2019 - 2022.

(continued on page 187)

Children Enrolled in Early Head Start

DEFINITION

Children enrolled in Early Head Start is the number and percentage of low-income infants and toddlers enrolled in a Rhode Island Early Head Start program.

SIGNIFICANCE

Early Head Start is an intensive, comprehensive early childhood program serving low-income children birth to age three, pregnant women, and their families. Early Head Start programs serve families with the greatest needs, including families living in or near poverty and families receiving Supplemental Nutrition Assistance Program (SNAP) benefits. The federally-funded Early Head Start program is designed to address the comprehensive needs of low-income infants and toddlers and pregnant women by providing high-quality early education, nutrition and mental health services, health and developmental screenings and referrals, and fostering the development of healthy family relationships.^{1,2,3}

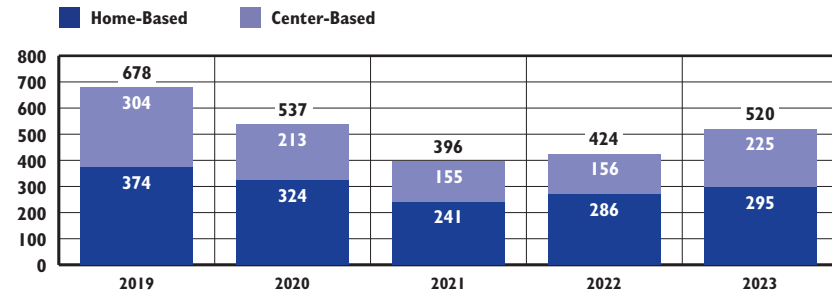
There are two different ways families participate in Early Head Start. Home-based programs use weekly home visits and twice-monthly group meetings to support child development. Children in center-based models attend a high-quality center-based early care and education program and families receive at least two home visits per year.⁴

Starting in 2014, federal Early Head Start-Child Care Partnership funding expanded access to Early Head Start by building the capacity of child care programs to meet Early Head Start quality standards, providing high-quality, full-day, full-year child care with comprehensive services to low-income infants, toddlers, and their families.⁵

In Rhode Island in 2023, 93% of children enrolled in Early Head Start or an Early Head Start-Child Care Partnership were in a program that had achieved a high-quality BrightStars rating of four or five stars while only 18% of infants and toddlers enrolled in the Child Care Assistance Program were in a high-quality program.^{6,7}

Early Head Start has been shown to produce significant cognitive, language, and social-emotional gains in participating children and more positive interactions with their parents. Early Head Start parents provide more emotional support, more opportunities for language development, read more to their children, are less likely to use physical discipline, and are more likely to create a stimulating environment at home. Early Head Start parents are also less likely to experience depression and more likely to be self-sufficient with higher incomes. Children who enroll in high-quality preschool after Early Head Start have better outcomes at kindergarten entry.^{8,9}

Early Head Start Enrollment, 2019-2023, Rhode Island



Source: Rhode Island Early Head Start program reports to Rhode Island KIDS COUNT, October 2019 – October 2023.

★ As of October 2023 in Rhode Island, there were 520 individuals (505 infants and toddlers and 15 pregnant women) enrolled in Early Head Start, up 23% from 2022 but still down 23% from 2019. An estimated 4% of the infants and toddlers in low-income families in Rhode Island were enrolled.^{10,11}

★ In October 2023, there were 139 Early Head Start seats in Rhode Island that did not have enrolled children because of staff vacancies, 21% of funded capacity. Statewide, there were 148 eligible children on a waiting list for Early Head Start.¹²

★ Of the 520 children and pregnant women enrolled in Early Head Start in 2023, 295 (57%) were participating in a home-based program and 225 (43%) were enrolled in a center-based program. Three percent of Early Head Start clients were pregnant women, 13% were infants under age one, 31% were age one, 48% were age two, and 5% were age three.¹³

★ In 2023, Rhode Island Early Head Start programs served children with high needs including: 66 infants and toddlers with developmental delays or disabilities (13% of all children enrolled), 26 children who were in foster care, and 21 children who were homeless. Early Head Start programs are required to enroll children with disabilities and to screen all enrolled children to identify developmental delays and disabilities.^{14,15}

Children Enrolled in Early Head Start

Table 32.

Children Ages Birth to Three and Pregnant Women Enrolled in Early Head Start, Rhode Island, 2023

SCHOOL DISTRICT	# OF CHILDREN <AGE 3	% LOW-INCOME CHILDREN IN DISTRICT	ESTIMATED # LOW-INCOME CHILDREN <AGE 3	# ENROLLED IN HOME-BASED EARLY HEAD START	# ENROLLED IN CENTER-BASED EARLY HEAD START	# ENROLLED IN EARLY HEAD START	ESTIMATED % OF LOW-INCOME INFANTS AND TODDLERS ENROLLED IN EARLY HEAD START
Barrington	412	7%	29	0	0	0	0%
Bristol	375	32%	120	1	3	4	3%
Burrillville	388	34%	132	4	5	9	7%
Central Falls	937	94%	881	35	5	40	5%
Charlestown	157	19%	30	0	1	1	3%
Coventry	893	30%	268	2	6	8	3%
Cranston	2,271	44%	999	0	21	21	2%
Cumberland	1,097	19%	208	0	3	3	1%
East Greenwich	353	6%	21	1	1	2	9%
East Providence	1,237	49%	606	2	16	18	3%
Exeter	158	12%	19	0	1	1	5%
Foster	113	26%	29	0	0	0	0%
Glocester	250	13%	33	0	1	1	3%
Hopkinton	196	19%	37	1	0	1	3%
Jamestown	90	7%	6	0	0	0	0%
Johnston	703	45%	316	5	4	9	3%
Lincoln	531	26%	138	0	0	0	0%
Little Compton	73	13%	9	0	0	0	0%
Middletown	520	31%	161	4	2	6	4%
Narragansett	175	14%	25	0	0	0	0%
New Shoreham	14	19%	3	0	0	0	0%
Newport	606	68%	412	9	15	24	6%
North Kingstown	729	20%	146	2	0	2	1%
North Providence	914	39%	356	15	9	24	7%
North Smithfield	286	19%	54	0	1	1	2%
Pawtucket	2,652	55%	1,459	44	18	62	4%
Portsmouth	441	14%	62	2	3	5	8%
Providence	6,323	78%	4,932	133	37	170	3%
Richmond	234	19%	44	0	0	0	0%
Scituate	244	16%	39	1	1	2	5%
Smithfield	445	11%	49	1	3	4	8%
South Kingstown	501	19%	95	5	7	12	13%
Tiverton	351	27%	95	3	0	3	3%
Warren	243	32%	78	1	1	2	3%
Warwick	2,146	38%	815	13	34	47	6%
West Greenwich	159	12%	19	0	0	0	0%
West Warwick	900	41%	369	9	20	29	8%
Westerly	496	34%	169	2	0	2	1%
Woonsocket	1,469	48%	705	0	7	7	1%
Four Core Cities	11,381	69%	7,853	212	67	279	4%
Remainder of State	18,701	30%	5,610	83	158	241	4%
Rhode Island	30,082	44%	13,236	295	225	520	4%

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled as of October 2023. Children enrolled are listed by residence of child, not location of the Head Start program.

The estimated number of low-income children under age three is based on the number of children under age 3 according to Census 2020, Table PCT12 multiplied by the percentage of students who qualified for free or reduced-price lunch (at or below 185% of the federal poverty level) in each city or town's school district. Free and reduced-price lunch data are from Rhode Island Department of Education, 2023-2024 school year.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

- ¹ Prenatal to 3 Policy Impact Center. *What is Early Head Start and why is it important?* Retrieved March 15, 2024, from www.pn3policy.org
- ² U.S. Department of Health and Human Services, Administration for Children and Families, Head Start Early Childhood Learning and Knowledge Center. (2024). *Eligibility: Determining need and meeting expectations.* Retrieved March 15, 2024, from eclkc.ohs.acf.hhs.gov
- ^{3,8} Shaffner, M. & Cole, P. (2021). *Early Head Start: An essential support for pregnant women, infants, and toddlers.* Washington, DC: Zero to Three.
- ⁴ U.S. Department of Health and Human Services, Administration for Children and Families, Head Start Early Childhood Learning & Knowledge Center. (2018). *Early Head Start program options.* Retrieved March 15, 2024, from eclkc.ohs.acf.hhs.gov
- ⁵ Schumacher, R., Bernhard, K., Wallen, M., Reidt-Parker, J., & Kohler, C. (2020). *Expanding high-quality child care for infants and toddlers: Lessons learned from implementation of Early Head Start – Child Care Partnerships in states.* Chicago, IL: The Ounce of Prevention Fund.
- ^{6,10,12,13,14} Rhode Island Early Head Start program reports to Rhode Island KIDS COUNT, October 2019 - October 2023.

(continued on page 187)

Licensed Capacity of Early Learning Programs

DEFINITION

Licensed capacity of early learning programs is the number of child care and early learning programs and slots licensed by the Rhode Island Department of Human Services for children under age six. It does not reflect the actual staffed capacity since programs can have closed classrooms or reduced enrollment due to lack of staff.

SIGNIFICANCE

Nationally, more than half of children under age five regularly attend a child care or early learning program. Research shows that when children attend child care and early learning programs that are high-quality, there are lasting benefits including improved math, language, and social skills.¹

However, for many families, high-quality child care is not affordable or available. Nationally, 83% of parents report that finding quality, affordable child care in their area is a serious problem, and nearly three in four parents report that child care issues negatively impacted their career. Families that have infants and toddlers, parents of children with disabilities, immigrant families, and parents working nonstandard hours face limited options for licensed child care.²

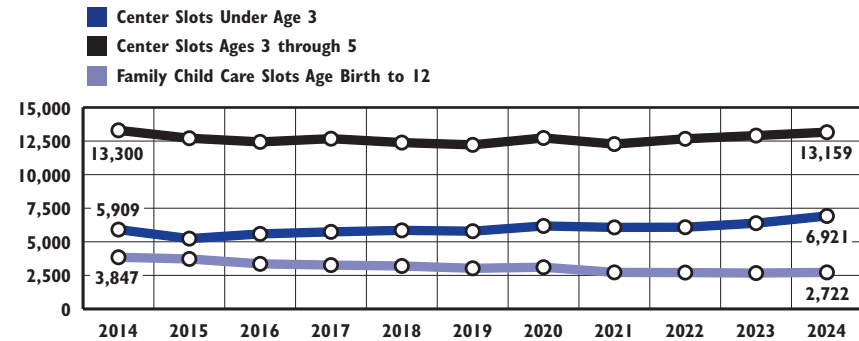
Access to stable, affordable, quality child care is a basic need for many working families and is critical for Rhode Island's economy. When parents

have difficulty finding and keeping child care, they are more likely to be absent from work and to leave their jobs.³ Between 2018 and 2022, 74% of Rhode Island children under age six had all parents in the workforce, higher than the U.S. rate of 67%.⁴

Revenue from family fees and available public subsidies for child care are not adequate for most child care and early learning programs to pay competitive wages that are needed to attract and retain qualified staff.⁵ In 2022 in Rhode Island, the median wage was \$13.97/hour for a child care educator and \$24.56/hour for a child care or preschool director.⁶

The federal *Child Care and Development Block Grant Act* requires states to establish and enforce clear health and safety standards for child care programs. States must conduct at least one unannounced inspection of all licensed providers each year and must maintain a public website with a searchable list of child care providers with information on the quality of each child care program and the findings from at least three years of licensing inspections. States must also publicly report data on serious injuries, substantiated child maltreatment, and deaths in child care programs.⁷ Between 2020 and 2022, there were 11 children seriously injured, 28 children who were maltreated, and zero children who died in a licensed child care program in Rhode Island.⁸

Early Learning Program Capacity, Rhode Island, 2014-2024



Source: Rhode Island Department of Children, Youth and Families, 2014-2019 and Rhode Island Department of Human Services, 2020-2024. RI Early Care and Education Data System (ECEDS), 2016-2020.

★ In January 2024, there were 6,921 slots for infants and toddlers and 13,159 slots for preschoolers (ages three through five) in 325 licensed centers. The number of infant/toddler slots is up 12% and the number of preschool slots is up 3%, but the number of licensed early learning centers is down 1% from 329 centers in January 2020 (pre-pandemic).⁹

★ In January 2024, there were 2,722 slots children ages six weeks to 12 years in 399 licensed family child care homes. The number of family child care slots is down 12% and the number of licensed family child care homes is down 13% from 460 homes in January 2020 (pre-pandemic).¹⁰

★ As of January 2024, 85% of licensed family child care providers and 80% of licensed early learning centers in Rhode Island accept children participating in the Child Care Assistance Program (CCAP), which covers all or part of the cost of child care for eligible low-income families.¹¹

Impact of Federal Child Care Stabilization Funds Ending

★ An October 2023 national survey of child care programs found that among those that had run out of federal stabilization funding, 35% had raised tuition for families, 28% had cut staff wages or ended salary increases, 13% reduced staff benefits, 34% had lost staff, 24% were serving fewer children, and 23% had growing waitlists.¹²

Licensed Capacity of Early Learning Programs

Table 33.

Capacity of Licensed Early Learning Programs, Rhode Island, January 2024

CITY/TOWN	# OF LICENSED CENTERS	# OF CENTER SLOTS FOR INFANTS/TODDLERS < AGE 3	# OF CENTER SLOTS FOR CHILDREN AGES 3-5	# OF LICENSED FAMILY CHILD CARE HOMES	# OF LICENSED FAMILY CHILD CARE HOME SLOTS*	TOTAL LICENSED EARLY LEARNING PROGRAM SLOTS
Barrington	9	136	322	5	34	492
Bristol	4	61	77	3	18	156
Burrillville	4	64	84	1	6	154
Central Falls	3	98	229	12	82	409
Charlestown	4	14	92	0	0	106
Coventry	7	151	224	4	26	401
Cranston	27	600	1,135	43	300	2,035
Cumberland	6	102	323	7	58	483
East Greenwich	14	436	688	0	0	1,124
East Providence	16	238	565	2	12	815
Exeter	2	24	52	0	0	76
Foster	1	19	18	0	0	37
Glocester	4	75	112	0	0	187
Hopkinton	3	14	60	1	8	82
Jamestown	1	30	34	1	8	72
Johnston	20	471	550	8	55	1,076
Lincoln	6	135	237	6	40	412
Little Compton	1	0	20	0	0	20
Middletown	13	243	375	1	6	624
Narragansett	2	12	60	1	6	78
New Shoreham	1	12	26	0	0	38
Newport	3	72	145	1	8	225
North Kingstown	8	156	334	4	26	516
North Providence	9	152	248	6	40	440
North Smithfield	2	86	122	3	32	240
Pawtucket	16	434	752	27	176	1,362
Portsmouth	5	116	152	1	12	280
Providence	52	896	2,286	237	1,581	4,763
Richmond	0	0	0	1	12	12
Scituate	1	11	36	0	0	47
Smithfield	10	312	481	1	8	801
South Kingstown	13	297	349	3	24	670
Tiverton	4	76	147	1	8	231
Warren	5	80	203	1	8	291
Warwick	23	873	1,313	5	36	2,222
West Greenwich	3	47	97	0	0	144
West Warwick	4	131	257	5	32	420
Westerly	7	107	265	2	14	386
Woonsocket	12	140	689	6	46	875
Four Core Cities	83	1,568	3,956	282	1,885	7,409
Remainder of State	242	5,353	9,203	117	837	15,393
Rhode Island	325	6,921	13,159	399	2,722	22,802

Source of Data for Table/Methodology

Rhode Island Department of Human Services, number of licensed child care center slots and programs for children under age six and number of licensed family child care homes and slots, January 2024.

Licensed centers include child care programs, preschools, nursery schools, and center-based Head Start and Early Head Start programs.

*Licensed family child care slots are for children ages six weeks to 12 years old.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

¹⁵ Donoghue, E. A. & AAP Council on Early Childhood. (2017). Quality early education and child care from birth to kindergarten. *Pediatrics*, 140(2): e20171488.

² Malik, R., et al. (2018). *America's child care deserts in 2018*. Washington, DC: Center for American Progress.

³ Schochet, L. (2019). *The child care crisis is keeping women out of the workforce*. Washington, DC: Center for American Progress. Retrieved March 25, 2021, from www.americanprogress.org

⁴ U.S. Census Bureau, American Community Survey, 2018-2022. Table DP03.

⁶ U.S. Bureau of Labor Statistics. (2023). *May 2022 State occupational employment and wage estimates, Rhode Island*. Retrieved February 11, 2024, from www.bls.gov

⁷ Matthews, H., Schulman, K., Vogtman, J., Johnson-Staub, C., & Blank, H. (2017). *Implementing the Child Care and Development Block Grant Reauthorization: A Guide for States*. Washington, DC: Center for Law and Social Policy & National Women's Law Center.

⁸ Rhode Island Department of Human Services. (2023). *Office of child care: Aggregated data report (2022)*. Retrieved February 16, 2024, from www.dhs.ri.gov

^{9,10,11} Rhode Island Department of Human Services, child care licensing data, January 2020, and January 2024.

(continued on page 187)

Children Receiving Child Care Subsidies

DEFINITION

Children receiving child care subsidies is the number of children receiving child care that is either fully or partially paid for with a child care subsidy through the Rhode Island Department of Human Services' Child Care Assistance Program (CCAP). Child care subsidies can be used for care in a licensed child care center, a licensed family child care home, or by a license-exempt provider (family, friend, or neighbor).

SIGNIFICANCE

Families rely on child care to enable them to work and to provide the early education experiences needed to prepare their children for school. Yet the high cost of child care puts quality care out of reach for many low-income families. State child care subsidy programs help low-income families access child care.¹

Child care is the biggest living expense in most family budgets. In Rhode Island, nine out of 10 families cannot afford the average cost of child care for one infant.² A 2019 Rhode Island study of families with children under age six found that affordable child care was consistently reported as the greatest family need.³ Using the federal child care affordability guideline (no more than 7% of family income should be spent on child care), a Rhode Island family would need to earn at least \$197,000 to afford the average

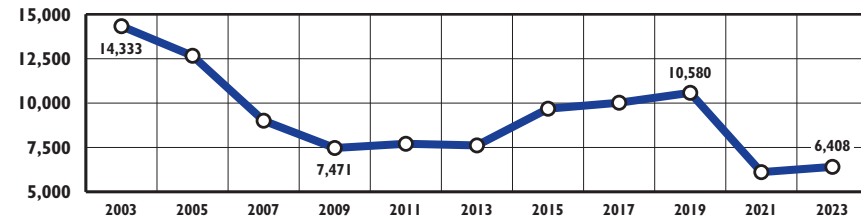
annual cost for one infant at a licensed center in 2021.^{4,5}

Rhode Island's payment rates for child care providers do not meet the federal benchmark established to ensure low-income families have equal access to the child care market. Inadequate payment rates make it difficult for families to find a program that will accept a subsidy and prevent child care programs from offering competitive wages to recruit and retain qualified early educators.⁶ Nationally, funding for state child care subsidy programs is so low that less than 20% of federally income-eligible children and families actually receive assistance. A 2021 report from the U.S. Treasury identifies several market failures that make the current child care system "unworkable" for most families.⁷

Child care educators, almost all of whom are women, and are disproportionately Women of Color, are responsible for the safety, health, learning, and development of our youngest children yet make very low wages and many are not able to meet their basic needs.⁸ At least 15 states fund wage supplements designed to improve qualifications and retention of child care teachers.⁹

In Rhode Island in 2022, the median hourly wage was \$13.97 for a child care educator, in the same range or lower than cashiers, fast food cooks, and retail salespeople.¹⁰


Child Care Subsidies, Rhode Island, Selected Years 2003-2023



Source: Rhode Island Department of Human Services, December 2003 - December 2023.

- ★ In Rhode Island, the number of children receiving a child care subsidy is less than half the number in 2003. In December 2023, there were 6,408 child care subsidies in Rhode Island, down 39% from 2019 (pre-pandemic) and 55% from the 2003 peak.¹¹
- ★ As of December 2023, 24% of children participating in CCAP were enrolled in programs with high-quality BrightStars ratings (four or five stars). Preschool-age children were more likely to be enrolled in a high-quality program (27%) than infants and toddlers (18%) or school-age children (24%). Between 2022 and 2023, the percentage of infants and toddlers in high-quality child care programs declined from 21% to 18% while the percentage of school-age children in high-quality programs increased from 19% to 24%.¹²
- ★ In December 2023, more than half (52%) of subsidies were used by families with incomes at or below the federal poverty level (FPL) and only 5% were used by families with incomes over 200% FPL. Three out of four (75%) child care subsidies were used by low-income working families not receiving cash assistance and 18% were used by families receiving cash assistance. Another 7% of child care subsidies were used for children involved in the child welfare system.¹³


Average Annual Cost for Full-Time Child Care, Rhode Island, 2021

PROGRAM TYPE	COST PER CHILD
Child Care Center (infant care)	\$13,780
Child Care Center (preschool care)	\$11,700
Family Child Care Home (preschool care)	\$9,750
School-Age Center-Based Program (child age 6-12)	\$8,684

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Public Consulting Group. (2021). *Rhode Island Department of Human Services (DHS) 2021 Child care market rate survey report*. Retrieved April 2, 2022, from www.dhs.ri.gov

Children Receiving Child Care Subsidies

Table 34.

Child Care Subsidies, Rhode Island, December 2023

CITY/TOWN	SUBSIDY USE BY CHILD RESIDENCE*			TOTAL CHILD CARE SUBSIDIES	SUBSIDY USE BY PROGRAM LOCATION			
	UNDER AGE 3	AGES 3-5	AGES 6-12+		CENTER	FAMILY CHILD CARE	LICENSE EXEMPT	TOTAL CHILD CARE SUBSIDIES
Barrington	1	7	6	14	33	0	0	33
Bristol	5	9	13	27	27	0	0	27
Burrillville	5	11	14	30	31	0	0	31
Central Falls	59	81	110	250	176	62	0	238
Charlestown	3	2	0	5	2	0	0	2
Coventry	15	39	32	86	86	0	0	86
Cranston	105	143	149	397	458	189	0	647
Cumberland	15	33	46	94	132	0	0	132
East Greenwich	3	5	3	11	46	0	0	46
East Providence	50	68	81	199	223	5	0	228
Exeter	4	6	0	10	5	0	0	5
Foster	1	0	1	2	5	0	0	5
Glocester	1	6	4	11	10	0	0	10
Hopkinton	2	2	1	5	4	1	0	5
Jamestown	1	1	0	2	0	0	0	0
Johnston	32	47	37	116	207	26	0	233
Lincoln	21	22	33	76	79	10	0	89
Little Compton	0	0	0	0	0	0	0	0
Middletown	11	21	22	54	101	0	0	101
Narragansett	3	1	0	4	0	0	0	0
New Shoreham	0	0	0	0	0	0	0	0
Newport	33	50	67	150	118	0	6	124
North Kingstown	25	18	11	54	49	0	0	49
North Providence	35	45	33	113	97	2	0	99
North Smithfield	4	7	6	17	13	0	0	13
Pawtucket	190	266	271	727	671	79	0	750
Portsmouth	3	3	2	8	6	0	0	6
Providence	585	772	970	2,327	1,198	1,099	5	2,302
Richmond	4	2	1	7	0	0	0	0
Scituate	1	3	2	6	1	0	0	1
Smithfield	6	6	8	20	29	0	0	29
South Kingstown	6	10	8	24	41	6	0	47
Tiverton	2	5	4	11	8	2	0	10
Warren	8	13	11	32	29	1	0	30
Warwick	44	85	105	234	357	13	0	370
West Greenwich	1	2	0	3	7	0	0	7
West Warwick	41	69	80	190	159	8	0	167
Westerly	10	17	18	45	52	0	0	52
Woonsocket	82	182	226	490	417	16	0	433
DCYF	159	210	80	449	NA	NA	NA	NA
Undetermined Address	2	4	0	6	NA	NA	NA	NA
Out-Of-State	NA	NA	NA	NA	1	0	0	1
Four Core Cities	916	1,301	1,577	3,794	2,462	1,256	5	3,723
Remainder of State	501	758	798	2,057	2,415	263	6	2,684
Rhode Island	1,578	2,273	2,455	6,306	4,878	1,519	11	6,408

Source of Data for Table/Methodology

Rhode Island Department of Human Services, December 2023.

DCYF is the number of children in the care of the Department of Children, Youth and Families who are receiving child care subsidies.

Out-of-State is subsidies used by Rhode Island resident children who attend child care located outside of Rhode Island; they are included in the total count for Rhode Island.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

NA=Not applicable

Subsidy data by age of child are reported by the child's residence. Subsidy use by program type is reported by location of the program.

*Total subsidy use by program location does not match total subsidy use by child residence, because children may be enrolled in more than one program.

The average annual cost for full-time child care was determined by multiplying the average weekly tuition rate by 52 weeks (for infants and preschoolers). For school-age children, the annual cost was determined by multiplying the average weekly tuition for before and after school care by 39 weeks and adding 13 weeks of average school vacation/summer camp tuition.

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(continued on page 187)

High-Quality Early Learning Programs

DEFINITION

High-quality early learning programs is the percentage of licensed early learning centers, family child care homes, and public schools with preschool classrooms that have a high-quality rating from BrightStars, Rhode Island's Quality Rating and Improvement System for child care and early learning programs.

SIGNIFICANCE

Decades of research show that high-quality early care and education programs can improve children's cognitive and social-emotional development, enabling them to perform better in school. Programs across the U.S. and in Rhode Island vary markedly in quality and can range from rich learning experiences that promote children's development to lower quality settings that can lead to developmental setbacks and contribute to children's behavior problems.^{1,2}


Research has shown that parents strongly prefer high-quality programs and particularly value teachers' educational achievement, however many families cannot afford the cost of higher quality programs and/or don't have enough information about which programs meet recommended quality standards.³

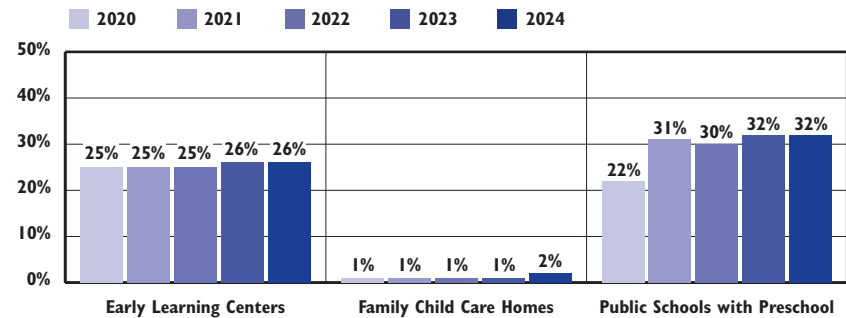
High-quality early care and education programs have qualified educators and low staff turnover, strong staff-child ratios, small class/group sizes,

and research-based health, safety, nutrition, and curriculum practices. Consistent caring, supportive, and educational interactions between early childhood educators and children are the critical ingredient to support children's learning and development. The development and retention of a highly qualified and appropriately compensated workforce for early childhood programs is critical to improve program quality.^{4,5,6,7}

Most states use Quality Rating and Improvement Systems (QRIS) to measure and improve the quality of early learning programs. QRIS measure program quality indicators (e.g., staff qualifications, learning environment, and staff-child interactions) and create an index rating. QRIS ratings are shared with parents and often connected to financial incentives and supports.^{8,9}

BrightStars is Rhode Island's QRIS and conducts program quality assessments for early care and education centers, family child care homes, and public schools. Programs participating in BrightStars receive a star rating and support to achieve quality improvement goals. All programs serving children participating in the Child Care Assistance Program and in RI Pre-K are required to have a BrightStars rating. All public and non-public schools that serve children ages three through five must have a BrightStars rating by June 2025.^{10,11,12}


Percentage of Licensed Early Learning Centers, Family Child Care Programs, and Public Schools with a High-Quality BrightStars Rating (4 or 5 Stars), Rhode Island, 2020-2024



Source: RI Association for the Education of Young Children, Rhode Island Department of Human Services, Rhode Island Department of Education, January 2020 – January 2024.

★ As of January 2024, 269 (83%) licensed child care centers, 357 (89%) licensed family child care homes, and 32 (49%) public schools with preschool classrooms had a BrightStars rating. Eighty-six (26%) licensed early learning centers, six (2%) licensed family child care homes, and 21 (32%) public schools had met the benchmarks for a high-quality rating of four or five stars.¹³

★ Since 2020, the percentage of programs with a high-quality rating has increased for early learning centers (from 25% to 26%), family child care homes (from 1% to 2%), and public schools serving preschoolers (from 22% to 32%).¹⁴

★ Early learning centers and public schools in the core cities are more likely to have a high-quality BrightStars rating than those in the remainder of the state (37% vs. 23% for licensed centers and 40% vs. 29% for public schools) while family child care homes in the core cities are less likely to have a high-quality rating than those in the remainder of the state (2% vs. 1%).¹⁵

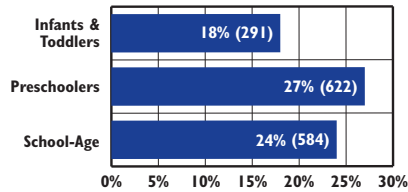
★ A 2016 evaluation of BrightStars found that the star levels effectively differentiate quality, and five of the 10 standards are linked to improved child outcomes (specifically improved social competence and math skills). The study also found that 70% of child care center and preschool directors had a positive or extremely positive impression of BrightStars.¹⁶

High-Quality Early Learning Programs

Table 35.

Licensed Child Care Centers and Preschools Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2024

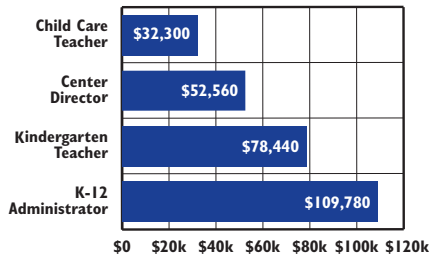
CCAP Children Enrolled in High-Quality Programs (4 or 5 Stars) by Age, December 2023



Source: Rhode Island Department of Human Services, December 2023.

★ Preschool-age children enrolled in the RI Child Care Assistance Program (CCAP) are more likely to be enrolled in a high-quality program (27%) than infants and toddlers (18%) or school-age children (24%).¹⁷

Average Annual Salary, Rhode Island, 2022



Source: U.S. Bureau of Labor Statistics. (2023). *May 2022 State occupational employment and wage estimates, Rhode Island*. Retrieved February 19, 2024, from www.bls.gov

★ Early childhood teachers and program directors in Rhode Island earn significantly lower wages than kindergarten teachers and K-12 school administrators.¹⁸

CITY/TOWN	LICENSED PROGRAMS	PROGRAMS THAT ACCEPT CCAP	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY		% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
							4 STARS	5 STARS		
Barrington	9	5	4	3	1	0	1	0	56%	11%
Bristol	4	3	1	3	0	0	0	0	75%	0%
Burrillville	4	2	1	2	0	0	0	1	75%	25%
Central Falls	3	3	0	0	0	2	1	0	100%	33%
Charlestown	4	4	0	1	0	0	0	3	100%	75%
Coventry	7	7	0	1	2	1	2	1	100%	43%
Cranston	27	23	4	9	6	4	3	1	85%	15%
Cumberland	6	4	2	1	1	0	2	0	67%	33%
East Greenwich	14	7	5	1	2	1	3	2	64%	36%
East Providence	16	13	3	5	4	0	3	1	81%	25%
Exeter	2	2	0	0	1	0	1	0	100%	50%
Foster	1	1	0	0	0	1	0	0	100%	0%
Glocester	4	4	0	1	2	0	0	1	100%	25%
Hopkinton	3	2	0	1	2	0	0	0	100%	0%
Jamestown	1	1	0	0	0	1	0	0	100%	0%
Johnston	20	18	2	6	8	2	2	0	90%	10%
Lincoln	6	6	0	2	3	0	0	1	100%	17%
Little Compton	1	0	1	0	0	0	0	0	0%	0%
Middletown	13	9	5	4	1	1	2	0	62%	15%
Narragansett	2	0	1	0	1	0	0	0	50%	0%
New Shoreham	1	0	1	0	0	0	0	0	0%	0%
Newport	3	2	1	0	1	0	1	0	67%	33%
North Kingstown	8	6	1	2	0	2	3	0	88%	38%
North Providence	9	8	1	3	2	0	1	2	89%	33%
North Smithfield	2	2	1	1	0	0	0	0	50%	0%
Pawtucket	16	16	1	8	2	1	3	1	94%	25%
Portsmouth	5	1	4	1	0	0	0	0	20%	0%
Providence	52	41	7	11	12	4	7	11	87%	35%
Richmond	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Scituate	1	1	0	0	1	0	0	0	100%	0%
Smithfield	10	7	1	5	3	1	0	0	90%	0%
South Kingstown	13	9	4	2	1	2	3	1	69%	31%
Tiverton	4	4	1	1	1	0	1	0	75%	25%
Warren	5	3	2	1	0	0	2	0	60%	40%
Warwick	23	22	0	7	5	4	5	2	100%	30%
West Greenwich	3	2	0	1	2	0	0	0	100%	0%
West Warwick	4	4	0	0	1	2	0	1	100%	25%
Westerly	7	5	2	0	2	0	3	0	71%	43%
Woonsocket	12	12	0	2	1	1	4	4	100%	67%
Four Core Cities	83	72	8	21	15	8	15	16	90%	37%
Remainder of State	242	187	48	64	53	22	38	17	80%	23%
Rhode Island	325	259	56	85	68	30	53	33	83%	26%

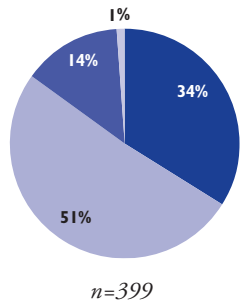
High-Quality Early Learning Programs

Table 36.

Licensed Family Child Care Homes Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2024

Licensed Family Child Care Programs by Language Spoken, Rhode Island, 2024

34% (135) ■ English
 51% (204) ■ Spanish
 14% (57) ■ Bilingual English/Spanish
 1% (3) ■ Other



Source: Rhode Island Department of Human Services, Licensed family child care providers, 2024.

★ In 2024, of the 399 licensed family child care providers in Rhode Island, 34% spoke English, 51% spoke Spanish, 14% were bilingual in Spanish and English, and 1% spoke another language (Portuguese or Creole).¹⁹

★ As of December 2023, of the 2,107 children in the CCAP program with reported Hispanic ethnicity, 35% were enrolled in family child care, 65% were enrolled in a center, and less than 1% were enrolled in license-exempt care.²⁰

CITY/TOWN	LICENSED PROGRAMS	PROGRAMS THAT ACCEPT CCAP	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY		% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
							4 STARS	5 STARS		
Barrington	5	1	2	2	0	1	0	0	60%	0%
Bristol	3	2	1	2	0	0	0	0	67%	0%
Burrillville	1	1	0	1	0	0	0	0	100%	0%
Central Falls	12	12	0	10	2	0	0	0	100%	0%
Charlestown	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Coventry	4	0	3	1	0	0	0	0	25%	0%
Cranston	43	37	1	24	18	0	0	0	98%	0%
Cumberland	7	2	4	3	0	0	0	0	43%	0%
East Greenwich	0	0	NA	NA	NA	NA	NA	NA	NA	NA
East Providence	2	1	1	1	0	0	0	0	50%	0%
Exeter	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Foster	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Glocester	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Hopkinton	1	1	0	1	0	0	0	0	100%	0%
Jamestown	1	0	1	0	0	0	0	0	0%	0%
Johnston	8	7	0	4	4	0	0	0	100%	0%
Lincoln	6	3	2	3	0	0	1	0	67%	17%
Little Compton	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Middletown	1	0	1	0	0	0	0	0	0%	0%
Narragansett	1	0	1	0	0	0	0	0	0%	0%
New Shoreham	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Newport	1	0	1	0	0	0	0	0	0%	0%
North Kingstown	4	1	3	1	0	0	0	0	25%	0%
North Providence	6	6	1	5	0	0	0	0	83%	0%
North Smithfield	3	1	1	1	0	0	1	0	67%	33%
Pawtucket	27	23	2	12	11	1	0	1	93%	4%
Portsmouth	1	0	1	0	0	0	0	0	0%	0%
Providence	237	224	10	125	92	7	2	1	96%	1%
Richmond	1	0	1	0	0	0	0	0	0%	0%
Scituate	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Smithfield	1	0	1	0	0	0	0	0	0%	0%
South Kingstown	3	2	1	1	1	0	0	0	67%	0%
Tiverton	1	1	0	1	0	0	0	0	100%	0%
Warren	1	1	0	1	0	0	0	0	100%	0%
Warwick	5	2	3	2	0	0	0	0	40%	0%
West Greenwich	0	0	NA	NA	NA	NA	NA	NA	NA	NA
West Warwick	5	4	0	5	0	0	0	0	100%	0%
Westerly	2	1	0	2	0	0	0	0	100%	0%
Woonsocket	6	6	0	5	1	0	0	0	100%	0%
Four Core Cities	282	265	12	152	106	8	2	2	96%	1%
Remainder of State	117	74	30	61	23	1	2	0	74%	2%
Rhode Island	399	339	42	213	129	9	4	2	89%	2%

High-Quality Early Learning Programs

Table 37.

Public Schools with Preschool Classrooms Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2024

DISTRICT	SCHOOLS WITH PRESCHOOL CLASSROOMS	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY		% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
						4 STARS	5 STARS		
Barrington	2	2	0	0	0	0	0	0%	0%
Bristol Warren	2	2	0	0	0	0	0	0%	0%
Burrillville	1	1	0	0	0	0	0	0%	0%
Central Falls	2	1	0	0	0	1	0	50%	50%
Chariho	1	0	0	0	0	0	1	100%	100%
Coventry	1	0	0	0	0	0	1	100%	100%
Cranston	8	3	0	0	2	2	1	63%	38%
Cumberland	1	1	0	0	0	0	0	0%	0%
East Greenwich	1	0	0	0	1	0	0	100%	0%
East Providence	2	0	0	0	0	0	2	100%	100%
Exeter-West Greenwich	1	0	0	0	0	1	0	100%	100%
Foster	1	1	0	0	0	0	0	0%	0%
Glocester	2	2	0	0	0	0	0	0%	0%
Jamestown	1	0	0	0	0	1	0	100%	100%
Johnston	1	0	0	0	0	1	0	100%	100%
Lincoln	2	1	0	1	0	0	0	50%	0%
Little Compton	1	1	0	0	0	0	0	0%	0%
Middletown	1	1	0	0	0	0	0	0%	0%
Narragansett	1	0	0	0	0	0	1	100%	100%
New Shoreham	0	NA	NA	NA	NA	NA	NA	NA	NA
Newport	1	0	0	0	1	0	0	100%	0%
North Kingstown	1	0	0	0	0	1	0	100%	100%
North Providence	2	0	0	2	0	0	0	100%	0%
North Smithfield	1	1	0	0	0	0	0	0%	0%
Pawtucket	4	1	1	0	0	0	2	75%	50%
Portsmouth	1	0	0	0	0	1	0	100%	100%
Providence	7	1	0	2	1	1	2	86%	43%
Scituate	1	1	0	0	0	0	0	0%	0%
Smithfield	1	1	0	0	0	0	0	0%	0%
South Kingstown	1	1	0	0	0	0	0	0%	0%
Tiverton	3	3	0	0	0	0	0	0%	0%
Warwick	3	3	0	0	0	0	0	0%	0%
West Warwick	2	2	0	0	0	0	0	0%	0%
Westerly	1	0	0	0	0	0	1	100%	100%
Woonsocket	2	2	0	0	0	0	0	0%	0%
Charter Schools	1	1	0	0	0	0	0	0%	0%
RI School for the Deaf	1	0	0	0	0	1	0	100%	100%
Four Core Cities	15	5	1	2	1	2	4	67%	40%
Remainder of State	48	27	0	3	4	7	7	44%	29%
Rhode Island	65	33	1	5	5	10	11	49%	32%

Source of Data for Table/Methodology

Data on the number of licensed early learning programs and family child care homes are from the Rhode Island Department of Human Services, January 2024. Data on public schools are from the Rhode Island Department of Education, January 2024. Data on BrightStars quality ratings are from the Rhode Island Association for the Education of Young Children, January 2024.

High-quality rating means a BrightStars rating of four or five stars.

NA=Not applicable.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

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- ¹¹ Rhode Island Department of Education, personal communication, [March 1], 2024.
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(continued on page 187)

Children Enrolled in Head Start or RI Pre-K

DEFINITION

Children enrolled in Head Start or RI Pre-K is the percentage of low-income children and all children ages three and four enrolled in a Rhode Island Head Start or RI Pre-K preschool program. Head Start is managed by the federal government and RI Pre-K is managed by the Rhode Island Department of Education.

SIGNIFICANCE

Learning disparities appear early and grow over time without access to enriching early learning experiences. Participation in high-quality early learning programs from birth through kindergarten entry, including high-quality preschool, helps to ensure children enter school with the skills needed to succeed. Without government funding, children from low-income families, and Black and Latino children would have less access to high-quality preschool compared to higher-income and white families.^{1,2}

Decades of research have shown that high-quality preschool programs help children gain academic and social-emotional skills prior to school entry and can produce positive outcomes that last well into the school years, including reduced need for special education services and improved high school graduation rates. Sustaining these positive outcomes requires additional investments and high-quality learning in

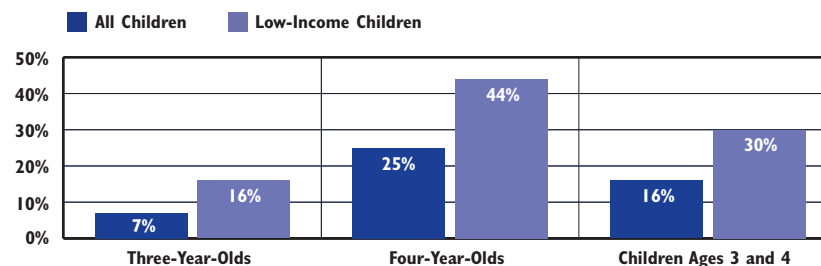
the early grades and beyond.^{3,4}

Head Start is a federally-funded comprehensive early childhood program for preschool children ages three through five who are low-income and/or have high needs. Head Start programs deliver early education; dental, medical, and mental health support; nutrition services, and developmental screenings. Families receive wraparound support and have opportunities to be involved with decision making, participate in classes, and volunteer in the program.^{5,6}

State-funded Pre-K programs are growing across the U.S. As of 2022, 44 states and Washington, DC operated state Pre-K programs, serving 32% of four-year-olds and 6% of three-year-olds across the U.S.⁷ RI Pre-K is delivered by public schools, Head Start agencies, and child care programs that are selected through a competitive grant process and meet the same quality high-quality standards. *The Rhode Island Prekindergarten Education Act* establishes a state goal to provide access to publicly-funded, high-quality Pre-K for all three- and four-year-olds by building on existing early childhood education infrastructure in communities.^{8,9}

As of 2022, 14 states and Washington, DC, including Rhode Island, invested state funds in Head Start and/or Early Head Start to serve more children, support more competitive teacher salaries, and to help program meet their federally-required 20% funding match.¹⁰

Percentage of Children Ages 3 and 4 Enrolled in Head Start and/or RI Pre-K, Rhode Island, 2023-2024



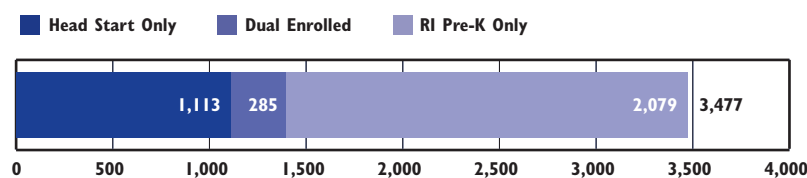
Source: Rhode Island KIDS COUNT calculations using October 2023 enrollment in Head Start and RI Pre-K as numerator and Census 2020 population of children ages 3 and 4 as denominator with low-income population estimated using the % of children receiving free or reduced-price lunch.

★ As of October 2023, there were 3,477 children ages three and four enrolled in Head Start, RI Pre-K, or both during the two years before kindergarten, reaching approximately 16% of all children and 30% of low-income children.¹¹

★ Of the total, 1,113 children were enrolled in Head Start only, 2,079 children were enrolled in RI Pre-K only, and 285 were dually enrolled in both Head Start and RI Pre-K with braided funding.¹²

★ In the four core cities, approximately 34% of low-income children and 26% of all children ages three and four, were enrolled in either Head Start, RI Pre-K, or both, while in the remainder of the state, enrollment for low-income children and all children was approximately 26% and 10%, respectively.¹³

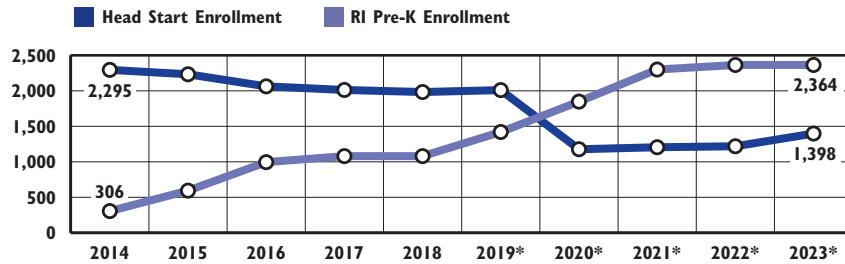
Number of Children Ages 3 and 4 Enrolled in Head Start, RI Pre-K, or Both, Rhode Island, 2023



Source: Rhode Island Head Start programs and Rhode Island Department of Education, October 2023 enrollment.

Children Enrolled in Head Start or RI Pre-K

Head Start and RI Pre-K Enrollment, 2014-2023



Sources: Head Start program reports to Rhode Island KIDS COUNT, 2014 – 2023. RI Pre-K enrollment for 2014 from National Institute for Early Education Research, *The State of Preschool, 2015*. RI Pre-K enrollment for 2015 to 2023 from Rhode Island Department of Education. *Starting in 2019, some children were dually enrolled in in Head Start and RI Pre-K -- 140 in 2019, 176 in 2020, 253 in 2021, 294 in 2022, and 285 in 2023.

★ In October 2023, there were 1,398 children enrolled in Head Start, up 15% from 2022 but down 39% from 2014. Of these, 285 (20%) were dually enrolled in RI Pre-K.¹⁴

★ Of the 1,398 children enrolled in Head Start, 791 (57%) were age three and 607 (43%) were age four at the start of the school year. Ninety-one percent of children enrolled in Head Start were enrolled in a classroom that operated for at least six hours per day.¹⁵

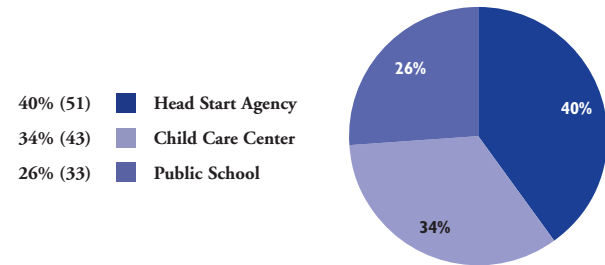
★ In October 2023, there were 261 Head Start seats in Rhode Island that did not have enrolled children because of staff vacancies, 15% of funded capacity. Statewide, there were 336 eligible children on a waiting list for Head Start.¹⁶ Nationally, as of October 2023, 14% of Head Start and Early Head Start classrooms were closed. Inadequate compensation for Head Start teachers was the primary factor for staff vacancies.¹⁷

★ In October 2023, there were 2,364 children enrolled in RI Pre-K, the same number as in 2022 but up by 673% from 2014 as enrollment in Head Start declined by nearly 40%. Of these, 285 (12%) were dually enrolled in Head Start.¹⁸

★ Of the 2,364 children enrolled in RI Pre-K, almost all were age four at the start of the school year. Only 19 children (1%) were age 3, all of whom were dually enrolled in Head Start.¹⁹

★ Of the 2,364 children enrolled in RI Pre-K, 1,807 (76%) were low-income and 557 (24%) were higher-income.²⁰

RI Pre-K Classrooms by Setting, Rhode Island, 2023



n = 127

Source: Rhode Island Department of Education, October 2023.

★ As of the 2023-2024 school year, there were 127 RI Pre-K classrooms with 51 (40%) operated by Head Start agencies, 43 (34%) operated by child care centers, and 33 (26%) operated by public schools.²¹

High-Quality Public Preschool Improves Outcomes for Children

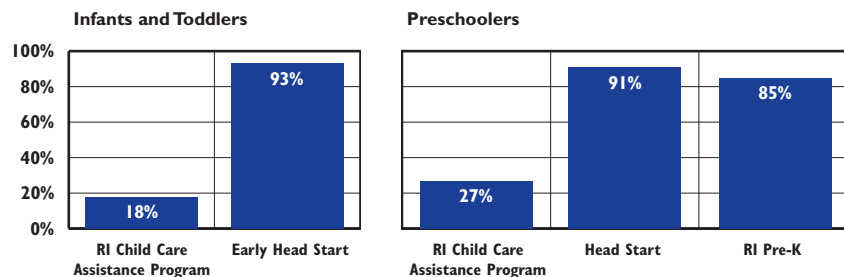
★ Sustained access (two or more years) of high-quality early childhood education improves children's readiness for school and narrows the achievement gap by half. High-quality early childhood programs are rich with language and conversations and offer many opportunities to play and engage in hands-on exploration.²²

★ Decades of research has shown that Head Start improves children's academic, cognitive, language, and social-emotional skills and health including reduced childhood obesity and improved immunization rates. Head Start children are more likely to graduate from high school, attend college, and receive a postsecondary degree, license or certification.^{23,24}

★ A 2012 evaluation of RI Pre-K found that it improves children's language and math skills and closes the achievement gap between low-income children and higher-income children by three-quarters.²⁵

Children Enrolled in Head Start or RI Pre-K

Enrollment in Programs with a High-Quality BrightStars Rating by Funding Source, Rhode Island, 2023



Sources: Rhode Island Head Start Programs, 2023. Rhode Island Department of Education, 2023. Rhode Island Department of Human Services, 2023.

★ Across the U.S., Head Start centers are typically higher quality than many other early care and education programs.²⁶ Rhode Island Head Start programs score above the national average and significantly above research-based thresholds for emotional support and classroom organization and meet the research-based threshold for instructional support based on classroom observations of teacher-child interactions observations of teacher-child interactions.²⁷

★ In 2022, Rhode Island was one of only five states with a Pre-K program that met all 10 recommended quality benchmarks, including teachers who have a bachelor's degree with specialized training in early childhood education and program monitoring that includes annual classroom observations.²⁸

★ As of 2023, 91% of children enrolled in Head Start and 85% of children enrolled in RI Pre-K were in a program that had achieved a high-quality BrightStars rating of four or five stars. In comparison, only 27% of preschool-age children in the Child Care Assistance Program (CCAP) were enrolled in a program that had achieved a high-quality BrightStars rating.^{29,30,31}

★ As of 2023, 93% of infants and toddlers enrolled in center-based Early Head Start were in a program that had achieved a high-quality BrightStars rating of four or five stars. In comparison, only 18% infants and toddlers in the Child Care Assistance Program (CCAP) were enrolled in a program that had achieved a high-quality BrightStars rating.^{32,33}

Children Enrolled In RI Pre-K and Head Start

★ Of the 1,398 children enrolled in Head Start as of October 2023, 136 (10%) had a developmental delay or disability and received special education services through their local school districts. Also, in October 2023, 31 (2%) were in foster care and 36 (3%) were homeless.³⁴

★ In the 2022-2023 program year, Rhode Island Early Head Start and Head Start programs reported 3% of enrolled children were Asian/Pacific Islander, 17% were Black, 12% were Multiracial, 26% were Some other race, and 41% were white. More than half of children enrolled (52%) were Hispanic (of any race). Almost one-third (32%) spoke a language other than English at home.³⁵

★ Of the 2,364 children enrolled in RI Pre-K in October 2023, 228 (10%) had a developmental delay or disability and received special education services through their local school districts. Also, in October 2023, 14 (1%) were in foster care and 23 (1%) were homeless.³⁶

★ Of the 2,181 children enrolled in RI Pre-K in October 2023 with information about race and ethnicity, 103 (5%) were Asian/Pacific Islander, 258 (12%) were Black, 774 (35%) were Hispanic/Latino, 322 (15%) were Multiracial, 6 (<1%) were Native American, and 718 (33%) were white. Almost one-third (32%) spoke a language other than English at home.³⁷

Public Preschool Implementation Guidelines for a Strong, Equitable Birth to Five System

★ Include Head Start, child care centers, and family child care homes in public preschool expansion. Leverage the national Head Start model by expanding Head Start and Early Head Start programs to serve more families.

★ Increase investments to sustain, expand, and improve programs for infants and toddlers as preschool expands.

★ Provide equitable and competitive compensation to early childhood educators serving children from birth through age five, regardless of setting.³⁸

Children Enrolled in Head Start or RI Pre-K

Table 38.

Children Enrolled in Head Start and/or RI Pre-K, Rhode Island, 2023

SCHOOL DISTRICT	# CHILDREN AGES 3 AND 4	% LOW-INCOME CHILDREN	ESTIMATED # LOW-INCOME CHILDREN AGES 3 AND 4	AGE 3		AGE 4				ESTIMATED % OF LOW-INCOME CHILDREN AGE 3 OR 4 IN HEAD START OR RI PRE-K	ESTIMATED % OF ALL CHILDREN AGE 3 OR 4 IN HEAD START OR RI PRE-K
				ENROLLED IN HEAD START ONLY	DUAL ENROLLED IN RI PRE-K & HEAD START	ENROLLED IN HEAD START ONLY	DUAL ENROLLED IN RI PRE-K & HEAD START	ENROLLED IN RI PRE-K ONLY LOW-INCOME	ENROLLED IN RI PRE-K ONLY HIGHER-INCOME		
Barrington	404	7%	28	1	0	1	0	0	0	7%	0%
Bristol	263	32%	84	7	0	1	8	5	0	25%	8%
Burrillville	321	34%	109	3	0	5	0	0	0	7%	2%
Central Falls	673	94%	633	28	0	2	0	139	9	27%	26%
Charlestown	104	19%	20	4	0	4	0	0	0	40%	8%
Coventry	692	30%	208	1	0	0	14	62	0	37%	11%
Cranston	1,617	44%	711	63	0	24	47	66	112	28%	19%
Cumberland	815	19%	155	4	0	2	0	1	0	5%	1%
East Greenwich	299	6%	18	0	0	0	0	0	0	0%	0%
East Providence	871	49%	427	17	0	20	0	100	98	32%	27%
Exeter	120	12%	14	2	0	3	0	0	0	35%	4%
Foster	53	26%	14	0	0	2	0	0	0	15%	4%
Glocester	188	13%	24	2	0	2	0	0	0	16%	2%
Hopkinton	160	19%	30	1	0	1	1	0	0	10%	2%
Jamestown	62	7%	4	0	0	0	0	0	0	0%	0%
Johnston	540	45%	243	8	0	13	2	20	18	18%	11%
Lincoln	469	26%	122	1	0	2	0	9	8	10%	4%
Little Compton	55	13%	7	0	0	0	0	0	0	0%	0%
Middletown	365	31%	113	12	0	10	8	16	12	41%	16%
Narragansett	139	14%	19	0	1	0	1	0	0	10%	1%
New Shoreham	22	19%	4	0	0	0	0	0	0	0%	0%
Newport	440	68%	299	24	0	26	1	18	17	23%	20%
North Kingstown	534	20%	107	3	0	5	0	9	9	16%	5%
North Providence	602	39%	235	15	1	16	9	15	27	24%	14%
North Smithfield	215	19%	41	0	0	0	0	0	0	0%	0%
Pawtucket	1,781	55%	980	72	5	13	4	152	49	25%	17%
Portsmouth	347	14%	49	0	0	0	0	0	0	0%	0%
Providence	4,364	78%	3,404	370	10	99	9	611	79	32%	27%
Richmond	159	19%	30	1	0	3	0	0	0	13%	3%
Scituate	164	16%	26	0	0	0	0	0	0	0%	0%
Smithfield	337	11%	37	3	0	2	2	0	0	19%	2%
South Kingstown	412	19%	78	0	1	6	7	7	1	27%	5%
Tiverton	266	27%	72	2	0	11	0	0	0	18%	5%
Warren	174	32%	56	3	0	11	1	37	5	93%	33%
Warwick	1,522	38%	578	24	0	8	45	62	19	24%	10%
West Greenwich	94	12%	11	1	0	1	0	0	0	18%	2%
West Warwick	668	41%	274	22	0	12	41	4	27	29%	16%
Westerly	388	34%	132	10	1	2	13	20	1	35%	12%
Woonsocket	1,122	48%	539	68	0	34	53	169	66	60%	35%
Four Core Cities	7,940	69%	5,479	538	15	148	66	1,071	203	34%	26%
Remainder of State	13,881	30%	4,164	234	4	193	200	451	354	26%	10%
Rhode Island	21,821	44%	9,601	772	19	341	266	1,522	557	30%	16%

Source of Data for Table/Methodology

Rhode Island Head Start Programs, children enrolled as of October 2023, by child residence. Rhode Island Department of Education, children enrolled in RI Pre-K as of October 2023, by child residence.

The estimated number of children ages three and four is from Census 2020, Summary File 1. The percentage of low-income four-year-olds is estimated using the percentage of students who qualified for free or reduced-price lunch (at or below 185% of the federal poverty level) in the local public school district with regional school district data used for all communities in the region.

The city/town table was redesigned in 2023 to include children ages three and four. Percentages should not be compared with prior Factbooks.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

- ^{1,3} *A matter of equity: Preschool education in America.* (2015). Washington, DC: U.S. Department of Education.
- ^{2,4} Meloy, B., Gardner, M., & Darling-Hammond, L. (2019). *Untangling the evidence on preschool effectiveness: Insights for policymakers.* Washington, DC: Learning Policy Institute.
- ^{5,27} Friedman-Krauss, A. H., Barnett, W. S., & Duer, J. K. (2022). *The state(s) of Head Start and Early Head Start: Looking at equity.* New Brunswick, NJ: National Institute for Early Education Research.
- ⁶ National Head Start Association. (2023). *Rhode Island 2023 Head Start and Early Head Start profile.* Retrieved April 2, 2023, from www.nhsa.org
- ^{7,28} Friedman-Kraus, A. H., et al. (2023). *The state of preschool 2022: State preschool yearbook.* New Brunswick, NJ: National Institute for Early Education Research.
- ⁸ Rhode Island Department of Education. (2022, April 6). 2022-2023 RI State Pre-K lottery opens.
- ⁹ *Rhode Island Prekindergarten Education Act,* Rhode Island General Laws, 16-87.

(continued on page 187)

Children Receiving Preschool Special Education Services

DEFINITION

Children receiving preschool special education services is the percentage of children ages three to five who have an Individualized Education Program (IEP) and are receiving special education services in Rhode Island.

SIGNIFICANCE

Preschool special education is an important component of the early care and education system, providing specially-designed instruction so each child can meet learning standards. The federal *Individuals with Disabilities Education Act (IDEA)* specifies that children ages three to five with disabilities, including developmental delays, have the same right to a free and appropriate public education in the least restrictive environment as school-age children with disabilities.¹

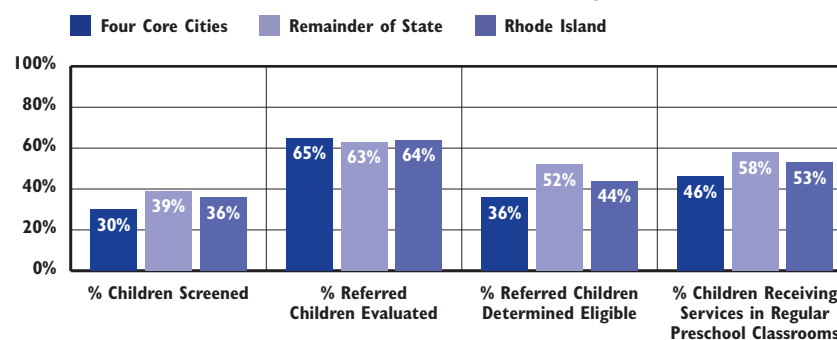
Developmental delays are identified when a child does not reach milestones at the same time as other children their age. Some young children with developmental delays are eventually diagnosed with a disability while others catch up to their peers when provided with high-quality educational opportunities, therapies, or interventions.^{2,3} Routine developmental screening during the early stages of life, followed by evaluation and diagnostic assessment, helps children gain access to needed services to promote positive

outcomes and prevent ongoing educational challenges.⁴

In Rhode Island, school districts work to screen every child ages three through five every year through the Child Outreach screening program.⁵ During the 2022-2023 school year in Rhode Island, districts completed developmental screenings for 36% of children ages three to five, up from 34% the previous year but down from 39% pre-pandemic. Preschool-age children in the four core cities were less likely to receive a developmental screening (30%) than children in the remainder of the state (39%). Of the children who were referred for evaluation based on positive screens, 64% were evaluated and 44% were determined eligible for special education. Children in the four core cities were less likely to be determined eligible (36%) than children in the remainder of the state (52%).^{6,7}

Approximately 17% of U.S. children ages three to 17 have a developmental disability, with higher prevalence among low-income children, children with low birthweight, and boys.⁸ Under *IDEA*, each state sets its own criteria to determine the magnitude of a delay needed to qualify for special education services.⁹

Preschool Special Education Screening, Eligibility, and Inclusion Rates, Rhode Island, June 2023



Source: Rhode Island Department of Education, 2022-2023 Child Outreach data and June 2023 Special Education Census. The percentage determined eligible is of those children referred for evaluation from Child Outreach screening.

★ In June 2023, there were 3,368 children ages three to five receiving preschool special education services (9% of all preschool children), up from 3,156 in 2019 (pre-pandemic). Children in the four core cities were just as likely to receive preschool special education services as children in the remainder of the state.^{10,11}

★ Preschool children have improved outcomes when participating in high-quality inclusive early childhood programs. However, young children with disabilities face significant barriers in accessing high-quality, inclusive early care and education.^{12,13}

★ In June 2023, 53% of preschool-age children who received special education services received those services within an inclusive early childhood classroom. Children in the four core cities were less likely to receive preschool special education services in an inclusive early childhood setting (46%) than children in the remainder of the state (58%).¹⁴

★ Many young children in Rhode Island receive *IDEA* services outside of inclusive preschool programs, with 21% receiving services through “walk-in” visits to a service provider, 15% enrolled in a separate special education class or school, and 10% enrolled in a preschool setting but receiving special education services in another location.¹⁵

★ In June 2023, 47% (1,596) of the 3,368 children receiving preschool special education services in Rhode Island qualified under the developmental delay category, 42% (1,420) had an identified speech/language disability, 7% (248) were diagnosed with autism, and 3% (104) had another diagnosed disability.¹⁶

Children Receiving Preschool Special Education Services

Table 39.

Children Ages 3 to 5 Receiving Special Education Services, Rhode Island, 2023

SCHOOL DISTRICT	# OF CHILDREN AGES 3-5	DEVELOPMENTAL SCREENING EVALUATION, AND ELIGIBILITY, 2022-2023 SCHOOL YEAR				PRESCHOOL SPECIAL EDUCATION BY SETTING JUNE 2023				
		% POPULATION SCREENED	# REFERRED FOR EVALUATION	% EVALUATED OF REFERRED	% DETERMINED ELIGIBLE OF REFERRED	% IN INCLUSIVE EARLY CHILDHOOD CLASS	% IN SELF-CONTAINED SETTING	% IN OTHER SETTING	TOTAL # RECEIVING SERVICES	% RECEIVING SERVICES
Barrington	641	48%	16	88%	81%	73%	0%	27%	52	8%
Bristol Warren	702	38%	38	66%	63%	50%	3%	47%	62	9%
Burrillville	452	34%	15	80%	80%	62%	2%	37%	52	12%
Central Falls	1,091	51%	90	83%	42%	61%	15%	23%	166	15%
Charlho	589	48%	34	62%	59%	48%	0%	52%	93	16%
Coventry	1,044	36%	36	69%	61%	50%	1%	49%	103	10%
Cranston	2,581	33%	95	53%	43%	54%	8%	38%	204	8%
Cumberland	1,304	33%	55	40%	29%	68%	12%	20%	114	9%
East Greenwich	609	43%	11	91%	91%	95%	0%	5%	42	7%
East Providence	1,443	34%	54	56%	54%	57%	28%	14%	127	9%
Exeter-West Greenwich	381	43%	11	73%	55%	39%	0%	61%	31	8%
Foster	119	NA	NA	NA	NA	91%	0%	9%	11	9%
Glocester	225	NA	NA	NA	NA	39%	0%	61%	28	12%
Jamestown	112	61%	*	60%	40%	100%	0%	0%	*	7%
Johnston	931	60%	62	53%	48%	76%	0%	24%	100	11%
Lincoln	685	42%	33	82%	70%	74%	5%	21%	97	14%
Little Compton	66	27%	*	71%	43%	75%	0%	25%	*	12%
Middletown	782	19%	26	12%	12%	50%	5%	45%	44	6%
Narragansett	181	41%	*	100%	100%	79%	3%	17%	29	16%
New Shoreham	16	47%	*	100%	50%	NA	NA	NA	0	0%
Newport	745	41%	46	37%	30%	61%	12%	27%	51	7%
North Kingstown	884	57%	30	70%	50%	65%	0%	35%	77	9%
North Providence	1,006	35%	45	78%	67%	50%	8%	42%	86	9%
North Smithfield	347	40%	*	80%	40%	39%	9%	52%	33	10%
Pawtucket	2,922	22%	132	65%	32%	44%	34%	22%	255	9%
Portsmouth	624	34%	17	76%	59%	50%	0%	50%	48	8%
Providence	7,727	30%	605	58%	30%	38%	20%	42%	617	8%
Scituate	262	NA	NA	NA	NA	33%	0%	67%	21	8%
Smithfield	524	58%	37	59%	51%	57%	0%	43%	60	11%
South Kingstown	648	52%	16	94%	81%	68%	0%	32%	56	9%
Tiverton	401	16%	22	73%	18%	63%	9%	28%	32	8%
Warwick	2,122	34%	53	72%	62%	40%	42%	17%	220	10%
West Warwick	982	36%	54	78%	61%	47%	31%	22%	128	13%
Westerly	542	45%	28	50%	39%	92%	0%	8%	65	12%
Woonsocket	1,867	33%	108	86%	74%	60%	8%	32%	233	12%
Charter Schools	NA	NA	NA	NA	NA	100%	0%	0%	*	NA
RI School for the Deaf	NA	NA	NA	NA	NA	0%	100%	0%	10	NA
Four Core Cities	13,607	30%	935	65%	36%	46%	20%	34%	1,271	9%
Remainder of State	21,950	39%	880	63%	52%	58%	11%	31%	2,082	9%
Rhode Island	35,557	36%	1,815	64%	44%	53%	15%	32%	3,368	9%

Sources of Data for Table/Methodology

Rhode Island Department of Education (RIDE), June 2023 Special Education Census. Beginning in 2020, the early childhood special education census data was adjusted to exclude children age five on June 30 who were enrolled in kindergarten and they were included in the K-12 special education census.

2022-2023 Developmental screening, referral, evaluation, and eligibility data is from the RIDE Office of Student, Community, and Academic Supports. Foster, Glocester, and Scituate school districts collaborate as the Northwest Region to conduct screenings, evaluations, and eligibility determinations and data is not available separately for these districts. The Northwest Region screened 40% of their age 3 to 5 population and referred 22 children for evaluation. Of those referred for evaluation, 86% had an evaluation completed and 59% were determined eligible for preschool special education services in 2022-2023.

*Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These students are still counted in district totals and in the four core cities, remainder of the state, and state totals.

The denominator is the number of children ages three to five residing in each district during the 2022-2023 school year from the Rhode Island Department of Health's KIDSNET database shared with RIDE.

Due to changes in the denominator, screening rates and percentage receiving preschool special education services should not be compared with data in Factbooks published before 2016.

Inclusive early childhood class means children receive the majority of their special education services in a regular early childhood education class at a public school, a Head Start program, or a community-based child care program or preschool. Data include children who are district-placed and who are parentally-placed.

The Charter school is Highlander Charter School.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

^{1,3,9,12} Hebbeler, K. & Spiker, D. (2016). Supporting young children with disabilities. *The Future of Children*, 26(2), 185-205.

(continued on page 187)

Public School Enrollment and Demographics

DEFINITION

Public school enrollment and demographics is the total number of students enrolled in Rhode Island public schools on October 1.

SIGNIFICANCE

Education is a lifetime process that begins at birth and continues throughout a child's life into adulthood. Racial, ethnic, and income gaps in opportunities to obtain a high-quality education have been well-documented throughout the country. Research has shown that there are three clusters of factors that have an impact on student achievement: school factors, factors related to connections between home and school, and factors that exist before and beyond school (including health, nutrition, and non-school academic supports).¹

On October 1, 2023, there were 136,154 students enrolled in Rhode Island public schools in preschool through grade 12, a decrease of 4% from 142,008 on October 1, 2013. Of these students, 26% (35,856) were attending schools in the four core cities (communities with the highest child poverty rates), 63% (86,272) were attending schools in the remaining districts, and 10% (14,026) attended charter schools, state-operated schools, the Urban Collaborative Accelerated Project (UCAP), or YouthBuild Preparatory Academy.^{2,3} There were an

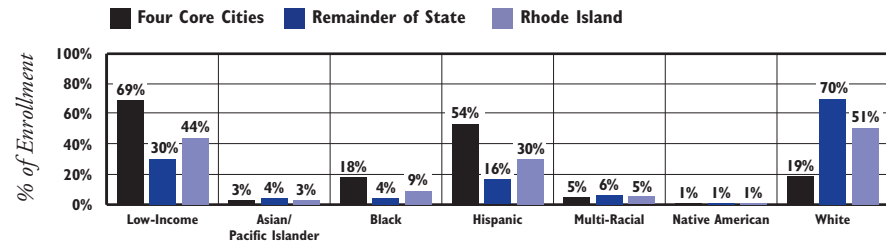
additional 15,248 Rhode Island students attending private and parochial schools (including out-of-state schools), and 2,886 students were home-schooled.⁴

As of October 1, 2023, there were 58,323 students in grades K-5; 30,310 in grades 6-8; and 44,262 in grades 9-12. There were 3,259 children enrolled in preschool classrooms in Rhode Island public schools.⁵ As of October 2023, there were 3,477 children ages three and four enrolled in Head Start, RI Pre-K, or both during the two years before kindergarten, reaching approximately 16% of all children and 30% of low-income children. There were 33 RI Pre-K classrooms operated by public schools, 26% of the 127 RI Pre-K classrooms.⁶

In October 2023, 51% of Rhode Island public school students were white, 30% were Hispanic, 9% were Black, 5% were Multi-Racial, 3% were Asian/Pacific Islander, and 1% were Native American. In October 2023, 44% of public school students in Rhode Island were low-income (students who were eligible for the free or reduced-price lunch program).⁷

Rhode Island schools are also diverse in terms of students with disabilities and students who are Multilingual Learners/English Learners. During the 2022-2023 school year, 16% of Rhode Island public school students were receiving special education services and 13% were Multilingual Learners.^{8,9}

Rhode Island Public School Enrollment by Low-Income Status, Race and Ethnicity, October 1, 2023

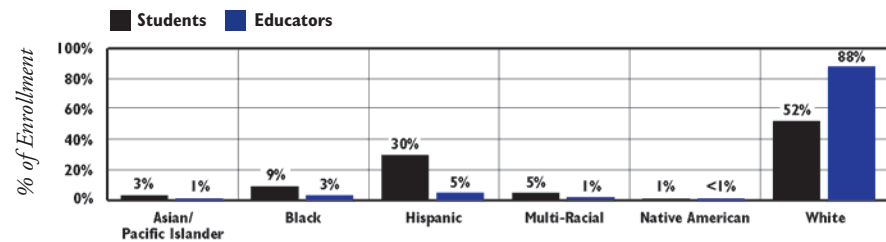


Source: Rhode Island Department of Education, October 1, 2023.

★ On October 1, 2023, 81% of students enrolled in the four core cities were Students of Color, compared with 30% in the remainder of state, and 69% of students enrolled in the four core cities were low-income, compared with 30% in the remainder of the state.¹⁰

Rhode Island Educator Demographics

Rhode Island Public School Student Enrollment and Educator Demographics by Race and Ethnicity, October 1, 2022



Source: Rhode Island Department of Education, State Report Card, 2022-2023 school year. Hispanic educators may be included in any race category. Educator percentages based on the total number of educators that reported race/ethnicity.

★ Educators of Color benefit all students, especially Students of Color. Students of Color demonstrate long-term academic achievement including higher reading and math test scores, decreased likelihood of dropping out of high school, increased likelihood of going to college, and increased social and emotional development in classes with Teachers of Color.¹¹

★ In October 2022, 88% (12,474) of Rhode Island public school educators identified as white, 5% (648) as Hispanic, 3% (361) as Black, 1% (146) as Asian/Pacific Islander, 1% (168) as Multi-Racial, and less than 1% (27) as Native American.¹²

Public School Enrollment and Demographics

Table 40. Rhode Island Public School Enrollment by Grade and Demographic Groups, October 1, 2023

SCHOOL DISTRICT	ENROLLMENT BY GRADE LEVEL*				ENROLLMENT BY DEMOGRAPHIC GROUPS								TOTAL ENROLLMENT
	PRE-SCHOOL*	ELEMEN-TARY	MIDDLE	HIGH	% LOW-INCOME	% ASIAN PACIFIC ISLANDER+	% BLACK	% HISPANIC	% MULTI-RACIAL	% NATIVE AMERICAN	% WHITE		
Barrington	56	1,377	769	1,107	7%	8%	2%	7%	6%	<1%	78%	3,309	
Bristol Warren	42	1,214	656	882	32%	1%	1%	8%	6%	<1%	84%	2,794	
Burrillville	40	860	467	670	34%	1%	2%	6%	3%	0%	88%	2,037	
Central Falls	204	955	537	843	94%	1%	17%	50%	3%	8%	22%	2,539	
Chariho	93	1,214	629	1,072	19%	<1%	1%	4%	4%	1%	89%	3,008	
Coventry	143	1,732	979	1,279	30%	2%	2%	8%	3%	<1%	85%	4,133	
Cranston	162	4,157	2,308	3,499	44%	9%	5%	36%	6%	1%	44%	10,126	
Cumberland	118	2,206	1,093	1,451	19%	6%	4%	14%	4%	<1%	71%	4,868	
East Greenwich	50	1,102	614	755	6%	9%	1%	7%	5%	<1%	76%	2,521	
East Providence	215	2,147	1,172	1,780	49%	2%	11%	16%	10%	1%	59%	5,314	
Exeter-West Greenwich	78	627	396	477	12%	2%	1%	6%	3%	<1%	88%	1,578	
Foster	12	214	0	0	26%	<1%	<1%	5%	<1%	0%	93%	226	
Foster-Glocester	0	0	425	906	15%	1%	1%	5%	3%	<1%	90%	1,331	
Glocester	5	545	0	0	13%	0%	1%	5%	4%	0%	91%	550	
Jamestown	25	236	146	5	7%	1%	<1%	1%	5%	0%	93%	412	
Johnston	145	1,435	750	842	45%	3%	6%	32%	2%	<1%	56%	3,172	
Lincoln	114	1,440	780	1,006	26%	5%	6%	11%	4%	<1%	74%	3,340	
Little Compton	12	130	69	0	13%	0%	1%	3%	4%	<1%	91%	211	
Middletown	23	881	465	592	31%	4%	6%	18%	9%	<1%	62%	1,961	
Narragansett	70	337	230	435	14%	2%	1%	5%	7%	<1%	86%	1,072	
New Shoreham	0	57	30	39	19%	0%	1%	25%	2%	0%	71%	126	
Newport	35	797	401	623	68%	2%	10%	39%	14%	2%	33%	1,856	
North Kingstown	98	1,554	788	1,341	20%	2%	2%	8%	6%	1%	81%	3,781	
North Providence	92	1,517	801	1,133	39%	4%	14%	28%	6%	<1%	48%	3,543	
North Smithfield	31	691	377	565	19%	2%	2%	11%	5%	<1%	80%	1,664	
Pawtucket	290	3,584	1,875	2,138	55%	1%	29%	37%	6%	1%	26%	7,887	
Portsmouth	29	857	471	804	14%	3%	2%	7%	5%	1%	83%	2,161	
Providence	468	8,329	4,238	6,821	78%	4%	15%	68%	4%	1%	8%	19,856	
Scituate	13	532	258	372	16%	1%	<1%	3%	1%	<1%	95%	1,175	
Smithfield	51	1,071	525	755	11%	2%	1%	9%	4%	<1%	84%	2,402	
South Kingstown	65	976	550	757	19%	2%	2%	8%	6%	2%	79%	2,348	
Tiverton	21	684	391	466	27%	2%	2%	6%	4%	<1%	86%	1,562	
Warwick	190	3,506	1,804	2,414	38%	4%	3%	16%	6%	1%	71%	7,914	
West Warwick	78	1,588	797	1,099	41%	2%	5%	21%	6%	1%	64%	3,562	
Westerly	79	910	505	721	34%	2%	1%	10%	7%	1%	79%	2,215	
Woonsocket	81	2,628	1,144	1,721	48%	4%	11%	31%	7%	1%	45%	5,574	
<i>Charter Schools</i>	<i>24</i>	<i>6,203</i>	<i>2,727</i>	<i>3,050</i>	<i>63%</i>	<i>2%</i>	<i>17%</i>	<i>62%</i>	<i>3%</i>	<i>1%</i>	<i>15%</i>	<i>12,004</i>	
<i>State-Operated Schools</i>	<i>7</i>	<i>30</i>	<i>11</i>	<i>1,709</i>	<i>63%</i>	<i>2%</i>	<i>18%</i>	<i>49%</i>	<i>4%</i>	<i>1%</i>	<i>28%</i>	<i>1,757</i>	
<i>UCAP</i>	<i>0</i>	<i>0</i>	<i>132</i>	<i>0</i>	<i>100%</i>	<i>2%</i>	<i>14%</i>	<i>82%</i>	<i>0%</i>	<i>0%</i>	<i>2%</i>	<i>132</i>	
<i>YouthBuild</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>133</i>	<i>71%</i>	<i>0%</i>	<i>27%</i>	<i>66%</i>	<i>5%</i>	<i>0%</i>	<i>2%</i>	<i>12,004</i>	
<i>Four Core Cities</i>	<i>1,043</i>	<i>15,496</i>	<i>7,794</i>	<i>11,523</i>	<i>69%</i>	<i>3%</i>	<i>18%</i>	<i>54%</i>	<i>5%</i>	<i>1%</i>	<i>19%</i>	<i>35,856</i>	
<i>Remainder of State</i>	<i>2,185</i>	<i>36,594</i>	<i>19,646</i>	<i>27,847</i>	<i>30%</i>	<i>4%</i>	<i>4%</i>	<i>16%</i>	<i>6%</i>	<i>1%</i>	<i>70%</i>	<i>86,272</i>	
<i>Rhode Island</i>	<i>3,259</i>	<i>58,323</i>	<i>30,310</i>	<i>44,262</i>	<i>44%</i>	<i>3%</i>	<i>9%</i>	<i>30%</i>	<i>5%</i>	<i>1%</i>	<i>51%</i>	<i>136,154</i>	

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in preschool through grade 12 as of October 1, 2023.

*Preschool includes students enrolled in half-day or full-day preschool through the public school district (primarily preschool special education classrooms). As of October 1, 2022, the RI Pre-K program served 2,364 children in 127 classrooms, 51% operated by Head Start agencies, 42% operated by child care programs, and 34% operated by public schools. Elementary includes students in kindergarten through 5th grade, middle includes 6th through 8th grades, and high includes 9th through 12th grades.

Children are counted as low-income if they are eligible for a Free or Reduced-Price Lunch Program.

+ Data for Asian and Pacific Islander students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

State-operated schools include Metropolitan Regional Career and Technical Center, William M. Davies Jr. Career & Technical High School, and the Rhode Island School for the Deaf.

Charter Schools include: Achievement First Rhode Island, Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Charette High School, The Compass School, Paul Cuffee Charter School, Excel Academy Rhode Island, The Greene School, Highlander Charter School, Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, Nuestro Mundo Public Charter School, Providence Preparatory Charter School, RISE Prep Mayoral Academy, Rhode Island Nurses Institute Middle College, Segue Institute for Learning, Sheila C. "Skip" Nowell Leadership Academy, SouthSide Elementary Charter School, Trinity Academy for the Performing Arts, and The Village Green Virtual Public Charter School.

UCAP is the Urban Collaborative Accelerated Program.

YouthBuild is the YouthBuild Preparatory Academy.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

(Continued with references on page 188)

Children Participating in School Meals

DEFINITION

Children participating in school meals is the percentage of low-income children who participate in the School Breakfast or School Lunch Programs. Children are counted as low-income if they are eligible for and enrolled in the Free or Reduced-Price Breakfast and Lunch Program.

SIGNIFICANCE

The School Breakfast Program and the National School Lunch Program ensure that the nation's most vulnerable children have access to healthy meals.¹ During the 2022-2023 school year, 14.3 million children ate breakfast at school daily and 28.1 million children participated in the school lunch program.² This represents a decrease of 1.2 million in breakfast participation and 1.8 million in lunch participation compared to the 2021-2022 school year.³ The federally funded school meals programs offer nutritious meals, which together make up a large proportion of the daily dietary intake of participating children, support academic success, reduce food insecurity, and improve attendance, behavior, and health.^{4,5}

In Rhode Island, households with children face high levels of food insecurity, with more than 25% experiencing food insecurity in 2021.⁶ Food-insecure families often do not have sufficient food to provide nutritious

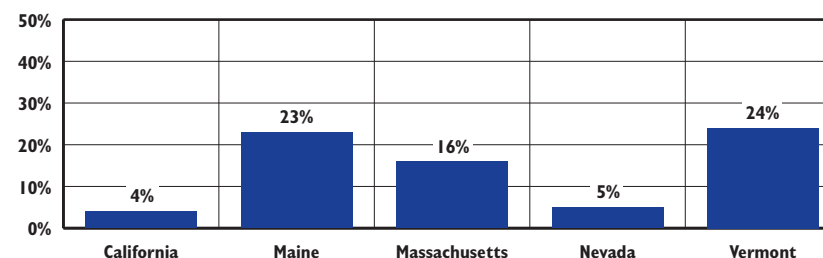
breakfasts every morning, and children in these families are at risk of falling behind their peers physically, cognitively, academically, emotionally, and socially. Children who are undernourished are more likely to have behavior, emotional, and academic problems, more likely to repeat a grade, and more likely to be suspended. Children experiencing hunger are also more likely to be tardy or absent from school.^{7,8,9}

Rhode Island law requires that all public schools make breakfasts and lunches available to all students, including students who qualify for free or reduced-price meals based on their income (less than 130% of the federal poverty level for free meals and between 130% and 185% of the federal poverty level for reduced-price meals).^{10,11} Nationally during the 2022-2023 school year 50.9 children participated in the School Breakfast Program for every 100 students who participated in the School Lunch Program.¹² Making breakfast part of the school day is a proven strategy for increasing breakfast participation, reducing stigma, and increasing convenience.¹³

Many low-income families lose access to school meals during the summer break, leading to childhood hunger. Summer EBT, which provides benefits for food purchases, helps bridge this gap and meet children's nutritional needs over the summer.¹⁴



Percentage Change in Children Participating in School Lunch in Healthy School Meals for All States, 2018-2019 to 2022-2023 School Year



Source: Food Research and Action Center. (2024) The State of Healthy School Meals for All California, Maine, Massachusetts, Nevada, and Vermont lead the way. Retrieved March 27, 2024, from www.frac.org.

★ In 2022-2023, five states—California, Maine, Massachusetts, Nevada, and Vermont—implemented Healthy School Meals for All policies. In these states school lunch participation increased compared to pre-pandemic participation levels.¹⁵ In Rhode Island, school lunch participation decreased by 7% compared to pre-pandemic participation levels.¹⁶

★ The federal Community Eligibility Provision (CEP) now allows schools and districts with 25% or more students identified as low-income, homeless or in foster care to provide free breakfast and lunch to all students, increasing access to meals and reducing administrative burdens.¹⁷ In Rhode Island, in the 2022-2023 school year, 61% of eligible schools participated in CEP. Nationally, during the 2022-2023 school year, there was a significant increase in districts participating in CEP. A total of 40,235 schools participated, representing an increase of 6,935 schools, or 20.8%, from the previous school year.¹⁸

★ Rhode Island will join the newly launched nationwide Summer Electronic Benefit Transfer (EBT) Program starting in the summer of 2024. Federal funds will allow eligible families to receive \$40 per month per school-age child on their EBT card to buy groceries.¹⁹

Children Participating in School Meals

Table 41.

Children Participating in School Meals, Rhode Island, October 2023

SCHOOL DISTRICT	OCTOBER 2023 ENROLLMENT	ESTIMATED AVERAGE DAILY PARTICIPATION IN BREAKFAST	% OF ALL CHILDREN PARTICIPATING IN BREAKFAST	ESTIMATED AVERAGE DAILY PARTICIPATION IN LUNCH	% OF ALL CHILDREN PARTICIPATING IN LUNCH
Barrington	3,305	36	1%	140	4%
Bristol Warren	2,763	129	5%	545	20%
Burrillville	2,028	98	5%	403	20%
Central Falls	2,714	1,367	50%	2,463	91%
Chariho	3,028	86	3%	301	10%
Coventry	4,156	304	7%	695	17%
Cranston	10,178	1,281	13%	2,639	26%
Cumberland	4,897	328	7%	603	12%
East Greenwich	2,511	28	1%	93	4%
East Providence	5,240	663	13%	1,546	30%
Exeter-West Greenwich	1,562	27	2%	113	7%
Foster	231	32	14%	38	16%
Foster-Glocester	1,339	39	3%	122	9%
Glocester	562	26	5%	45	8%
Jamestown	406	*	<1%	10	2%
Johnston	3,169	282	9%	792	25%
Lincoln	3,346	132	4%	494	15%
Little Compton	210	0	0%	12	6%
Middletown	1,942	125	6%	406	21%
Narragansett	1,061	23	2%	64	6%
New Shoreham	127	*	6%	16	13%
Newport	1,854	350	19%	788	43%
North Kingstown	3,776	232	6%	467	12%
North Providence	3,529	350	10%	937	27%
North Smithfield	1,652	32	2%	196	12%
Pawtucket	7,996	1,937	24%	3,725	47%
Portsmouth	2,161	29	1%	159	7%
Providence	20,896	8,736	42%	9,833	47%
Scituate	1,179	19	2%	105	9%
Smithfield	2,402	73	3%	252	10%
South Kingstown	2,334	59	3%	204	9%
Tiverton	1,540	47	3%	231	15%
Warwick	7,857	384	5%	1,660	21%
West Warwick	3,623	401	11%	1,104	30%
Westerly	2,205	191	9%	430	20%
Woonsocket	5,584	1,616	29%	2,938	53%
<i>Charter Schools</i>	<i>12,241</i>	<i>2,355</i>	<i>19%</i>	<i>3,985</i>	<i>33%</i>
<i>State-Operated Schools</i>	<i>1,797</i>	<i>151</i>	<i>8%</i>	<i>356</i>	<i>20%</i>
<i>UCAP</i>	<i>130</i>	<i>34</i>	<i>26%</i>	<i>91</i>	<i>70%</i>
<i>YouthBuild</i>	<i>148</i>	<i>26</i>	<i>18%</i>	<i>34</i>	<i>23%</i>
<i>Four Core Cities</i>	<i>37,190</i>	<i>13,656</i>	<i>37%</i>	<i>18,959</i>	<i>51%</i>
<i>Remainder of State</i>	<i>86,390</i>	<i>5,814</i>	<i>7%</i>	<i>15,610</i>	<i>18%</i>
<i>Rhode Island</i>	<i>137,896</i>	<i>22,036</i>	<i>16%</i>	<i>39,035</i>	<i>28%</i>

Source of Data for Table/Methodology

Rhode Island Department of Education, Child Nutrition Programs, Office of Statewide Efficiencies, October 2023.

NA indicates that data on low-income students and their participation in school breakfast was not available because some or all schools in this district were using the Community Eligibility Provision (CEP) and therefore not collecting data on the incomes of students' families. During the 2022-2023 school year, Central Falls, Providence, some schools in Pawtucket and North Kingstown, Highlander Charter School, Providence Preparatory Charter School, Sheila C. "Skip" Nowell Leadership Academy, Southside Elementary Charter School, Rhode Island Nurses Institute Middle College Charter School, Trinity Academy for the Performing Arts, the Metropolitan Regional Career and Technical Center, and UCAP were using CEP.

*Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These students are still counted in district totals and in the four core cities, remainder of the state, and state totals.

Charter schools include: Achievement First Rhode Island, Beacon Charter School, Blackstone Academy, Blackstone Valley Prep, A RI Mayoral Academy, Charette Charter, Excel Academy Rhode Island, Highlander, International Charter, Kingston Hill Academy, Learning Community, Nuestro Mundo Public Charter, Paul Cuffee Charter School, Providence Preparatory Charter, Rhode Island Nurses Institute Middle College, Segue Institute for Learning, Sheila C. "Skip" Nowell Leadership Academy, SouthSide Charter School, The Greene School, The Hope Academy, Trinity Academy for the Performing Arts, Village Green Virtual, State-operated schools include William M. Davies Jr. Career & Technical High School, Metropolitan Regional Career and Technical Center, and the Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program. YouthBuild is the YouthBuild Preparatory Academy. Data was not available for The Metropolitan Regional Career and Technical Center.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

(Sources and References are continued on page 188)

Out-of-School Time

DEFINITION

Out-of-school time is the number of children participating in organized after-school programs. This indicator presents data on the number of licensed after-school child care programs and slots for children ages six and older as well as available data on children served by after-school programs that do not require state licensing.

SIGNIFICANCE

Organized programs for school-age children offered during the hours and days when school is not in session have become increasingly popular over the past 50 years. Growth has been driven by the expansion of mothers' labor force participation, concerns over negative consequences associated with children being home alone, passage of the *1990 Child Care Development and Block Grant Act* which provided the first major funding stream for out-of-school time programs, and federal funding for 21st Century Community Learning Centers, which began in 1998. Out-of-school time programs can contribute significantly to children's development and learning.¹

High-quality, organized after-school and summer programs improve the supervision and safety of youth, promote positive social skills, and, with sufficient dosage, improve student achievement. Quality out-of-school

time programs provide engaging activities that are intentionally designed to promote youth development and are taught by trained, dedicated instructors who work effectively with youth. Youth who participate consistently can show improved competence, caring, and connections.^{2,3}

Most children and youth in Rhode Island have working parents. Between 2018 and 2022, 79% of Rhode Island children ages six to 17 had all parents in the workforce, higher than the U.S. rate of 72%.⁴

School hours only cover 20% of the time children and youth have available for learning, forming friendships, developing, and practicing skills, and exploring interests. What children do during out-of-school time matters for success in school and life. Yet, there are not enough affordable, high-quality, out-of-school time programs to meet the needs of families and youth. Increased federal, state, and local investments are needed to expand access to high-quality programs and to build and sustain an effective out-of-school time workforce.^{5,6}

Out-of-school time programs build foundational communication and thinking skills in children and youth, help working parents by providing a safe and enriching child care option.⁷



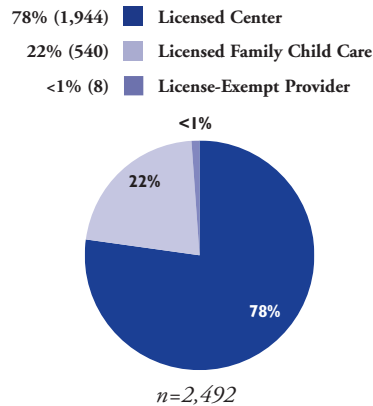
Students Served by 21st Century Community Learning Centers by Grade Span, Rhode Island, 2022-2023 School Year

SCHOOL DISTRICT	GRADES PK-3	GRADES 4-5	GRADES 6-8	GRADES 9-12	TOTAL
Central Falls	0	0	5	38	43
Cranston	155	86	111	0	352
East Providence	82	46	181	0	309
Newport	227	106	173	284	790
Pawtucket	490	331	0	0	821
Providence	152	65	803	559	1,579
West Warwick	85	8	0	0	93
Woonsocket	372	198	189	109	868
Charter Schools	126	69	55	102	352
DCYF	0	0	0	17	17
UCAP	NA	NA	62	2	64
Rhode Island	1,689	909	1,579	1,111	5,288

Source: RI Department of Education, Office of Student, Community and Academic Supports, 2022-2023 school year. Data are not unduplicated as students can be served by more than one grantee. Beginning in 2021-2022, data includes only students who participated in 21st Century CLC programs for at least 15 hours. DCYF is the Rhode Island Training School. UCAP is the Urban Collaborative Accelerated Program.

- ★ In the 2022-2023 school year in Rhode Island, 21st Century Community Learning Center grantees served 5,288 children and youth. Of these, 32% were in grades PK-3, 17% were in grades 4-5, 30% were in grades 6-8, and 21% were in grades 9-12.⁸
- ★ During the summer of 2022, 1,577 Rhode Island children entering grades Pre-K through 12 participated in 21st Century Community Learning Center programs; 568 (36%) entering grades PK-3, 359 (23%) entering grades 4-5, 401 (25%) entering grades 6-8, and 249 (16%) entering grades 9-12.⁹
- ★ United Way of Rhode Island funds summer learning programs for children and youth entering first grade through 12th grade. During the summer of 2023, 645 children/youth ages 5 through 18 participated.¹⁰
- ★ In April 2023, Governor McKee announced a new out-of-school learning initiative, Learn365RI, designed to support partnerships between municipalities, school districts, and community-based organizations and improve student achievement, reduce chronic absenteeism, and increase FAFSA completion.¹¹

School-Age Child Care Subsidies by Type of Setting, Rhode Island, 2023



Source: Rhode Island Department of Human Services, December 2023.

★ In January 2024 there were 11,541 slots for school-age children in licensed centers, 69% in independently licensed school-age programs and 31% in licensed early childhood centers. In addition, there were 399 family child care homes licensed to serve school-age children and youth (all licensed family child care programs in Rhode Island are licensed to serve children 6 weeks through age 12).¹²

★ In January 2024 in Rhode Island, of the 92 independently licensed school-age programs, eight (9%) had no rating, 26 (28%) had a one-star, 19 (21%) had a two-star, 23 (25%) had a three-star, 10 (11%) had a four-star, and six (7%) had a five-star rating in BrightStars, Rhode Island's Quality Rating and Improvement System.¹³

Table 42. Licensed School-Age Child Care Center Slots for Children Ages Six to 12, Rhode Island, January 2024

CITY/TOWN	NUMBER OF CHILDREN AGES 6 TO 12	SCHOOL-AGE SLOTS IN EARLY LEARNING CENTERS	SCHOOL-AGE SLOTS IN INDEPENDENT PROGRAMS	TOTAL NUMBER OF SLOTS
Barrington	1,860	81	138	219
Bristol	1,145	0	150	150
Burrillville	1,282	0	248	248
Central Falls	2,572	118	0	118
Charlestown	444	0	0	0
Coventry	2,562	122	199	321
Cranston	6,148	363	249	612
Cumberland	2,901	0	803	803
East Greenwich	1,448	45	80	125
East Providence	3,039	70	407	477
Exeter	474	0	140	140
Foster	306	26	0	26
Glocester	706	38	0	38
Hopkinton	688	0	0	0
Jamestown	391	0	0	0
Johnston	2,049	163	0	163
Lincoln	1,955	41	615	656
Little Compton	206	0	26	26
Middletown	1,405	59	132	191
Narragansett	614	0	0	0
New Shoreham	81	0	0	0
Newport	1,400	70	243	313
North Kingstown	2,127	82	100	182
North Providence	2,182	37	368	405
North Smithfield	939	40	130	170
Pawtucket	6,430	264	606	870
Portsmouth	1,264	15	146	161
Providence	15,706	1,012	1,599	2,611
Richmond	629	0	52	52
Scituate	693	26	0	26
Smithfield	1,301	127	37	164
South Kingstown	1,716	69	50	119
Tiverton	1,092	36	30	66
Warren	726	26	60	86
Warwick	5,476	172	800	972
West Greenwich	519	0	0	0
West Warwick	2,287	81	149	230
Westerly	1,480	72	40	112
Woonsocket	3,756	279	410	689
Four Core Cities	28,464	1,673	2,615	4,288
Remainder of State	53,535	1,861	5,392	7,253
Rhode Island	81,999	3,534	8,007	11,541

Source of Data for Table/Methodology

Number of children ages six to 12 years is from the U.S. Census Bureau, Census 2020 Table PCT12.

Rhode Island Department of Human Services, number of licensed child care center slots and programs for school-age children, January 2024. These numbers do not include licensed family child care home slots or community programs for youth that are exempt from licensing.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

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(continued on page 188)

Multilingual Learners

DEFINITION

Multilingual Learners is the percentage of all public-school children (preschool through grade 12) who are receiving Multilingual Learner services in Rhode Island public schools.

SIGNIFICANCE

The population of Multilingual Learner (MLL) students in the U.S. has been growing over the last two decades. In fact, MLLs are the fastest growing group of students, not only in large urban districts but also in many smaller cities and suburban districts. MLL students face additional educational challenges because they must acquire English language proficiency while acquiring content area knowledge in a second language.^{1,2,3}

Nationally, the majority of MLL students are born in the U.S., are racially, ethnically, and culturally diverse, and have at least one immigrant parent. MLL students are more likely to live in low-income households, attend high-poverty schools and have limited access to services needed to improve English proficiency.⁴ They may also experience discrimination, stigma, and stress related to different cultural expectations and English language proficiency status.^{5,6} Students in families with limited English proficiency also have a harder time accessing health care and other social services.⁷

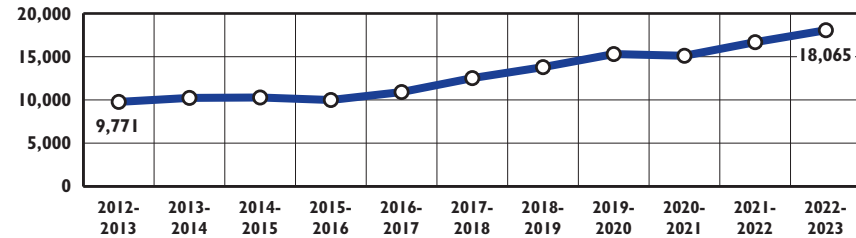
In the 2022-2023 school year in Rhode Island, MLL students were 13%

(18,065) of the total student population, and 35% (6,314) of all MLL students in Rhode Island were in grades preschool to three. Of all MLL students, 78% were enrolled in free or reduced-price lunch programs. Almost two-thirds (64%) of MLLs attended school in the four core cities and 43% in Providence.^{8,9} MLL students spoke 112 different languages. The majority (81%) spoke Spanish, 5% spoke a creole language, 3% spoke Portuguese, 1% spoke Arabic, 1% spoke Chinese, and 9% spoke other or multiple languages.¹⁰

Dual language programs can improve reading proficiency, decrease dropout rates, increase the likelihood of going to college, and improve economic outcomes for MLL students.¹¹ During the 2022-2023 school year, bilingual and dual language programs were offered in Central Falls, Pawtucket, and Providence school and at the Rhode Island School for the Deaf and International Charter School.¹²

In 2016, the Rhode Island General Assembly established a pilot categorical program to provide additional support for the costs associated with educating MLL students.¹³ In 2017, they made this categorical fund permanent. This fund is designed to support high-quality, research-based services.¹⁴ Despite this funding, Rhode Island continues to lag behind other states when it comes to funding for MLLs.¹⁵

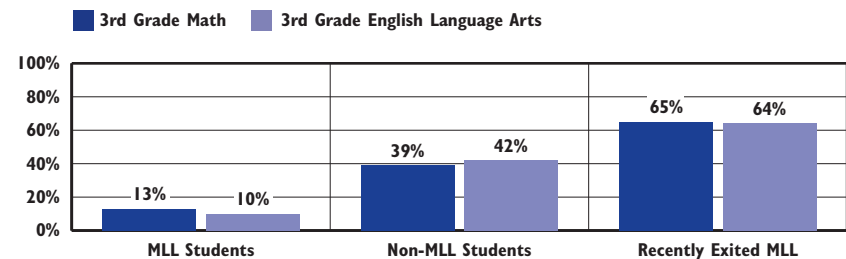
Multilingual Learners, Rhode Island, 2012-2013 Through 2022-2023 School Years



Source: Rhode Island Department of Education, 2012-2013 through 2022-2023 school years.

★ The number of MLL students in Rhode Island has nearly doubled (increased by 85%) from the 2012-2013 to 2022-2023 school years.¹⁶

Multilingual Learners Meeting Expectations in Math and English Language Arts, Rhode Island, 2023



Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, October 2023.

★ In Rhode Island, MLL students who have not attended U.S. schools for at least 12 months are exempt from the English language arts assessment, but not from the math assessment, and are required to take both assessments in future years, regardless of their level of English proficiency. Recently exited MLL students outperformed non-English learners on the *RICAS*.¹⁷ Successful MLL programs have highly-qualified and culturally competent teachers.¹⁸ In October 2023, 2% (227) of Rhode Island public school teachers and instructional coordinators held an active Bilingual, Dual Language, or English to Speakers of Other Languages certification.¹⁹

Table 43.

Multilingual Learner Students, Rhode Island, 2022-2023

SCHOOL DISTRICT	TOTAL # OF STUDENTS	NUMBER OF MULTILINGUAL LEARNER STUDENTS			TOTAL # OF MLL STUDENTS	% OF TOTAL DISTRICT
		ELEMENTARY (GRADES PRE-K-5)	MIDDLE (GRADES 6-8)	HIGH SCHOOL (GRADES 9-12)		
Barrington	3,366	64	*	14	85	3%
Bristol Warren	2,882	35	13	13	61	2%
Burrillville	2,031	*	*	*	14	1%
Central Falls	2,619	522	307	439	1,268	48%
Chariho	3,026	12	0	*	15	<1%
Coventry	4,172	13	*	*	26	1%
Cranston	10,216	573	247	285	1,104	11%
Cumberland	4,742	166	36	40	241	5%
East Greenwich	2,525	18	*	*	35	1%
East Providence	5,123	120	64	83	268	5%
Exeter-West Greenwich	1,507	*	*	*	14	1%
Foster	212	*	NA	NA	*	1%
Foster-Glocester	1,351	NA	*	0	*	<1%
Glocester	577	0	NA	NA	0	<1%
Jamestown	407	*	0	NA	*	<1%
Johnston	3,092	155	53	62	270	9%
Lincoln	3,269	42	17	24	83	3%
Little Compton	205	0	0	NA	0	0%
Middletown	1,969	97	25	42	164	8%
Narragansett	1,135	*	*	0	*	<1%
New Shoreham	132	*	*	*	18	13%
Newport	1,885	179	68	118	365	19%
North Kingstown	3,777	56	17	18	91	2%
North Providence	3,494	212	103	88	403	12%
North Smithfield	1,608	21	*	*	27	2%
Pawtucket	7,955	737	379	451	1,567	20%
Portsmouth	2,168	21	*	*	30	1%
Providence	21,023	3,653	1,660	2,490	7,803	37%
Scituate	1,183	*	0	*	*	<1%
Smithfield	2,440	17	*	*	31	1%
South Kingstown	2,491	28	17	*	51	2%
Tiverton	1,629	*	*	*	11	1%
Warwick	7,974	134	41	45	220	3%
West Warwick	3,476	52	34	37	123	4%
Westerly	2,262	46	12	12	70	3%
Woonsocket	5,612	469	184	245	897	16%
<i>Charter Schools</i>	<i>11,286</i>	<i>1,632</i>	<i>454</i>	<i>405</i>	<i>2,491</i>	<i>22%</i>
<i>State-Operated Schools</i>	<i>1,772</i>	<i>*</i>	<i>*</i>	<i>154</i>	<i>166</i>	<i>9%</i>
<i>UCAP</i>	<i>127</i>	<i>NA</i>	<i>34</i>	<i>NA</i>	<i>34</i>	<i>27%</i>
<i>YouthBuild</i>	<i>79</i>	<i>NA</i>	<i>NA</i>	<i>11</i>	<i>11</i>	<i>14%</i>
<i>Four Core Cities</i>	<i>37,209</i>	<i>5,381</i>	<i>2,529</i>	<i>3,625</i>	<i>11,535</i>	<i>31%</i>
<i>Remainder of State</i>	<i>86,325</i>	<i>2,095</i>	<i>796</i>	<i>937</i>	<i>3,828</i>	<i>4%</i>
<i>Rhode Island</i>	<i>136,797</i>	<i>9,115</i>	<i>3,818</i>	<i>5,133</i>	<i>18,065</i>	<i>13%</i>

Sources of Data for Table/Methodology

Rhode Island Department Education, 2022-2023 school year. Total number of Multilingual Learner students is the number of students in each district who were actively enrolled in English Learner programs in the 2022-2023 school year. Students who are not yet fully English proficient but have exited ESL or bilingual education programs to regular education are not included in these numbers.

* Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These students are still counted in district totals and in the four core cities, remainder of the state, and state totals.

NA indicates that the school district does not serve students at that grade level.

The “% of Total District” is based on the total number of Multilingual Learners divided by the “Total # of Students,” which is the average daily membership in the districts of instruction.

Charter schools include: Achievement First Rhode Island, Beacon Charter School, Blackstone Academy, Blackstone Valley Prep, A RI Mayoral Academy, Charette Charter, Excel Academy Rhode Island, Highlander, International Charter, Kingston Hill Academy, Learning Community, Nuestro Mundo Public Charter, Paul Cuffee Charter School, Providence Preparatory Charter, Rhode Island Nurses Institute Middle College, Segue Institute for Learning, Sheila C. “Skip” Nowell Leadership Academy, SouthSide Charter School, The Greene School, The Hope Academy, Trinity Academy for the Performing Arts, and Village Green Virtual.

State-operated schools include William M. Davies Jr. Career & Technical High School, Metropolitan Regional Career and Technical Center, and the Rhode Island School for the Deaf.

UCAP is the Urban Collaborative Accelerated Program.

YouthBuild is the YouthBuild Preparatory Academy.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

(References are on page 188)

K-12 Students Receiving Special Education Services

DEFINITION

K-12 students receiving special education services is the percentage of students in grades K-12 who received special education services in Rhode Island public schools or who were placed in private special education programs by their district of residence.

SIGNIFICANCE

Early and accurately targeted special education services help students with developmental delays and disabilities improve their academic outcomes and prevent grade retention.¹ Approximately 17% of U.S. children ages three to 17 have a developmental delay or disability. Children in low-income families, children with non-college-educated mothers, children with rural residences, children with low birthweight, and boys are more likely to have a delay or disability.²

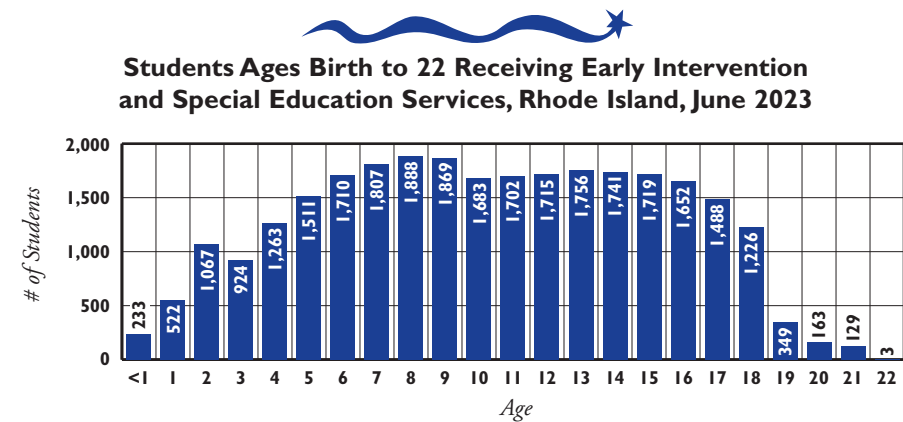
The federal *Individuals with Disabilities Education Act (IDEA)* guarantees a free appropriate public education to every child with a disability. Prior to passage of the original 1975 federal law, many children with disabilities were excluded from public school. Since passage, outcomes for children with disabilities have steadily improved. More students with disabilities are being educated in neighborhood schools, included in general education classrooms, reaching proficiency standards, graduating from

high school, enrolling in postsecondary education programs, and becoming employed as adults.³ Concerns remain that not all children who could benefit from services are identified, that Children of Color are less likely to receive special education services than their white peers, and that special education funding is not adequate.⁴

Despite improvements in high school graduation rates and postsecondary school enrollment, students with disabilities are still less likely to graduate from high school and more likely to be suspended than students without disabilities.^{5,6} Nationally, 65% to 75% of juvenile justice-involved youth under age 18 have mental, emotional, behavioral, and/or physical health problems and 33% qualify for special education.⁷

Students with disabilities are much less likely to meet or exceed expectations on the *Rhode Island Comprehensive Assessment System (RICAS)*. In 2022-2023, only 11% of third graders with a disability met or exceeded expectations in ELA and 12% in math, compared with 43% in ELA and 40% in math for students without special education needs.⁸

In Rhode Island, the four-year graduation rate for the class of 2023 was 66% for students receiving special education services, compared to 88% for students not receiving these services. Some students enrolled in special education may take additional time to graduate.⁹



Source: Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, Early Intervention enrollment, June 30, 2023. Rhode Island Department of Education, Office of Diverse Learners, Special Education Census, June 30, 2023. Includes parentally-placed students.

- ★ As of June 2023, there were 22,120 students in grades K-12 (16% of all kindergarten through grade 12 students) receiving special education services through Rhode Island public schools. Thirty-six percent of these students had a learning disability, 19% had a health impairment, 12% had a speech/language impairment, 12% had an autism spectrum disorder, 8% had a developmental delay, 6% had an emotional disturbance, 4% had an intellectual disability, and 3% had other disabilities.¹⁰
- ★ Students in grades K-12 enrolled in a traditional school district in one of the four core cities were more likely to be receiving special education services (19%) than those enrolled in traditional districts in the remainder of the state (16%), in public charter schools (13%) or in state-operated public schools (12%).¹¹
- ★ As of June 2023, 73% of students were in their regular classroom for 80% of the day or more, 21% were in their regular classroom for less than 80% of the day, 5% were in a separate school, 1% were in a residential facility, were homebound, or were hospitalized.¹²
- ★ Of students ages six to 22 receiving special education services in June 2023, 65% were boys, 35% were girls, and <1% identified as another gender. By identified race/ethnicity, 2% were Asian, 10% were Black, 30% were Hispanic, 1% were Native American, <1% were Native Hawaiian or Pacific Islander, 6% were Multiracial, and 51% were white. The majority were low-income (58% receiving free or reduced-price lunch) and 14% were Multilingual Learners.¹³

K-12 Students Receiving Special Education Services

Table 44.

K-12 Students Receiving Special Education Services by Primary Disability, Rhode Island, 2023

SCHOOL DISTRICT	TOTAL # OF STUDENTS	AUTISM SPECTRUM DISORDER	DEVELOPMENTAL DELAY	EMOTIONAL DISTURBANCE	HEALTH IMPAIRMENT	INTELLECTUAL DISABILITY	LEARNING DISABILITY	SPEECH/LANGUAGE IMPAIRMENT	OTHER	TOTAL STUDENTS WITH DISABILITIES	% STUDENTS IN SPECIAL EDUCATION
Barrington	3,341	53	10	46	96	10	102	52	14	383	11%
Bristol Warren	2,831	49	20	29	76	15	164	115	11	479	17%
Burrillville	2,005	39	19	20	58	17	179	35	*	376	19%
Central Falls	2,466	46	72	12	75	27	213	44	19	508	21%
Chariho	2,970	61	39	19	80	*	165	48	19	440	15%
Coventry	4,107	99	36	46	126	30	222	95	14	668	16%
Cranston	10,131	207	83	94	362	43	567	101	32	1,489	15%
Cumberland	4,664	121	47	35	70	23	230	94	57	677	15%
East Greenwich	2,499	47	34	*	59	14	83	32	*	283	11%
East Providence	5,062	132	68	78	204	34	322	96	18	952	19%
Exeter-West Greenwich	1,463	31	16	*	36	*	52	19	*	168	11%
Foster	201	*	*	0	*	*	*	*	*	30	15%
Foster-Glocester	1,351	16	0	*	30	*	48	*	*	113	8%
Glocester	574	*	*	0	11	0	21	32	*	74	13%
Jamestown	394	11	*	*	21	*	25	15	*	84	21%
Johnston	3,028	84	49	17	117	29	223	64	23	606	20%
Lincoln	3,219	91	43	36	91	12	190	56	12	531	16%
Little Compton	197	*	*	*	12	*	20	*	0	44	22%
Middletown	1,956	37	32	38	92	15	115	31	*	369	19%
Narragansett	1,064	14	*	*	27	*	54	22	*	136	13%
New Shoreham	132	*	*	*	12	0	*	*	0	27	20%
Newport	1,867	55	22	26	35	31	163	42	10	384	21%
North Kingstown	3,725	56	31	27	94	*	170	83	13	483	13%
North Providence	3,449	77	44	39	89	29	230	88	15	611	18%
North Smithfield	1,593	26	21	10	33	10	114	44	*	263	17%
Pawtucket	7,782	168	130	62	274	48	631	141	24	1,478	19%
Portsmouth	2,152	42	21	26	76	10	93	46	14	328	15%
Providence	20,628	266	334	230	551	176	1,211	440	85	3,293	16%
Scituate	1,174	17	*	*	28	*	60	36	*	166	14%
Smithfield	2,382	62	29	13	69	*	119	26	*	333	14%
South Kingstown	2,439	48	11	16	85	11	102	32	11	316	13%
Tiverton	1,613	44	26	22	58	11	116	27	*	311	19%
Warwick	7,821	191	159	91	276	48	489	124	38	1,416	18%
West Warwick	3,435	91	72	60	160	34	202	79	14	712	21%
Westerly	2,226	49	54	25	83	11	101	59	14	396	18%
Woonsocket	5,567	151	106	128	341	74	465	193	29	1,487	27%
Charter Schools	11,262	89	105	63	297	33	613	257	15	1,472	13%
State-Operated Schools	1,764	*	*	*	40	0	82	*	68	216	12%
UCAP	127	0	0	*	*	0	10	0	0	15	12%
YouthBuild	79	0	0	0	*	0	*	0	0	3	4%
Four Core Cities	36,443	631	642	432	1,241	325	2,520	818	157	6,766	19%
Remainder of State	84,989	1,863	1,012	848	2,673	489	4,756	1,610	397	13,648	16%
Rhode Island	134,742	2,592	1,760	1,351	4,256	847	7,983	2,694	637	22,120	16%

Source of Data for Table/Methodology

Rhode Island Department of Education (RIDE), Office for Diverse Learners, Special Education Census June 30, 2023. Data do not include parentally-placed students. The denominator (number of students) is the "resident average daily membership" (RADM) for grades K-12 in the 2022-2023 school year provided by RIDE.

As of the 2022-2023, students in DCYF care and those receiving instruction through DCYF operated schools (the Training School) remain enrolled with their home district/the district they were in at the time of entering DCYF care so IEP data on these youth are included in their home district's data. Data about youth with IEPs receiving educational services at the Training School are included in the Youth in the Juvenile Justice System indicator. As of May 2023, there were 0 individuals with an IEP in the custody of the Department of Corrections.

Due to changes in methodology, *K-12 Students Receiving Special Education Services* in this Factbook cannot be compared with Factbooks prior to 2015. Data about preschool students receiving special education services can be found in the *Children Receiving Preschool Special Education Services* indicator.

* Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These students are still counted in district totals and in the four core cities, remainder of the state, and state totals.

Totals of students and percentages of students receiving special education may not sum due to rounding.

The category "other" includes students who are visually impaired, hearing impaired, deaf/blind, multi-handicapped, orthopedically impaired, and/or have traumatic brain injury.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

(continued with References on page 189)

Student Mobility

DEFINITION

Student mobility is the number of students who enrolled in school after September 30 or withdrew from school before June 1 divided by the total enrollment for that school district.

SIGNIFICANCE

Student mobility is associated with lower academic performance, behavior difficulties, lower levels of school engagement, and increased risk of dropping out of high school. Changing schools can disrupt learning, negatively impact a student's achievement, and cause social upheaval for children. Student mobility also can lead to less active parent involvement in their children's schools.^{1,2}

Students who change schools frequently are more likely to have lower math and reading skills, more likely to repeat a grade, more likely to be suspended, and less likely to graduate from high school than their non-mobile peers.^{3,4}

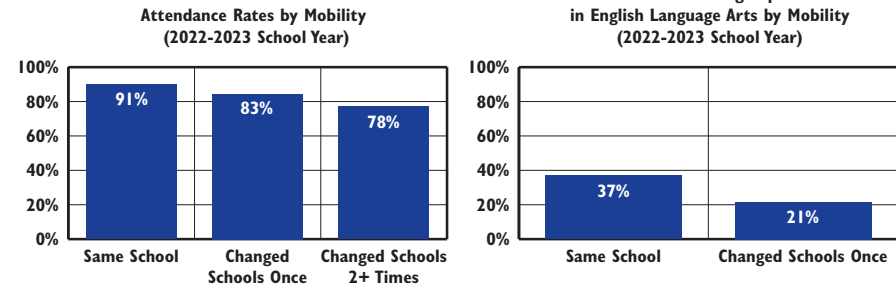
Regardless of income status and ethnicity, mobility can negatively affect student achievement. However, low-income children and Children of Color are more likely to be mobile and experience greater negative impacts on their academic achievement, than higher-income and white students. Students receiving special education services also are likely to be negatively impacted by changing schools.^{5,6,7}

High mobility rates in schools can negatively impact all students because teachers must slow curriculum progress, repeat lessons, and adjust to changing classroom dynamics and student needs. Within-year moves are particularly disruptive for students, teachers, and schools.^{8,9}

Families may move their children to a different school because they are dissatisfied with the school, concerned about their child's safety, or there may be changes in family circumstances. Changes in family circumstances can be either positive or negative, including eviction or foreclosure, divorce or marriage, job loss or job changes, death in the family, or a desire to improve quality of life. Mobile students who are low-income and Students of Color are more likely to change schools due to negative life events than mobile students who are higher-income and white.^{10,11}

Between 2018 and 2022 in Rhode Island, 10% of children ages five to 17 changed residence at least once during the previous year, 72% of whom moved within Rhode Island and 28% of whom moved from another state or abroad.¹² Nationally and in Rhode Island, people with incomes below the poverty line are more likely to move than higher-income residents. Between 2018 and 2022, 16% of Rhode Islanders living below the poverty line moved, compared with 10% of higher-income residents.¹³

School Mobility and Education Outcomes in Rhode Island



Source: Rhode Island Department of Education, 2022-2023 school year.

★ Rhode Island students who change schools mid-year are absent more often than students who do not change schools. Rhode Island students who did not change schools had a 91% attendance rate, compared with 83% for those who changed schools once and 78% for those who changed schools two or more times during the 2022-2023 school year.¹⁴

★ Children who change schools mid-year also perform worse on standardized tests than children who have not experienced school mobility. During the 2022-2023 school year in Rhode Island, 37% of third-grade children who did not experience mobility met expectations in reading/writing on the *Rhode Island Comprehensive Assessment System (RICAS)* state assessment, compared with 21% of students who moved once.¹⁵

★ School districts with high mobility rates can reduce the negative effects of mobility on students by providing immediate and comprehensive screening of entering students to ensure that students are properly placed. Districts also can identify other districts where students most frequently transfer to and from and align their curricula, programs, and policies to reduce learning disruption.¹⁶

★ One-third of children in foster care will experience five or more school changes before they turn age 18, and such changes often result in lost academic progress. The federal *Every Student Succeeds Act* includes provisions to give children in foster care more educational stability by allowing students to stay in their school of origin if it is in their best interest and providing transportation to that school.¹⁷



Student Mobility and Stability Rates

★ Mobility rates are calculated by adding all children who enrolled after September 30 to all those who withdrew before June 1 and dividing the total by the total enrollment for that school district.¹⁸

★ Stability rates measure the number of children who attended the same school the entire school year in a school district. The stability rate is calculated by dividing the number of children enrolled the whole year at the same school in the school district by the total enrollment for that school district. The stability rate for the four core cities was 82% in the 2022-2023 school year, compared with a stability rate of 92% in the remainder of the state.¹⁹

★ Total enrollment for each district is cumulative over the course of the school year.²⁰

★ The overall Rhode Island student mobility rate was 12% in the 2022-2023 school year. The four core cities had a higher mobility rate (20%) than districts in the remainder of the state (9%).²¹

★ During the 2022-2023 school year, mobility rates were 11% for elementary schools, 15% for middle schools, and 10% for high schools.²²

Table 45. Student Mobility and Stability Rates by District, Rhode Island, 2022-2023 School Year

SCHOOL DISTRICT	CUMULATIVE ENROLLMENT FOR 2021-2022	# ENROLLED THE WHOLE YEAR	# ENROLLED AFTER SEPT. 30	# EXITED BEFORE JUNE 1	STABILITY RATE	MOBILITY RATE
Barrington	3,423	3,318	50	57	97%	3%
Bristol Warren	2,931	2,752	82	110	94%	7%
Burrillville	2,086	1,943	56	90	93%	7%
Central Falls	2,826	2,198	339	317	78%	23%
Chariho	3,154	2,807	139	218	89%	11%
Coventry	4,307	3,946	141	241	92%	9%
Cranston	10,739	9,603	582	625	89%	11%
Cumberland	4,901	4,479	208	234	91%	9%
East Greenwich	2,554	2,452	49	62	96%	4%
East Providence	5,302	4,826	247	264	91%	10%
Exeter-West Greenwich	1,540	1,426	61	58	93%	8%
Foster	206	196	*	*	95%	5%
Foster-Glocester	1,400	1,321	31	52	94%	6%
Glocester	582	562	*	11	97%	3%
Jamestown	404	385	10	11	95%	5%
Johnston	3,180	2,910	127	161	92%	9%
Lincoln	3,345	3,114	133	114	93%	7%
Little Compton	201	192	*	*	96%	5%
Middletown	2,092	1,818	138	150	87%	14%
Narragansett	1,114	1,028	43	54	92%	9%
New Shoreham	138	128	*	*	93%	8%
Newport	2,031	1,737	150	181	86%	16%
North Kingstown	3,870	3,608	112	158	93%	7%
North Providence	3,673	3,264	221	212	89%	12%
North Smithfield	1,640	1,553	43	52	95%	6%
Pawtucket	8,548	7,134	677	807	83%	17%
Portsmouth	2,238	2,078	85	87	93%	8%
Providence	23,195	18,852	2,194	2,465	81%	20%
Scituate	1,204	1,153	23	31	96%	4%
Smithfield	2,433	2,339	46	50	96%	4%
South Kingstown	2,528	2,371	61	101	94%	6%
Tiverton	1,670	1,559	47	71	93%	7%
Warwick	8,254	7,437	346	506	90%	10%
West Warwick	3,717	3,253	206	292	88%	13%
Westerly	2,323	2,138	71	127	92%	9%
Woonsocket	6,211	5,102	511	667	82%	19%
Charter Schools	11,911	10,736	528	688	90%	10%
State-Operated Schools	1,870	1,683	88	106	90%	10%
UCAP	154	108	22	24	70%	30%
YouthBuild	119	33	81	16	28%	82%
Four Core Cities	40,780	33,286	3,721	4,256	82%	20%
Remainder of State	89,180	81,696	3,535	4,393	92%	9%
Rhode Island	144,014	127,542	7,975	9,483	89%	12%

Source of Data for Table/Methodology

Rhode Island Department of Education, 2022-2023 school year.

*Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These students are still counted in district totals and in the four core cities, remainder of the state, and state totals.

Charter schools include: Achievement First Rhode Island, Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, The Charette Charter School, The Compass School, Paul Cuffee Charter School, Excel Academy Rhode Island, The Greene School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, Nuestro Mundo Public Charter School, Providence Preparatory Charter School, RISE Prep Mayoral Academy, Rhode Island Nurses Institute Middle College Charter School, Segue Institute for Learning, Sheila C. "Skip" Nowell Leadership Academy, SouthSide Elementary Charter School, Trinity Academy for the Performing Arts, and Village Green Virtual Public Charter School.

State-operated schools include William M. Davies Career & Technical High School, Metropolitan Regional Career and Technical High School, and the Rhode Island School for the Deaf.

UCAP is the Urban Collaborative Accelerated Program.

YouthBuild is the YouthBuild Preparatory Academy.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

- ¹³ Herbers, J. E., Reynolds, A. J., & Chen, C. (2013). School mobility and developmental outcomes in young adulthood. *Development and Psychopathology*, 25(2), 501-515.
- ^{24,5,8} Scherrer, J. (2013). The negative effects of student mobility: Mobility as a predictor, mobility as a mediator. *International Journal of Education Policy & Leadership*, 8(1), 1-14.
- ⁶ Rumberger, R. W. (2015). *Student mobility: Causes, consequences, and solutions*. Boulder, CO: National Education Policy Center.

(continued on page 189)

Reading Skills

DEFINITION

Reading skills is the percentage of third- and eighth-grade students who met expectations in English language arts on the *Rhode Island Comprehensive Assessment System (RICAS)* test.

SIGNIFICANCE

Educators and researchers have long recognized the importance of achieving reading proficiency by the end of third grade, when children begin to shift from learning to read to reading to learn. Students who do not reach this milestone struggle in later grades and are four times more likely to drop out of high school than proficient peers.¹ When interventions for students who struggle with reading are delayed until after third grade, most children never catch up to their grade level peers.² Literacy demands change and intensify quickly in grades four through 12, as students are expected to comprehend, synthesize, and analyze increasingly complex texts and draw conclusions based on evidence.³ Reading skills are also a powerful indicator of a student's ability to contribute to, participate in, and succeed in the workforce and the community.⁴

Literacy begins long before children encounter school instruction in writing and reading. Physical and social-emotional health, family supports, literacy-rich home environments and parents who speak to young children frequently contribute to

literacy development, reading achievement, and academic success.^{5,6}

High-quality preschool and Pre-K programs targeting social-emotional development and behavioral skills can boost language and literacy skills and improve school readiness and academic achievement and have the greatest impact on children in low-income families.⁷ Children who participate score higher on reading and math assessments, are more likely to become proficient readers in primary grades, and have higher graduation rates.^{8,9} Adolescents who struggle to read are more likely to have lower wages and rely on public assistance than their peers with higher levels of literacy, problems which are exacerbated for Multilingual Learners and low-income students.^{10,11}

Policymakers can increase reading proficiency by increasing access to high-quality child care, Pre-K, and Head Start; providing parents with supports to create enriched language and literacy opportunities beginning at birth; expanding access to summer learning programs; and addressing chronic absence.^{12,13} Ongoing teacher support and training in literacy strategy, culturally relevant literacy instruction in content area classes, explicit instruction in reading comprehension, using student assessments effectively, and intensive individualized instruction are important components of successful adolescent literacy programs.^{14,15,16}



Third- & Eighth-Grade Students Meeting Expectations on the RICAS English Language Arts Assessment, Rhode Island, 2023

SUBGROUP	THIRD GRADERS	EIGHTH GRADERS
Female Students	38%	38%
Male Students	36%	27%
Multilingual Learners	10%	<5%
Non-English Learners	42%	37%
Students Receiving Special Education Services	11%	<5%
Students Not Receiving Special Education Services	43%	37%
Low-Income Students	20%	17%
Higher-Income Students	52%	45%
Asian Students+	54%	43%
Black Students	20%	18%
Hispanic Students	21%	18%
Native American Students	9%	12%
White Students	48%	42%
Homeless Students	14%	11%
Students in Foster Care	19%	10%
ALL STUDENTS	37%	32%

Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2022-2023.

Low-income status is determined by eligibility for the free or reduced-price lunch program. *Data is reported as <5% when greater than 95% of students do not meet expectations. +Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

★ In Rhode Island in 2023, 37% of third graders and 32% of eighth graders met expectations on the *Rhode Island Comprehensive Assessment System (RICAS)*, English language arts assessment. Twenty percent of low-income third graders and seventeen percent of low-income eighth graders met expectations, compared with 52% of higher-income third graders and 45% of higher-income eighth graders. There were also large disparities by race and ethnicity as well as by language status and disability status.¹⁷

★ In 2023, 14% percent of third graders and 11% of eighth graders who were identified as homeless met expectations in English language arts. Nineteen percent of third graders and 10% of eighth graders who were in foster care met expectations in English language arts compared to 37% of third graders and 32% of eighth graders who were not in foster care.¹⁸

Table 46. Third- & Eighth-Grade Students Meeting Expectations in Reading, Rhode Island, 2022-2023

SCHOOL DISTRICT	# OF THIRD GRADERS TESTED	% OF THIRD GRADERS MEETING EXPECTATIONS	# OF EIGHTH GRADERS TESTED	% OF EIGHTH GRADERS MEETING EXPECTATIONS
Barrington	211	65%	263	74%
Bristol Warren	203	54%	208	51%
Burrillville	151	38%	163	35%
Central Falls	172	8%	194	**
Chariho	213	64%	213	38%
Coventry	285	45%	310	32%
Cranston	691	39%	795	31%
Cumberland	328	60%	335	55%
East Greenwich	173	69%	218	72%
East Providence	338	45%	383	25%
Exeter-West Greenwich	104	53%	104	55%
Foster	41	32%	NA	NA
Foster-Glocester	NA	NA	142	39%
Glocester	101	60%	NA	NA
Jamestown	37	78%	40	55%
Johnston	213	32%	283	35%
Lincoln	260	49%	247	51%
Little Compton	18	83%	26	54%
Middletown	141	42%	152	43%
Narragansett	60	72%	75	51%
New Shoreham	13	46%	8	*
Newport	144	15%	131	14%
North Kingstown	267	58%	246	55%
North Providence	259	34%	278	45%
North Smithfield	107	51%	137	61%
Pawtucket	581	24%	631	14%
Portsmouth	141	55%	152	49%
Providence	1,491	19%	1420	15%
Scituate	98	49%	86	43%
Smithfield	167	46%	163	44%
South Kingstown	174	53%	208	47%
Tiverton	125	63%	124	40%
Warwick	559	37%	611	25%
West Warwick	247	29%	263	15%
Westerly	164	38%	191	45%
Woonsocket	443	14%	402	10%
Charter Schools	925	27%	703	29%
Urban Collaborative	NA	NA	71	<5%
Four Core Cities	2,687	19%	2,647	13%
Remainder of State	6,033	46%	6,535	41%
Rhode Island	9,645	37%	9,956	32%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Comprehensive Assessment System (RICAS) 2022-2023* school year and are rounded to the nearest percentage point.

Due to the adoption of a new assessment tool by RIDE in 2018, Reading Skills cannot be compared with Factbooks prior to 2018.

% meeting expectations are the students who met or exceeded expectations for their grade on the English language arts section of the *RICAS*. Only students who actually took the test are counted in the denominator for the district and school proficiency rates. Students with Individualized Education Programs (IEPs) may participate in alternate assessments instead. Multilingual Learners/English Learners in the U.S. less than one year are exempt from the English language arts assessment.

In Rhode Island in 2023, 99% of third grade students and 98% of eighth grade students were tested. Response rates vary by district.

2023 *RICAS* data for independent charter schools include Achievement First Rhode Island, Beacon Charter School, Blackstone Valley Prep, The Compass School, Paul Cuffee Charter School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, RISE Prep Mayoral Academy, Segue Institute for Learning, SouthSide Charter School, and Trinity Academy for the Performing Arts. Charter schools included in total differ by year, depending on the schools serving that grade level on the year of the test. UCAP is the Urban Collaborative Accelerated Program. Charter schools and UCAP are not included in the four core cities calculations.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Data is not reported for The Rhode Island School for the Deaf because the number of students tested was less than 10. These students are still counted in the remainder of the state and state totals.

See Methodology Section for more information.

(References are on page 189)

Math Skills

DEFINITION

Math skills is the percentage of third- and eighth-grade students who met expectations for math on the *Rhode Island Comprehensive Assessment System (RICAS)* test.

SIGNIFICANCE

Students must rely on math to perform everyday activities, advance their education, and navigate today's technological world. Strong math skills predict higher college attendance and success rates and increase students' employability.^{1,2} Improving education in the STEM disciplines (science, technology, engineering, and math) can spur national innovation and competitiveness and ensure that we have qualified workers for the growing STEM industries.³

State, national, and international assessments show that U.S. students fare well with straight-forward computational procedures but tend to have a limited understanding of basic mathematical concepts, resulting in federal actions to increase the level of rigor, depth, and coherency of the mathematics content taught nationwide.^{4,5} After two decades of improvement, math performance in the U.S. leveled off and has now begun to decline.⁶

Poverty and low parental education levels can impact student performance on math assessments. Disparities in

math proficiency related to race and family income persist in the U.S and worsen as students advance in grade level.⁷ Opportunities for advanced math instruction are especially important for low-income children, who may be exposed to less complex math concepts.⁸

Achieving math proficiency for all students requires that improvements be made in curriculum, instructional materials, assessments, classroom practice, teacher preparation, and professional development. These are particularly important as Rhode Island continues to implement new, more rigorous math standards.^{9,10} Teachers should expose all students to challenging and culturally relevant math concepts and curriculum and provide additional support to struggling students.¹¹

The *National Assessment of Educational Progress (NAEP)* measures proficiency in math and other subjects nationally and across states every other year.¹² In 2022, 34% of Rhode Island fourth graders and 35% of U.S. fourth graders performed at or above the Proficient level in math on the *NAEP*, and 24% of Rhode Island eighth graders and 26% of U.S. eighth graders performed at or above the Proficient level in math on the *NAEP*.^{13,14} Between 2011 and 2022, Rhode Island saw decreases in fourth- and eighth-grade math proficiency as measured by the *NAEP* math tests with the biggest declines from 2019 to 2022, during the COVID-19 pandemic.^{15,16}



Third- & Eighth-Grade Students Meeting Expectations on the RICAS Math Assessment, Rhode Island, 2023

SUBGROUP	THIRD GRADE	EIGHTH GRADE
Female Students	31%	22%
Male Students	38%	24%
*Multilingual Learners	13%	<5%
Non-English Learners	39%	26%
*Students Receiving Special Education Services	12%	<5%
Students Not Receiving Special Education Services	40%	27%
Low-Income Students	19%	9%
Higher-Income Students	49%	34%
Asian Students ⁺	56%	36%
Black Students	19%	9%
Hispanic/Latino Students	20%	10%
Native American Students	10%	6%
Native Hawaiian/Pacific Islander Students	11%	9%
White Students	45%	33%
*Homeless Students	12%	<5%
Students in Foster Care	14%	7%
ALL STUDENTS	35%	23%

Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2022-2023. Low-income status is determined by eligibility for the free or reduced-price lunch program. *Data is reported as <5% when more than 95% of students did not meet expectations. +Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

★ During the COVID-19 pandemic, the percentage of Rhode Island students meeting expectations in math for third graders declined from 36% in 2019 to 25% in 2021 and has increased to 35% in 2023, while for eighth graders it declined from 24% in 2019 to 16% in 2021 and has increased to 23% in 2023.^{17,18,19}

★ In Rhode Island in the 2022-2023 school year, 19% of low-income third graders met expectations in math, compared with 49% of higher-income third graders. There also were large gaps by race and ethnicity, with 56% of Asian and 45% of white third graders meeting expectations, compared with 19% of Black, 20% of Hispanic, 10% of Native American, and 11% of Native Hawaiian/Pacific Islander students. This large gap is also seen in eighth-grade results.²⁰

★ In 2023, 14% of third graders in foster care met expectations in math and 7% of eighth graders who were in foster care met expectations in math.²¹

Table 47. Third- & Eighth-Grade Students Meeting Expectations in Math, Rhode Island, 2022-2023

SCHOOL DISTRICT	# OF THIRD GRADERS TESTED	% OF THIRD GRADERS MEETING EXPECTATIONS	# OF EIGHTH GRADERS TESTED	% OF EIGHTH GRADERS MEETING EXPECTATIONS
Barrington	210	63%	265	63%
Bristol Warren	202	52%	205	41%
Burrillville	151	30%	162	14%
Central Falls	180	<5%	208	<5%
Chariho	213	59%	212	33%
Coventry	286	47%	315	29%
Cranston	700	30%	800	20%
Cumberland	330	64%	336	51%
East Greenwich	172	70%	215	56%
East Providence	342	43%	387	19%
Exeter-West Greenwich	104	41%	108	45%
Foster	41	24%	NA	NA
Foster-Glocester	NA	NA	142	30%
Glocester	101	60%	NA	NA
Jamestown	37	89%	40	60%
Johnston	214	29%	258	15%
Lincoln	262	44%	249	36%
Little Compton	18	83%	26	31%
Middletown	138	30%	157	26%
Narragansett	60	68%	76	55%
New Shoreham	13	8%	*	*
Newport	147	17%	131	6%
North Kingstown	269	58%	246	52%
North Providence	263	26%	282	28%
North Smithfield	108	57%	137	55%
Pawtucket	604	25%	647	<5%
Portsmouth	142	47%	151	50%
Providence	1,555	21%	1,478	6%
Scituate	98	53%	85	27%
Smithfield	168	43%	163	44%
South Kingstown	179	54%	212	25%
Tiverton	126	63%	124	40%
Warwick	566	30%	611	12%
West Warwick	248	8%	256	14%
Westerly	164	40%	190	21%
Woonsocket	452	16%	403	5%
<i>Charter Schools</i>	<i>927</i>	<i>25%</i>	<i>713</i>	<i>23%</i>
<i>UCAP</i>	<i>NA</i>	<i>NA</i>	<i>71</i>	<i><5%</i>
<i>Four Core Cities</i>	<i>2,791</i>	<i>25%</i>	<i>2,736</i>	<i>4%</i>
<i>Remainder of State</i>	<i>6,072</i>	<i>40%</i>	<i>6,550</i>	<i>31%</i>
<i>Rhode Island</i>	<i>9,790</i>	<i>34%</i>	<i>10,070</i>	<i>23%</i>

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Comprehensive Assessment System (RICAS)*, 2022-2023 and is rounded to the nearest percentage point.

Due to the adoption of a new assessment tool by RIDE in 2018, *Math Skills* cannot be compared with Factbooks prior to 2019.

% meeting expectations are students who met or exceeded expectations on the math section of the *RICAS*. Only students who actually took the test are counted in the denominator for the district and school proficiency rates. All students are expected to participate in the *RICAS* assessment. Students with significant disabilities may be eligible to participate in alternate assessments.

Data is reported as <5% when greater than 95% of students did not meet expectations in this category. Actual numbers are not shown to protect student confidentiality. These students are still counted in district totals and four core cities, remainder of the state, and state totals.

*Data is not reported because the number of students tested was less than 10. These students are still counted in the remainder of the state and state totals.

RICAS data for independent charter schools include Achievement First, Beacon Charter School, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, RISE Prep Mayoral Academy, Segue Institute for Learning, SouthSide Charter School, and Trinity Academy for the Performing Arts.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Charter schools and the Urban Collaborative Accelerated Program (UCAP) are not included in the four core cities calculations.

NA indicates that the school district does not serve students at that grade level.

Data is not reported for the Rhode Island School for the Deaf because the number of students tested was less than 10. These students are still counted in the remainder of state and state totals.

(References are on page 189)

Science Skills

DEFINITION

Science skills is the percentage of fifth-, eighth-, and eleventh-grade students who met expectations for science on the *Rhode Island Next Generation Science Assessment (NGSA)* test.

SIGNIFICANCE

Science education prepares students for postsecondary education and a wide variety of STEM (science, technology, engineering, and math) occupations, making them competitive candidates in a world that is increasingly technologically driven.¹ Compared to international peers, U.S. students fare well in science assessments designed to measure curricular learning, but the gap between highest- and lowest-performing students highlights the significant inequities in the U.S. science education system.²

Disparities in science skills are seen by family income, race/ethnicity, and urbanicity and are wider in the United States than in many similar countries. These disparities result in students who are less prepared for college admittance, more likely to drop out, and have more limited career opportunities, perpetuating the cycle of poverty.^{3,4} A contributing factor may be that teachers in schools with high percentages of Students of Color or high-poverty enrollment are more likely to have less teaching experience.⁵

Increasing income inequality in the United States may continue to exacerbate existing disparities in science skills, which continue through adulthood as science literacy gaps. Adults with low science literacy are more susceptible to misinformation, less competitive as employees, and less equipped to understand public policy issues related to health, climate, and the environment.^{6,7}

Improving science education for all students requires high-quality instructional materials, better use of open educational resources in addition to commercially available resources, ongoing, curriculum-based professional learning for instructors, and accurate depictions of what standards-aligned instruction should look like. These changes have the potential to close opportunity gaps in science by race and ethnicity.⁸

The *National Assessment of Educational Progress (NAEP)* measures proficiency in science and other subjects nationally and across states on a periodic basis.⁹ In 2015, 36% of Rhode Island fourth graders and 37% of U.S. fourth graders performed at or above the proficient level in science on the *NAEP*, and 32% of Rhode Island eighth graders and 33% of U.S. eighth graders performed at or above the proficient level in math on the *NAEP*.^{10,11}



Fifth-, Eighth-, & Eleventh-Grade Students Meeting Expectations on the Next Generation Science Assessment, Rhode Island, 2023

SUBGROUP	FIFTH GRADE	EIGHTH GRADE	ELEVENTH GRADE
Female Students	31%	27%	32%
Male Students	32%	29%	31%
*Multilingual Learners	<5%	<5%	<5%
Non-English Learners	36%	33%	35%
*Students Receiving Special Education Services	7%	6%	6%
Students Not Receiving Special Education Services	36%	33%	35%
Low-Income Students	17%	14%	15%
Higher-Income Students	46%	41%	41%
American Indian or Alaska Native Students	15%	13%	20%
Asian Students+	46%	37%	49%
Black Students	17%	12%	13%
Hispanic/Latino Students	16%	14%	14%
White Students	43%	39%	43%
Homeless Students	9%	7%	18%
Students in Foster Care	25%	8%	12%
ALL STUDENTS	32%	28%	31%

Source: Rhode Island Department of Education, *Next Generation Science Assessment (NGSA)- Science, 2022-2023*. Low-income status is determined by eligibility for the free or reduced-price lunch program. *Data is reported as <5% when more than 95% of students did not meet expectations. +Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

★ During the COVID-19 pandemic, the percentage of Rhode Island fifth graders meeting expectations in science declined from 32% in 2019 to 30% in 2021 and then increased to 32% in 2023. Eighth graders meeting expectations in science declined from 31% in 2019 and 2021 to 28% in 2023, while eleventh-graders rose from 31% in 2019 to 36% in 2021, falling back to 31% in 2023.¹²

★ In Rhode Island in 2023, 17% of low-income fifth graders met expectations in science, compared with 46% of higher-income fifth graders. There also were large disparities by race and ethnicity. Twenty-five percent of fifth graders, 8% of eighth graders, and 12% of eleventh graders in foster care met expectations in science in 2023.¹³

★ In order to graduate, Rhode Island students must demonstrate proficiency in science. Beginning with the Class of 2028, they will also be required to demonstrate proficiency in lab sciences.¹⁴

Table 48.

Fifth-, Eighth-, & Eleventh-Grade Students Meeting Expectations in Science, Rhode Island, 2022-2023

SCHOOL DISTRICT	# OF FIFTH GRADERS TESTED	% OF FIFTH GRADERS MEETING EXPECTATIONS	# OF EIGHTH GRADERS TESTED	% OF EIGHTH GRADERS MEETING EXPECTATIONS	# OF ELEVENTH GRADERS TESTED	% OF ELEVENTH GRADERS MEETING EXPECTATIONS
Barrington	237	62%	266	68%	265	62%
Bristol Warren	226	49%	207	49%	223	58%
Burrillville	139	27%	163	36%	158	32%
Central Falls	154	9%	209	<5%	149	9%
Chariho	196	53%	212	44%	229	51%
Coventry	317	40%	315	35%	273	32%
Cranston	724	31%	798	28%	754	30%
Cumberland	345	51%	336	53%	323	43%
East Greenwich	191	62%	215	54%	168	63%
East Providence	372	32%	387	22%	358	22%
Exeter-West Greenwich	131	42%	107	49%	123	50%
Foster	36	39%	NA	NA	NA	NA
Foster-Glocester	NA	NA	142	39%	221	49%
Glocester	100	57%	NA	NA	NA	NA
Jamestown	47	64%	40	60%	NA	NA
Johnston	232	22%	259	29%	171	14%
Lincoln	238	42%	253	44%	210	49%
Little Compton	19	74%	26	58%	NA	NA
Middletown	143	40%	157	37%	137	31%
Narragansett	66	42%	75	48%	137	46%
New Shoreham	7	*	9	*	4	*
Newport	131	17%	135	17%	132	21%
North Kingstown	239	53%	246	50%	309	55%
North Providence	253	29%	282	32%	229	25%
North Smithfield	124	35%	136	53%	120	42%
Pawtucket	622	17%	644	11%	447	14%
Portsmouth	158	58%	152	61%	173	70%
Providence	1,427	12%	1,493	10%	1,302	13%
Scituate	89	46%	85	29%	88	34%
Smithfield	161	42%	164	33%	150	41%
South Kingstown	175	49%	211	37%	175	55%
Tiverton	129	43%	124	39%	95	45%
Warwick	580	39%	610	21%	495	29%
West Warwick	238	7%	262	16%	221	24%
Westerly	163	39%	190	41%	157	38%
Woonsocket	406	12%	399	12%	230	17%
Charter Schools	994	28%	704	23%	604	15%
UCAP	NA	NA	71	<5%	NA	NA
YouthBuild	NA	NA	NA	NA	5	*
Four Core Cities	2,609	13%	2,745	10%	2,128	13%
Remainder of State	6,206	40%	6,564	37%	6,098	40%
Rhode Island	9,811	32%	10,089	28%	9,208	31%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Next Generation Science Assessment (NGSA)*, 2022-2023 and is rounded to the nearest percentage point.

% meeting expectations are students who met or exceeded expectations on the NGSA. Only students who actually took the test are counted in the denominator for the district and school proficiency rates. All students are expected to participate in the NGSA assessment. Students with significant disabilities may be eligible to participate in alternate assessments.

Data is reported as <5% when greater than 95% of students did not meet expectations in this category. Actual numbers are not shown to protect student confidentiality. *Data is suppressed to ensure confidentiality because the minimum reporting size requirement (10 students) is not met. These students are still counted in district totals and four core cities, remainder of the state, and state totals.

Next Generation Science Assessment data for independent charter schools include Achievement First, Beacon Charter School, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Charette Charter, The Compass School, Paul Cuffee Charter School, Davies Career and Technical School, Excel Academy, The Green School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, MET Career and Tech, Providence Preparatory Charter, RISE Prep Mayoral Academy, Rhode Island Nurses Institute Middle College, Segue Institute for Learning, Sheila Skip Nowell Leadership Academy, SouthSide Charter School, Trinity Academy for the Performing Arts, and Village Green Virtual.

UCAP is the Urban Collaborative Accelerated Program.

YouthBuild is the YouthBuild Preparatory Academy.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

NA indicates that the school district does not serve students at that grade level.

(Continued with references on page 190)

Arts Education

DEFINITION

Arts education is the percentage of students who are enrolled in arts courses, including music, visual arts, theater, dance, and media arts.

SIGNIFICANCE

Arts education improves a student's overall educational experience, promoting socio-emotional learning, higher academic achievement, lower absenteeism, and more connection between students and their education as well as teachers and students.^{1,2} Socioemotional learning opportunities include practicing listening and communication skills, such as those employed in peer critiques in a visual arts class, and managing the emotions that come with new and challenging situations, such as performing in front of an audience.³

Learning a new art form builds self-control, focus, and self-confidence, forming positive aspects of self-identity in the process of skill mastery. Arts courses also offer opportunities for students to collaborate with peers on a larger work by singing or playing an instrument in an ensemble or working together on a visual arts project. The skills learned in arts courses, including observation, problem-solving, innovation, critical thinking, communication, and collaboration translate to other academic areas as well as a variety of careers in and out of the arts.^{4,5}

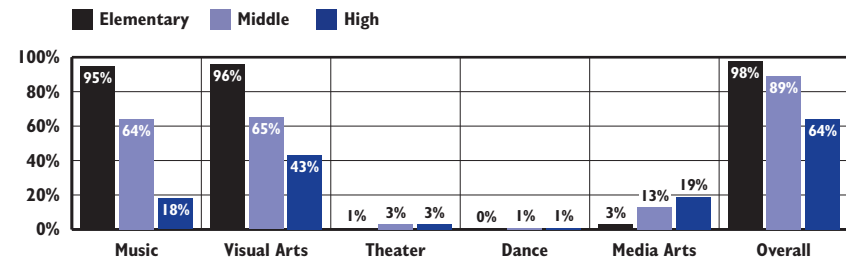
Theater education has been shown to

improve test scores, reading comprehension, and verbal and non-verbal communication. Students who participate in drama performance, coursework, or experience have better school attendance records and lower dropout rates, and more arts course offerings and higher student participation are associated with lower levels of chronic absenteeism.^{6,7}

In the United States, access to arts education has declined over the past 30 years, despite broad public support.⁸ Despite this decline, white students have experienced very little change in access to arts education, while Black and Hispanic students have seen 49% and 40% reductions in access since the 1980s, respectively.⁹

Disparities in arts education access by race, income, and parental education levels continue to impact students' educational experiences. Nationally, students of highly educated parents are six times more likely to have received arts education than students whose parents have less than a high school diploma. Schools that serve low-income students often offer no arts courses or do not have an arts teacher, with 6% of low-income schools lacking arts education compared to only 3% of higher income schools.^{10,11} Nationally, one in four Indigenous students and 7% of Black students attend schools that do not offer arts education, compared to 3% of white students and 2% of Asian students.¹²

Enrollment by Arts Discipline, Rhode Island, 2021-2022 School Year

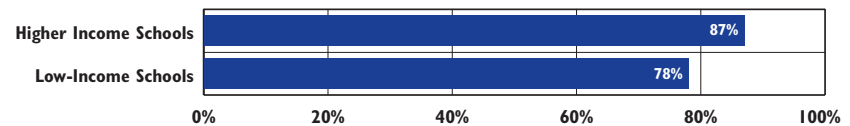


Source: Rhode Island Department of Education, Rhode Island Arts Education Data Dashboard, 2021-2022.

★ In Rhode Island, the Basic Education Program requires that elementary and middle school students must have access to visual arts and design and music classes, and high school students must have access to visual arts and design courses in two and three dimensions as well as at least one performing arts discipline. Thirty percent of Rhode Island public schools fail to meet these minimum requirements.¹³

★ In Rhode Island in the 2021-2022 school year, 84% of all students were enrolled in arts courses, 98% of elementary school, 89% of middle school, and 64% of high school students.¹⁴

Arts Enrollment by School-Level Free and Reduced Price Lunch (FRPL) Eligibility, Rhode Island, 2021-2022 School Year



Source: Rhode Island Department of Education, Rhode Island Arts Education Data Dashboard, 2021-2022.

★ In Rhode Island, at low-income schools, where more than 75% of students were eligible for free or reduced-price lunch, only 78% of students were enrolled in arts courses. At higher income schools, where less than 25% of students were eligible for free or reduced price meals, 87% of students were enrolled in arts courses in the 2021-2022 school year.¹⁵

★ Low-income schools are also less likely to offer arts access, with 18% of low-income schools not providing any arts access and more than 40% not meeting the minimum requirements for arts access according to the BEP.¹⁶

Table 49.

Arts Education Enrollment by Discipline, Grades K-12, Rhode Island, 2021-2022

SCHOOL DISTRICT	TOTAL ENROLLMENT	DANCE	THEATER	MEDIA ARTS	MUSIC	VISUAL ARTS	OVERALL ARTS ENROLLMENTS
Barrington	3,377	0%	2%	20%	62%	79%	92%
Bristol Warren	2,941	0%	0%	5%	64%	94%	98%
Burrillville	2,128	0%	1%	5%	60%	72%	85%
Central Falls	2,701	0%	1%	0%	70%	71%	82%
Chariho	3,200	0%	2%	2%	47%	65%	72%
Coventry	4,392	0%	1%	13%	65%	68%	87%
Cranston	10,258	0%	2%	10%	74%	81%	91%
Cumberland	4,724	1%	1%	8%	67%	77%	90%
East Greenwich	2,552	0%	2%	17%	69%	81%	95%
East Providence	5,053	0%	0%	8%	59%	71%	85%
Exeter-West Greenwich	1,572	0%	0%	2%	69%	66%	89%
Foster	221	0%	0%	0%	0%	0%	0%
Foster-Glocester	1,396	0%	2%	5%	35%	50%	70%
Glocester	537	0%	0%	0%	100%	0%	100%
Jamestown	444	0%	0%	0%	100%	100%	100%
Johnston	3,067	0%	1%	12%	86%	86%	96%
Lincoln	3,252	0%	0%	19%	65%	63%	87%
Little Compton	209	0%	0%	0%	53%	64%	65%
Middletown	2,073	0%	0%	37%	77%	70%	91%
Narragansett	1,206	0%	0%	19%	64%	84%	91%
New Shoreham	129	0%	4%	0%	81%	90%	92%
Newport	1,975	0%	1%	2%	72%	86%	89%
North Kingstown	3,914	0%	1%	11%	68%	74%	89%
North Providence	3,464	0%	0%	6%	56%	74%	83%
North Smithfield	1,614	0%	0%	7%	68%	50%	86%
Pawtucket	8,127	1%	2%	20%	59%	79%	87%
Portsmouth	2,247	0%	2%	14%	72%	87%	94%
Providence	21,656	0%	5%	7%	56%	62%	90%
Scituate	1,196	0%	0%	11%	70%	80%	86%
Smithfield	2,392	0%	0%	11%	59%	75%	87%
South Kingstown	2,608	0%	2%	10%	66%	81%	91%
Tiverton	1,678	0%	0%	3%	70%	85%	91%
Warwick	8,168	0%	0%	16%	74%	82%	90%
West Warwick	3,562	0%	1%	16%	78%	73%	91%
Westerly	2,738	0%	0%	37%	64%	76%	89%
Woonsocket	5,664	1%	1%	1%	61%	67%	76%
Charter Schools	10,537	NA	NA	NA	NA	NA	NA
State-Operated Schools	1,846	NA	NA	NA	NA	NA	NA
UCAP	108	0%	0%	0%	0%	0%	0%
Four Core Cities	38,148	NA	NA	NA	NA	NA	NA
Remainder of State	87,927	NA	NA	NA	NA	NA	NA
Rhode Island	138,566	1%	2%	10%	61%	71%	84%

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in preschool through grade 12 as of October 1, 2021.

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Arts Education Data Dashboard*, 2021-2022 and is rounded to the nearest percentage point.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

UCAP is the Urban Collaborative Accelerated Program.

NA indicates that the percentages were unavailable and could not be calculated.

Districts with 0% enrollment either have no students enrolled in the art discipline or data was unavailable; results should be interpreted with caution.

References

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- ^{2,7} Metis Associates. (2021). *Arts and Attendance: A further examination of the relationship between arts and chronic absenteeism*. Retrieved on October 4, 2023, from metisassociates.com
- ^{5,8,10} American Academy of Arts and Sciences. (2021). *Art for Life's Sake: The case for arts education*. Retrieved February 13, 2024, from amacad.org
- ⁶ American Alliance for Theatre & Education. (n.d.) *The effects of theatre education*. Retrieved on October 4, 2023, from aate.com
- ^{9,11,12} Pottiger, M. (2023). *Black Students Deserve Equitable Access to Education*. Retrieved on February 6, 2024, from www.wordinblack.com
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Schools Identified for Intervention

DEFINITION

Schools identified for intervention is the percentage of Rhode Island public schools that are identified as in need of “Comprehensive Support and Improvement” by the Rhode Island Department of Education.

SIGNIFICANCE

Research on school improvement efforts shows that schools can be improved through comprehensive, whole-school reforms. Critical elements of successful school improvement efforts include targeting resources to support the lowest performing schools, giving building leaders more autonomy around spending and hiring, using data-based decision making, developing ways to spread best practices, and engaging the whole community in improvement efforts.¹

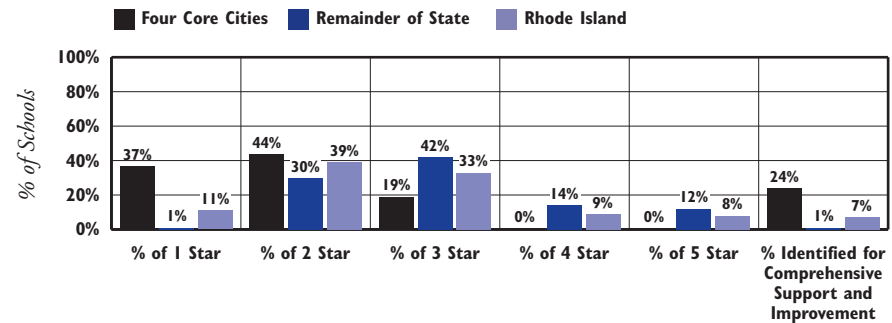
The U.S. Department of Education approved Rhode Island’s new accountability system under the *Every Student Succeeds Act (ESSA)* in 2018.² The system is structured to promote collective responsibility for continuous improvement at all levels of education through measurements that differentiate school performance; a school classification system; and state, district, and school report cards.³

The accountability system uses a five-star rating system to summarize

overall school performance determined by a broad range of performance indicators.⁴ These indicators include achievement in English language arts and math, student growth, graduation rate, English language proficiency, percentage of students exceeding expectations, student and teacher chronic absenteeism, and suspensions.⁵ In 2019, Rhode Island accountability ratings included new indicators including high school graduates’ proficiency in English language arts and math and the percentage of graduating high school students who have earned college credits or industry credentials.⁶

Schools with five-star ratings have strong performance in all the indicators and no low-performing student subgroups. Schools with one-star ratings are low performing schools in multiple indicators.⁷ The lowest performing 5% of all schools receiving Title I funds, high schools that do not graduate at least two-thirds of their students, and schools with the lowest scores on academic indicators are identified as in need of comprehensive support and improvement.⁸ These schools will receive additional support and oversight from the state. Schools identified as in need of Additional Targeted Support and Improvement have one or more student subgroups performing at the lowest levels in the state.⁹

Rhode Island School Performance Classifications, 2022-2023 School Year



Source: Rhode Island Department of Education, School, and District Report Cards, 2022-2023 school year.

★ In Rhode Island in the 2022-2023 school year, 31 schools (11%) were given a one-star rating, 115 schools (39%) were given a two-star rating, 97 schools (33%) were given a three-star rating, 26 schools (9%) were given a four-star rating, and 23 schools (8%) were given a five-star rating.¹⁰

★ Seven percent of schools in Rhode Island were identified as in need of Comprehensive Support and Improvement, and 17 of these 21 schools were located in the four core cities.¹¹

★ An additional 175 schools were identified as needing Additional Targeted Support and Improvement. Of these 175 schools, 120 had one or more student subgroups who performed at the lowest levels in the state.¹² Of these schools, 88% were identified because of the need for improvement for students with disabilities.¹³

Every Student Succeeds Act (ESSA) School Accountability Plans

★ *ESSA* requires states to include a measure of “school quality or student success,” such as student engagement, chronic absence, school climate and safety, access to advanced coursework, or college and career readiness in their new accountability systems.^{14,15}

★ Strong *ESSA* accountability frameworks have an easy-to-understand rating system, incorporate student growth as well as proficiency, include academic measures inclusive of more than reading and math, incorporate the performance of student subgroups, include measures of college and career readiness, and include a measure of year-over-year growth.^{16,17}

Schools Identified for Intervention

Table 50.

Schools Identified for Intervention, 2022-2023 School Year

SCHOOL DISTRICT	TOTAL # OF SCHOOLS	# OF 5-STAR RATED SCHOOLS	# OF 4-STAR RATED SCHOOLS	# OF 3-STAR RATED SCHOOLS	# OF 2-STAR RATED SCHOOLS	# OF 1-STAR RATED SCHOOLS	# IDENTIFIED FOR ADDITIONAL TARGETED SUPPORT AND IMPROVEMENT	% IDENTIFIED FOR ADDITIONAL TARGETED SUPPORT AND IMPROVEMENT	# IDENTIFIED FOR COMPREHENSIVE SUPPORT AND IMPROVEMENT	% IDENTIFIED FOR COMPREHENSIVE SUPPORT AND IMPROVEMENT
Barrington	6	5	1	0	0	0	0	0%	0	0%
Bristol Warren	6	1	0	3	2	0	3	50%	0	0%
Burrillville	4	0	0	4	0	0	2	50%	0	0%
Central Falls	6	0	0	0	3	3	5	83%	2	33%
Chariho	7	1	3	2	0	1	3	43%	1	14%
Coventry	7	1	0	5	1	0	3	43%	0	0%
Cranston	22	0	1	9	12	0	14	64%	0	0%
Cumberland	8	2	2	2	2	0	2	25%	0	0%
East Greenwich	6	5	1	0	0	0	1	17%	0	0%
East Providence	10	0	0	5	5	0	8	80%	0	0%
Exeter-West Greenwich	3	0	0	2	1	0	0	0%	0	0%
Foster	1	0	0	1	0	0	1	100%	0	0%
Foster-Glocester	2	0	0	2	0	0	0	0%	0	0%
Glocester	2	1	1	0	0	0	0	0%	0	0%
Jamestown	2	1	0	1	0	0	0	0%	0	0%
Johnston	6	0	0	4	2	0	3	50%	0	0%
Lincoln	6	0	1	3	2	0	4	67%	0	0%
Little Compton	1	1	0	0	0	0	0	0%	0	0%
Middletown	5	0	0	3	2	0	3	60%	0	0%
Narragansett	3	0	2	1	0	0	1	33%	0	0%
New Shoreham	1	0	0	1	0	0	0	0%	0	0%
Newport	3	0	0	0	2	1	3	100%	0	0%
North Kingstown	8	3	1	1	3	0	2	25%	0	0%
North Providence	8	0	0	2	6	0	6	75%	0	0%
North Smithfield	3	0	2	1	0	0	2	67%	0	0%
Pawtucket	16	0	0	5	9	2	13	81%	1	6%
Portsmouth	4	0	4	0	0	0	2	50%	0	0%
Providence	39	0	0	7	15	17	32	82%	13	33%
Scituate	5	1	1	2	1	0	3	60%	0	0%
Smithfield	5	0	3	1	1	0	1	20%	0	0%
South Kingstown	6	0	2	4	0	0	4	67%	0	0%
Tiverton	5	0	0	5	0	0	3	60%	0	0%
Warwick	17	0	1	10	6	0	13	76%	0	0%
West Warwick	5	0	0	0	5	0	5	100%	0	0%
Westerly	5	0	0	3	2	0	3	60%	0	0%
Woonsocket	9	0	0	1	4	4	8	89%	1	11%
Charter Schools	36	1	0	7	27	1	18	50%	2	6%
State-Operated Schools	3	0	0	0	2	1	3	100%	0	0%
UCAP	1	0	0	0	0	1	1	100%	1	100%
Four Core Cities	70	0	0	13	31	26	58	83%	17	24%
Remainder of State	182	22	26	77	55	2	95	52%	1	1%
Rhode Island	292	23	26	97	115	31	175	60%	21	7%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education, 2022-2023 school year.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Charter schools that are classified include Achievement First Rhode Island, Beacon Charter High School for the Arts, Blackstone Academy Charter, Blackstone Valley Prep Mayoral Academy, Charette Charter School, The Compass School, Paul Cuffee Charter School, Founders Academy, The Greene School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community Charter School, Nuestro Mundo Public Charter School, Providence Preparatory Charter, RISE Prep Mayoral Academy, Rhode Island Nurses Institute Middle College Charter School, Segue Institute for Learning, Sheila C. "Skip" Nowell Leadership Academy, SouthSide Elementary Charter School, Trinity Academy for the Performing Arts, and Village Green Virtual Charter School.

State-operated schools that are classified include the William M. Davies Jr. Career & Technical High School, DCYF, Metropolitan Regional Career and Technical Center, and the Rhode Island School for the Deaf.

UCAP is the Urban Collaborative Accelerated Program.

Early Learning Centers, Pre-K programs and preschools are not rated and therefore not included in this table.

See the Methodology Section for more information.

References

¹ Straus, C., & Miller, T. (2016). *Strategies to improve low-performing schools under the Every Student Succeeds Act: How 3 districts found success using evidence-based practices*. Washington, DC: Center for American Progress.

² U.S. Department of Education, Press Office. (2018). *Secretary DeVos approves Idaho, Mississippi and Rhode Island's ESSA state plans* [Press Release].

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(continued on page 190)

Chronic Early Absence

DEFINITION

Chronic early absence is the percentage of children in kindergarten through third grade (K-3) who were enrolled for at least 90 days and missed 18 days or more of school, including excused and unexcused absences (10% or more of the school year for a 180-day school year).

SIGNIFICANCE

Students who are absent from school miss opportunities to learn and develop the important academic and social-emotional skills and approaches to learning that are part of the K-3 experience and critical for ongoing school success. Children who are chronically absent in kindergarten show lower assessment scores in math, reading, and general knowledge in first grade. In a 2021 study, a correlation was found between early childhood chronic absenteeism and longer-term impacts on executive functioning skills.^{1,2,3} Chronic absence in kindergarten appears to be especially detrimental for children living in poverty and Latino children who are less likely to have the resources to make up for lost time in the classroom.⁴ In Rhode Island, children who are chronically absent in kindergarten have lower scores on assessments as far out as the seventh grade and are more than twice as likely to be retained.⁵

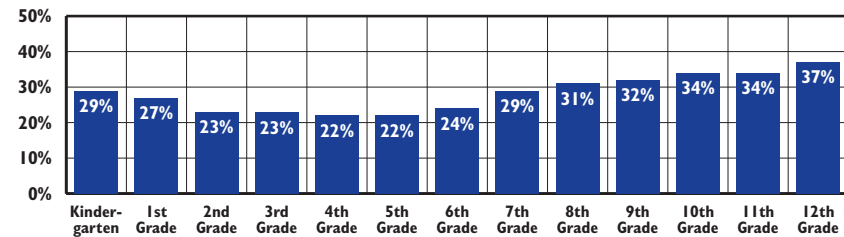
Nationally, rates of chronic absenteeism increased during the 2021-

2022 school year with elementary and middle schools showing the largest increases.⁶ In the early grades, children from families living in poverty are much more likely to be chronically absent than higher-income children.⁷ Children experiencing homelessness are twice as likely to be chronically absent.⁸ Chronic absenteeism can affect the reading and math outcomes of all students in a class, not just those who are absent, because teachers may backtrack or slow the learning pace to review lessons for students who have missed school.⁹

Young children are chronically absent from school for a variety of reasons. Asthma is a leading cause of school absenteeism, accounting for one-third of all absences, but other physical and behavioral health issues, including dental and vision problems, food insecurity, anxiety, and/or depression can also result in chronic absence.¹⁰

While illness is a leading factor in chronic early absence, chronic absenteeism also can result from poor quality education, ambivalence about or alienation from school, and chaotic school environments, including high rates of teacher turnover or absenteeism, disruptive classrooms, and/or bullying. Unreliable or insufficient transportation, violence at and around school, multiple foster care placements, lack of clean or affordable clothes, and lack of safe and affordable housing are other factors that can lead to chronic absence.^{11,12}

★
Chronic Absence Rates in Rhode Island by Grade, 2022-2023 School Year



Source: Rhode Island Department of Education, 2022-2023 school year.

★ **Chronic absence rates are high in kindergarten and first grade and then decline before increasing again in middle and high school. During the 2022-2023 school year, 29% of Rhode Island kindergarten students, 27% of first graders, 23% of second graders, and 23% of third graders were chronically absent (i.e., absent 18 days or more). Twenty-five percent of all Rhode Island children in grades K-3 were chronically absent.**¹³

★ **Averages for school-wide attendance can mask significant numbers of chronically absent individual students.**¹⁴ During the 2022-2023 school year, the average daily attendance rate for K-3 students in Rhode Island's four core cities was 90%, but 39% of students were chronically absent.¹⁵

★
Reducing Student Chronic Absence

★ **Schools, districts, and community partners can nurture a culture of attendance by increasing the feelings of belonging and connection for all students and families.**¹⁶ Home visiting programs, where caring adults such as teachers and community members work to build trusting relationships with students and parents, have been effective in decreasing rates of absenteeism.¹⁷ Connecticut allocated \$10.7 million in federal COVID-relief funding to launch the Learner Engagement and Attendance Program in districts with the highest chronic absenteeism, and this investment has shown promising results.¹⁸

★ **States can also incorporate chronic absence measures into early warning and accountability systems and school improvement efforts and can allocate resources to tracking chronic absence data and addressing barriers to attendance.**¹⁹

Chronic Early Absence

Table 51. Chronic Early Absence Rates, Grades K-3, Rhode Island, 2022-2023 School Year

SCHOOL DISTRICT	K-3 STUDENTS ENROLLED LESS THAN 90 DAYS	K-3 STUDENTS ENROLLED 90 DAYS OR MORE	K-3 ATTENDANCE RATE	% OF K-3 STUDENTS ABSENT 0-5 DAYS	% OF K-3 STUDENTS ABSENT 6-11 DAYS	% OF K-3 STUDENTS ABSENT 12-17 DAYS	% OF K-3 STUDENTS ABSENT 18+ DAYS
Barrington	30	927	95%	30%	39%	23%	9%
Bristol Warren	27	816	93%	19%	35%	24%	22%
Burrillville	17	550	92%	14%	32%	30%	24%
Central Falls	99	697	92%	25%	30%	22%	23%
Chariho	38	820	94%	28%	39%	22%	11%
Coventry	58	1,200	93%	20%	39%	23%	18%
Cranston	174	2,780	93%	23%	34%	23%	20%
Cumberland	79	1,418	94%	27%	37%	20%	15%
East Greenwich	16	746	94%	26%	42%	21%	12%
East Providence	100	1,430	93%	23%	32%	25%	19%
Exeter-West Greenwich	14	403	94%	27%	37%	23%	13%
Foster	*	133	92%	20%	36%	17%	27%
Glocester	*	379	96%	51%	36%	8%	4%
Jamestown	*	146	94%	23%	42%	25%	10%
Johnston	40	938	93%	23%	33%	25%	19%
Lincoln	35	971	93%	22%	34%	24%	21%
Little Compton	*	85	94%	24%	33%	25%	19%
Middletown	53	595	93%	25%	34%	20%	20%
Narragansett	12	215	94%	21%	38%	28%	13%
New Shoreham	*	47	91%	4%	23%	28%	45%
Newport	35	550	91%	17%	26%	22%	35%
North Kingstown	33	1,013	94%	24%	40%	22%	14%
North Providence	78	1,005	92%	20%	33%	22%	25%
North Smithfield	11	433	94%	19%	39%	26%	16%
Pawtucket	254	2,390	91%	20%	27%	21%	32%
Portsmouth	40	560	94%	23%	42%	22%	14%
Providence	711	5,761	89%	14%	22%	21%	43%
Scituate	*	360	94%	21%	40%	24%	15%
Smithfield	18	717	94%	29%	38%	21%	12%
South Kingstown	28	672	94%	24%	41%	22%	14%
Tiverton	21	491	94%	24%	40%	24%	12%
Warwick	109	2,335	92%	19%	34%	21%	26%
West Warwick	92	1,047	91%	16%	30%	24%	31%
Westerly	21	636	94%	18%	39%	27%	17%
Woonsocket	238	1,802	89%	14%	24%	22%	41%
Charter Schools	160	3,874	92%	20%	28%	23%	29%
RI School for the Deaf	*	20	89%	10%	5%	30%	55%
Four Core Cities	1,302	10,650	90%	16%	24%	21%	39%
Remainder of State	1,218	28,519	93%	23%	36%	23%	19%
Rhode Island	2,681	39,189	92%	21%	32%	22%	25%

Source of Data for Table/Methodology

Rhode Island Department of Education, 2022-2023 school year.

Attendance rates are calculated by dividing the state-calculated "average daily attendance" by the "average daily membership."

Chronic absence rates are based on attendance patterns for students who were enrolled in a district for at least 90 days. A total of 2,681 Rhode Island students in grades K-3 were not included in this analysis because they were only enrolled for a short period. The Rhode Island Department of Education excludes these students so that chronic absence issues can be examined separate from student mobility issues. It is likely that more students were excluded from districts with higher student mobility rates.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Charter schools include Achievement First Rhode Island, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, Highlander Charter School, Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, RISE Prep Mayoral Academy, and SouthSide Elementary Charter School.

*Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These students are still counted in district totals and in the four core cities, remainder of the state, and state totals.

References

¹ Romero, M., & Lee, Y. (2008). *The influence of maternal and family risk on chronic absenteeism in early schooling*. New York, NY: Columbia University, Mailman School of Public Health, National Center for Children in Poverty.

^{2,3,11} Chang, H. N., & Romero, M. (2008). *Present, engaged, and accounted for: The critical importance of addressing chronic absence in the early grades*. New York, NY: Columbia University, Mailman School of Public Health, National Center for Children in Poverty.

(continued on page 190)

Chronic Absence, Middle School and High School

DEFINITION

Chronic absence, middle school and high school is the percentage of children in middle and high school who were enrolled for at least 90 days and missed 18 days or more of school, including excused and unexcused absences (10% or more of the school year for a 180-day school year).

SIGNIFICANCE

Students who are frequently absent from school miss critical academic and social learning opportunities and are at risk of disengagement from school, academic failure, and dropping out.¹ Studies in large cities have shown strong relationships between chronic absence in middle and high school and the likelihood of dropping out.² Chronic absence in the sixth grade is one of three early warning signs that a student is likely to drop out of high school, and by ninth grade, a student's attendance is a better predictor of dropout risk than eighth-grade achievement test scores.³

Students miss school for a variety of reasons, including physical and mental health conditions, substance abuse, lack of access to health care, unstable housing, child welfare or juvenile justice involvement, work or family responsibilities, and lack of affordable or reliable transportation. Students may also stay away from school to avoid bullying, harassment, disciplinary actions due to tardiness, or embarrassment associated

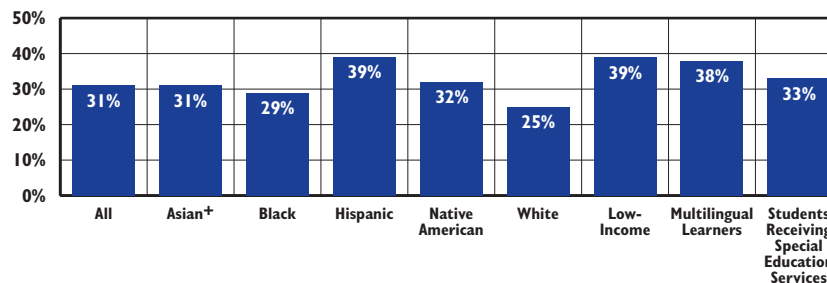
with lack of clean or appropriate clothing or literacy or other academic problems.^{4,5,6}

A national survey of students found that the most common reasons students report being chronically absent are health-related reasons, transportation barriers, personal stress, preferring activities outside of school, and perceiving that school has little value (i.e., is boring, their parents do not care if they miss school, or a belief that school will not help them reach future goals).⁷

The Rhode Island Department of Education (RIDE) defines truancy as ten or more unexcused absences in a school year. During the 2022-2023 school year in Rhode Island, 38% of middle school students and 44% of high school students were considered truant by RIDE.⁸ Truant students in Rhode Island may be referred to the Family Court's Truancy Calendar, a community and school-based intervention program.⁹

Chronic absenteeism increased during and right after the pandemic but has begun to decline. Forty-three percent of Rhode Island's low-income middle and high school students were chronically absent in 2022-2023, compared with 21% of higher-income students. Middle and high school students receiving special education services (33%) were more likely than their peers not receiving these services (30%) to be chronically absent. Seventy five percent of absences by middle and high school students were unexcused absences.¹⁰

K-12 Chronic Absence Rates in Rhode Island by Student Subgroup, 2022-2023 School Year



Source: Rhode Island Department of Education, 2022-2023 school year. *Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

★ In Rhode Island during the 2022-2023 school year, Native American (32%), Hispanic (39%), and Black (29%) K-12 students had higher rates of chronic absence than Asian (23%) and white (25%) students. Rates were also higher for Multilingual Learners (38%), low-income students (39%), and students receiving special education services (33%) than for all students (31%).¹¹

★ Groups with the highest levels of chronic absence were also hardest hit by the COVID-19 pandemic. Partnering with students, families, and community partners can help schools re-engage chronically absent students and address lost learning opportunities.¹²

Teacher Chronic Absence

★ Teacher chronic absenteeism is the percentage of teachers who missed 10% or more of school days out of their days employed by a school, excluding days missed due to professional development, field trips, off-campus activities with students, pre-approved leaves, absences on non-school days and half days. Rhode Island was the first state to include teacher absenteeism as part of its school accountability system.¹³

★ Teacher absence is associated with lower student achievement and high financial costs for schools. Job-related stress, illness, and negative school culture contribute to teacher chronic absence.¹⁴

★ During the 2022-2023 school year in Rhode Island, 10% of teachers were chronically absent down from 13% the previous school year.¹⁵

Chronic Absence, Middle School and High School

Table 52.

Chronic Absence and Attendance Rates, Middle and High School, Rhode Island, 2022-2023 School Year**

SCHOOL DISTRICT	MIDDLE SCHOOL (GRADES 6-8)					HIGH SCHOOL (GRADES 9-12)				
	# ENROLLED LESS THAN 90 DAYS	# ENROLLED 90 DAYS OR MORE	ATTENDANCE RATE	% ABSENT 12-17 DAYS	% ABSENT 18+ DAYS	# ENROLLED LESS THAN 90 DAYS	# ENROLLED 90 DAYS OR MORE	ATTENDANCE RATE	% ABSENT 12-17 DAYS	% ABSENT 18+ DAYS
Barrington	13	798	96%	13%	8%	23	1,142	95%	17%	8%
Bristol Warren	18	655	91%	21%	25%	43	915	90%	17%	28%
Burrillville	20	491	92%	21%	22%	26	663	93%	17%	21%
Central Falls	74	580	93%	17%	19%	161	860	87%	12%	38%
Chariho	31	659	94%	16%	17%	110	1,084	93%	14%	18%
Coventry	29	980	93%	20%	20%	105	1,312	92%	18%	24%
Cranston	122	2,352	94%	18%	17%	262	3,498	92%	15%	27%
Cumberland	46	1,064	93%	15%	17%	70	1,471	92%	16%	25%
East Greenwich	*	634	94%	19%	16%	21	749	94%	16%	13%
East Providence	40	1,172	92%	19%	26%	80	1,739	87%	17%	38%
Exeter-West Greenwich	*	242	93%	18%	20%	33	461	94%	17%	15%
Foster-Glocester	*	432	92%	20%	27%	40	920	91%	23%	31%
Jamestown	*	135	95%	19%	9%	NA	NA	NA	NA	NA
Johnston	26	773	92%	23%	28%	63	827	90%	18%	32%
Lincoln	19	792	92%	17%	25%	38	985	92%	20%	24%
Little Compton	*	73	95%	12%	8%	NA	NA	NA	NA	NA
Middletown	30	473	93%	21%	21%	32	599	91%	19%	32%
Narragansett	*	232	94%	19%	18%	35	476	93%	19%	20%
New Shoreham	*	32	90%	36%	33%	*	36	90%	32%	43%
Newport	36	413	88%	18%	38%	87	642	86%	14%	45%
North Kingstown	30	807	93%	17%	20%	64	1,391	92%	17%	21%
North Providence	49	817	92%	19%	24%	54	1,137	90%	16%	34%
North Smithfield	10	381	94%	16%	17%	20	532	93%	16%	21%
Pawtucket	166	1,931	91%	20%	29%	261	2,169	85%	14%	44%
Portsmouth	12	463	94%	20%	14%	33	802	92%	20%	21%
Providence	489	4,602	86%	16%	46%	1,186	7,031	80%	12%	52%
Scituate	*	264	94%	21%	13%	11	373	93%	20%	18%
Smithfield	*	542	94%	20%	14%	17	790	93%	19%	20%
South Kingstown	18	598	92%	22%	22%	36	791	91%	20%	26%
Tiverton	13	386	92%	25%	22%	21	493	91%	26%	29%
Warwick	85	1,848	91%	21%	29%	204	2,412	89%	19%	37%
West Warwick	56	819	91%	20%	30%	120	1,039	89%	14%	32%
Westerly	15	539	93%	25%	17%	55	724	93%	22%	21%
Woonsocket	136	1,216	86%	18%	50%	215	1,685	83%	13%	48%
Charter Schools	81	2,087	93%	18%	22%	295	2,484	88%	17%	37%
State-Operated Schools	*	10	91%	18%	45%	98	1,732	91%	22%	29%
UCAP	31	123	81%	19%	55%	N/A	N/A	N/A	N/A	N/A
YouthBuild	NA	NA	NA	NA	NA	30	89	60%	7%	82%
Four Core Cities	865	8,329	88%	16%	44%	1,823	11,745	82%	13%	49%
Remainder of State	769	19,867	93%	18%	27%	1,727	28,353	97%	17%	26%
Rhode Island	1,747	30,416	91%	18%	27%	3,973	44,403	88%	16%	33%

Source of Data for Table/Methodology

Rhode Island Department of Education, 2022-2023 school year.

**The definition of absence may differ between districts and from prior years due to the transition to hybrid and distance learning during the COVID-19 pandemic. Use caution when comparing these data across districts. Data are not directly comparable to previous *Factbooks*.

Attendance rates are calculated by dividing the state-calculated "average daily attendance" by the "average daily membership."

Chronic absence rates are based on attendance patterns for students who were enrolled in a district for at least 90 days. A total of 1,747 Rhode Island middle school students and 3,973 high school students were not included in this analysis because they were only enrolled for a short period. The Rhode Island Department of Education excludes these students so that chronic absence issues can be examined separately from student mobility issues. It is likely that more students were excluded from districts with higher student mobility rates.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Little Compton students attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

Charter middle schools include Achievement First Rhode Island, Beacon Charter School for the Arts, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, Highlander Charter School, Hope Academy, The Learning Community, Segue Institute for Learning, and Trinity Academy for the Performing Arts. Charter high schools include Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Charette Charter School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, Rhode Island Nurses Institute Middle College Charter School, Sheila C. "Skip" Nowell Leadership Academy, Trinity Academy for the Performing Arts, and the Village Green Virtual Public Charter School.

(continued with references on page 190)

Suspensions

DEFINITION

Suspensions is the number of disciplinary actions per 100 students in pre-kindergarten through 12th grade in Rhode Island public schools. Students can receive more than one disciplinary action during the school year. Disciplinary actions include in-school suspensions and out-of-school suspensions.

SIGNIFICANCE

Effective school disciplinary practices promote a safe and respectful school climate, support learning, and address the causes of student misbehavior. Punitive disciplinary practices, including “zero tolerance” policies, are largely ineffective and even counterproductive.^{1,2} Despite this evidence, suspension is a widely used disciplinary technique, both nationally and in Rhode Island. Suspensions are used for minor offenses, such as use of electronics, and for more serious offenses, such as weapon possession.^{3,4}

Suspension usually does not deter students from misbehaving and may actually reinforce negative behavior patterns. Suspended students are more likely than their peers to experience academic failure, juvenile justice system involvement, disengagement from school, isolation from teachers and peers, and dropping out of school. Being suspended even once in ninth grade is associated with a twofold increase in the likelihood of dropping out.^{5,6} Suspended

students are also at greater risk of criminal victimization, criminal activity, and incarceration as adults.⁷

Schools and districts can improve school climate and discipline by developing and enforcing disciplinary policies that set high expectations for student behavior; providing clear, appropriate, and consistent consequences for misbehavior; encouraging the use of alternative disciplinary approaches, such as restorative justice; and ensuring the equitable, developmentally appropriate, and limited use of suspensions.⁸

In Rhode Island and nationally, Black, Hispanic, Multiracial, and Native American students are more likely to be suspended than their white peers despite the fact that there is no evidence that these students have more serious patterns of rule breaking. In Rhode Island and nationally, boys and students with disabilities also are more likely to be suspended than their peers.^{9,10,11}

Of all disciplinary actions during the 2022-2023 school year, 8% (1,767) involved elementary school students (kindergarten-5th grade), 38% (8,081) involved middle school students (6th-8th grades), and 52% (10,987) involved high school students (9th-12th grades). For elementary school students, 74% of disciplinary actions were out-of-school suspensions. Kindergarteners received 164 disciplinary actions, including 138 out-of-school suspensions.¹²

Out-of-School Suspensions by Infraction, Rhode Island, 2022-2023

TYPE OF INFRACTION*	#	%	TYPE OF INFRACTION	#	%
Fighting	2,167	21%	Obscene/Abusive Language	507	5%
Insubordination/Disrespect	1,921	18%	Weapon Possession	315	3%
Disorderly Conduct	1,415	14%	Arson/Larceny/Robbery/Vandalism	220	2%
Assault of Student or Teacher	1,351	13%	Electronic Devices/Technology	139	1%
Alcohol/Drug/Tobacco Offenses	1,288	12%	Other Offenses	156	1%
Harassment/Intimidation/Threat	946	9%	Attendance Offenses	0	0%
Total			10,425		

Source: Rhode Island Department of Education, 2022-2023 school year.

*Harassment offenses include hazing and hate crimes. Assault offenses include sexual assault.

★ In 2016, the Rhode Island General Assembly passed a law that restricts the use of out-of-school suspensions to situations when a child’s behavior poses a demonstrable threat that cannot be dealt with by other means.¹³ During the 2022-2023 school year, the number of out-of-school suspensions was higher than the 2018-2019 number (9,981) after declines during the COVID-19 pandemic when many students were distance learning and not in school buildings. More than half (54%) of out-of-school suspensions were for non-violent offenses.^{14,15}

Disparities in School Discipline by Special Education Status and Race/Ethnicity, Rhode Island, 2022-2023

	% OF STUDENTS ENROLLED	% OF SUSPENSIONS
Students Receiving Special Education Services	17%	33%
Asian/Pacific Islander Students ⁺	3%	<1%
Black Students	9%	13%
Hispanic Students	30%	34%
Multiracial Students	5%	8%
Native American Students	1%	3%
White Students	51%	43%

Source: Rhode Island Department of Education, 2022-2023 school year. % suspensions includes in-school and out-of-school suspensions. +Data for Asian and Pacific Islander students is not disaggregated by ethnic group. +National research shows large academic disparities across Asian ethnic groups. Detailed data by district is available at www.ride.ri.gov

★ During the 2022-2023 school year, Rhode Island students receiving special education services represented 17% of the student population but represented 33% of suspensions. Historically, Students of Color are more likely to be suspended than their white peers.¹⁶

Table 53.

Disciplinary Actions, Rhode Island School Districts, 2022-2023

SCHOOL DISTRICT	TOTAL # OF STUDENTS ENROLLED	TOTAL # OF IN-SCHOOL SUSPENSIONS	TOTAL # OF OUT-OF-SCHOOL SUSPENSIONS	OUT-OF-SCHOOL SUSPENSIONS PER 100 STUDENTS	TOTAL DISCIPLINARY ACTIONS	ACTIONS PER 100 STUDENTS
Barrington	3,366	64	0	0	64	2
Bristol Warren	2,882	416	159	6	575	20
Burrillville	2,031	35	168	8	203	10
Central Falls	2,619	21	150	6	171	7
Chariho	3,026	169	104	3	273	9
Coventry	4,172	855	190	5	1,045	25
Cranston	10,216	1,443	635	6	2,078	20
Cumberland	4,742	573	272	6	845	18
East Greenwich	2,525	30	27	1	57	2
East Providence	5,123	25	580	11	605	12
Exeter-West Greenwich	1,507	29	40	3	69	5
Foster	212	*	*	<1	*	1
Foster-Glocester	1,351	132	42	3	174	13
Glocester	577	*	*	<1	*	1
Jamestown	407	*	*	<1	*	<1
Johnston	3,092	176	173	6	349	11
Lincoln	3,269	0	198	6	198	6
Little Compton	205	*	*	4	16	8
Middletown	1,969	52	38	2	90	5
Narragansett	1,135	44	49	4	93	8
New Shoreham	132	*	*	1	*	2
Newport	1,885	0	329	17	329	17
North Kingstown	3,777	429	274	7	703	19
North Providence	3,494	788	319	9	1,107	32
North Smithfield	1,608	24	89	6	113	7
Pawtucket	7,955	33	1092	14	1,125	14
Portsmouth	2,168	99	55	3	154	7
Providence	21,023	75	2095	10	2,170	10
Scituate	1,183	0	23	2	23	2
Smithfield	2,440	47	47	2	94	4
South Kingstown	2,491	169	68	3	237	10
Tiverton	1,629	0	118	7	118	7
Warwick	7,974	446	730	9	1,176	15
West Warwick	3,476	640	446	13	1,086	31
Westerly	2,262	78	150	7	228	10
Woonsocket	5,612	3,237	878	16	4,115	73
<i>Charter Schools</i>	<i>11,286</i>	<i>338</i>	<i>724</i>	<i>6</i>	<i>1,062</i>	<i>9</i>
<i>State-Operated Schools</i>	<i>1,772</i>	<i>0</i>	<i>129</i>	<i>7</i>	<i>129</i>	<i>7</i>
<i>UCAP</i>	<i>127</i>	<i>94</i>	<i>*</i>	<i>3</i>	<i>98</i>	<i>77</i>
<i>YouthBuild</i>	<i>79</i>	<i>0</i>	<i>17</i>	<i>22</i>	<i>17</i>	<i>22</i>
<i>Four Core Cities</i>	<i>37,209</i>	<i>3,366</i>	<i>4,215</i>	<i>11</i>	<i>7,581</i>	<i>20</i>
<i>Remainder of State</i>	<i>86,325</i>	<i>6,776</i>	<i>5,336</i>	<i>6</i>	<i>12,112</i>	<i>14</i>
<i>Rhode Island</i>	<i>136,797</i>	<i>10,574</i>	<i>10,425</i>	<i>8</i>	<i>20,999</i>	<i>15</i>

Source of Data for Table/Methodology

Rhode Island Department of Education, 2022-2023 school year.

The out-of-school suspension rate per 100 students is the total number of out-of-school suspensions for the school district at all grade levels (Pre-K through 12th grade), multiplied by 100, and divided by the student enrollment ("average daily membership").

The disciplinary actions rate per 100 students is the total disciplinary actions for the school district at all grade levels (Pre-K through 12th grade), multiplied by 100, and divided by the student enrollment ("average daily membership").

Schools and districts only report suspensions of one day or longer. If an incident involves more than one infraction, schools and districts are asked to code the incident as the most serious type of infraction (e.g., violent offenses involving weapons and offenses involving drugs and alcohol are considered more serious than other offenses). The type of infraction resulting in disciplinary action varies according to school district policy. The type of disciplinary action used for each type of infraction also varies according to school district policy.

*Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These numbers are still counted in district totals and in the four core cities, remainder of the state, and state total.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Charter schools reporting suspensions include Achievement First Rhode Island, Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Charette Charter School, The Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, Hope Academy, Kingston Hill Academy, The Learning Community, Nuestro Mundo Public Charter School, Providence Prep Mayoral Academy, Rhode Island Nurses Institute Middle College Charter School, RISE Prep Mayoral Academy, Segue Institute for Learning, Trinity Academy for the Performing Arts, and The Village Green Virtual Public Charter School. State-operated schools reporting suspensions include William M. Davies Jr. Career & Technical High School and Metropolitan Regional Career and Technical Center.

(Continued with references on page 191)

High School Graduation Rate

DEFINITION

High school graduation rate is the percentage of students who graduate from high school within four years of entering, calculated by dividing the number of students who graduate in four years or fewer by the total number of first-time entering ninth graders (adjusted for transfers in and transfers out during the four years).

SIGNIFICANCE

High school graduation is the minimum requisite for college and most employment. In Rhode Island, adults without high school diplomas are more likely to be unemployed and have lower incomes than adults with high school degrees.^{1,2} In 2022, 8% of Rhode Island children lived in households headed by a non-high school graduate, slightly lower than the national average of 11%.³

Children who attend high-quality preschool programs and read at grade level in elementary school are more likely to graduate from high school than their peers.⁴ Early warning and intervention systems use early predictors of dropping out, such as poor attendance, behavior problems, and course failure in math and reading, to identify students who are at risk, so supports can be put in place to help students get “on track” for graduation.⁵

Adopting student-centered learning practices at the high school level can

increase achievement and engagement for all students. These practices encourage deeper engagement by personalizing learning, allowing students to take ownership over their work, and pacing learning to match the student’s mastery of the content.⁶ Providing students with high-quality postsecondary and workforce engagement opportunities can also increase high school graduation rates and college and career readiness.⁷

In order to graduate, Rhode Island students must demonstrate proficiency in English language arts, math, science, social studies, the arts, and technology, complete at least 20 courses, and complete one performance-based assessment. Students can earn Council designations, including a Seal of Biliteracy, Commissioner’s Seal, and Pathway Endorsements. In 2022, Rhode Island adopted new graduation requirements which will require students beginning with the Class of 2024 to demonstrate proficiency in financial literacy and beginning with the Class of 2028 to also demonstrate proficiency in world languages, lab sciences, college preparation coursework, civics, and computer science.^{8,9}

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2023

	COHORT SIZE	DROPOUT RATE	% COMPLETED GED	% OF STUDENTS STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Female Students	5,407	6%	1%	5%	87%
Male Students	5,642	10%	1%	8%	81%
Multilingual Learners	1,286	18%	<1%	12%	69%
Students Receiving Special Education Services	1,737	11%	2%	21%	66%
Students Not Receiving Special Education Services	9,324	7%	1%	4%	88%
Low-Income Students	5,913	12%	2%	10%	77%
Higher-Income Students	5,148	3%	1%	3%	93%
Students in Foster Care	111	25%	2%	22%	51%
Homeless Students	248	16%	3%	16%	65%
Native American Students	139	18%	1%	6%	74%
Asian Students	291	3%	0%	5%	92%
Black Students	1,007	8%	1%	9%	82%
Hispanic Students	3,172	11%	1%	10%	77%
White Students	6,000	6%	1%	4%	88%
ALL STUDENTS	11,061	8%	1%	7%	84%

Source: Rhode Island Department of Education, Class of 2023. Percentages may not sum to 100% due to rounding. Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

★ The Rhode Island four-year graduation rate for the Class of 2023 was 84%, up from 80% for the Class of 2013. The lowest graduation rates were among Multilingual Learners, students receiving special education services, students in foster care, students experiencing homelessness, low-income students, and Hispanic and Native American students.^{10,11}

Rhode Island Five- and Six-Year High School Graduation Rates

★ Rhode Island calculates five- and six-year graduation rates to recognize that graduation is an accomplishment regardless of the time it takes. Of the 11,173 Rhode Island students who enrolled in ninth grade in the Fall of 2017, 9,385 (84%) graduated in four years in 2021, 223 (2%) graduated in five years in 2022, and 112 (1%) graduated in six years in 2023. Of the 223 students who graduated in five years in 2022, 126 (56%) were students receiving special education services and 47 (21%) were Multilingual Learners.¹²

High School Graduation Rate

Table 54.

High School Graduation Rates, Rhode Island, Class of 2023

SCHOOL DISTRICT	FOUR-YEAR COHORT RATES				
	# OF STUDENTS IN COHORT	DROPOUT RATE	% COMPLETED GED	% STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Barrington	285	2%	<1%	2%	96%
Bristol Warren	230	4%	1%	5%	90%
Burrillville	163	8%	2%	2%	87%
Central Falls	247	23%	1%	11%	65%
Chariho	244	1%	1%	3%	94%
Coventry	349	12%	2%	4%	82%
Cranston	898	6%	<1%	7%	87%
Cumberland	376	3%	1%	7%	89%
East Greenwich	191	1%	0%	3%	96%
East Providence	396	8%	<1%	10%	83%
Exeter-West Greenwich	108	1%	2%	6%	91%
Foster-Glocester	232	3%	3%	2%	92%
Johnston	193	7%	5%	2%	86%
Lincoln	246	7%	3%	4%	86%
Middletown	139	8%	1%	2%	89%
Narragansett	122	3%	2%	1%	94%
Newport	182	13%	2%	7%	77%
North Kingstown	353	6%	4%	3%	88%
North Providence	284	7%	1%	3%	89%
North Smithfield	109	6%	1%	6%	88%
Pawtucket	541	18%	1%	9%	72%
Portsmouth	203	2%	<1%	1%	96%
Providence	1,802	12%	<1%	11%	77%
Scituate	99	2%	0%	1%	97%
Smithfield	213	3%	1%	2%	93%
South Kingstown	224	5%	<1%	4%	91%
Tiverton	124	0%	1%	2%	98%
Warwick	613	6%	2%	7%	85%
West Warwick	242	7%	2%	9%	82%
Westerly	179	4%	4%	6%	86%
Woonsocket	430	16%	2%	16%	66%
Beacon Charter School	51	8%	6%	14%	73%
Blackstone Academy	85	1%	1%	1%	96%
Blackstone Valley Prep Mayoral Academy	76	0%	0%	1%	99%
Charette Charter School	36	8%	0%	3%	89%
Department of Children, Youth, and Families (DCYF)	11	45%	55%	0%	0%
Highlander Charter School	60	3%	3%	13%	80%
Metropolitan Regional Career and Technical Center	211	3%	0%	1%	96%
Paul Cuffee Charter School	60	5%	2%	10%	83%
RI Nurses Institute Middle College	42	5%	2%	17%	76%
Sheila C. "Skip" Nowell Leadership Academy	50	24%	2%	40%	34%
The Greene School	43	0%	2%	0%	98%
Trinity Academy for the Performing Arts	23	0%	0%	4%	96%
Village Green Virtual Public Charter School	52	2%	0%	0%	98%
William M. Davies Jr. Career and Technical School	207	4%	1%	5%	89%
YouthBuild	22	9%	0%	59%	32%
Four Core Cities	3,020	15%	1%	11%	74%
Remainder of State	8,041	5%	2%	5%	88%
Rhode Island	11,061	8%	1%	7%	84%

Source of Data for Table/Methodology

Rhode Island Department of Education, Class of 2023.

The 2023 four-year cohort graduation rate is the number of students who graduate in four years or less divided by the total number of students in the cohort. The cohort is calculated as the number of first-time entering ninth graders in 2019-2020 adjusted for transfers in and transfers out during the course of the four years. The cohort dropout rate is calculated the same way as the graduation rate, but the numerator is the number of students who drop out or whose status is unknown at the end of four years. Separate rates are calculated for the percentage of students who are retained in high school and therefore are taking more than four years to graduate and for the percentage of students who received their GED within four years instead of graduating with a traditional diploma.

Percentages may not sum to 100% due to rounding.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

YouthBuild is the YouthBuild Preparatory Academy.

Students from Little Compton attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown. DCYF includes students attending DCYF alternative schools.

Rhode Island School for the Deaf and New Shoreham are not reported because there are fewer than 10 students in this cohort. These students are included in the state total.

References

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(continued on page 191)

College Preparation and Access

DEFINITION

College preparation and access is the percentage of Rhode Island high school seniors who graduate and go on to college (i.e., enroll in a two-year or four-year college) immediately or within six months of graduation.

SIGNIFICANCE

Between 2021 and 2031, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring less education.¹ Between 2018 and 2022 in Rhode Island, adults with high school diplomas were more than twice as likely to be unemployed as those with bachelor's degrees or higher, and the median annual income for adults with high school diplomas was \$41,968, compared to \$66,011 for adults with bachelor's degrees.^{2,3}

Many students, especially low-income students, face barriers to college enrollment and success, such as insufficient academic preparation, difficulty navigating the application and financial aid processes, and the high cost of college. States can help address these barriers by ensuring that all students have access to advanced coursework; take college entrance exams; complete the Free Application for Federal Student Aid (FAFSA); get adequate counseling; and target financial aid to students with the greatest needs.⁴

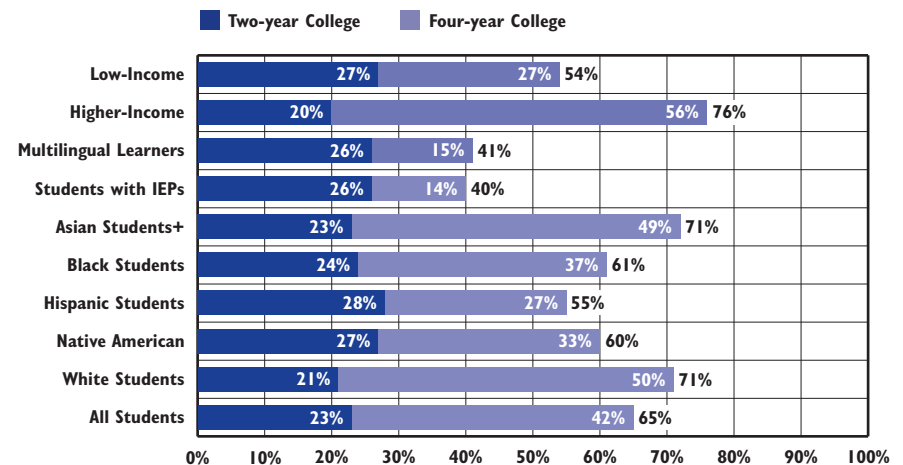
In 2022, Rhode Island's Council on Elementary and Secondary Education approved new *Secondary School Regulations* for the class of 2028, establishing college and career-ready coursework as the expectation for all students.⁵ Students who participate in AP courses are more likely to attend and succeed in college.⁶ In Rhode Island, more than one-third (34%) of the Class of 2022 took an AP exam. Over the past 10 years, Rhode Island has seen particularly large gains in the percentage of Black students who take an AP exam.⁷

Rhode Island covers the cost for all public high school students to take the SAT during the school day in eleventh grade as a key strategy to increase college access.⁸ In 2023, 94% of 11th graders completed the SAT.⁹

Seniors who have completed a FAFSA by May and been accepted to a four-year college are 50% more likely to enroll than students who have not completed their FAFSA.¹⁰ In Rhode Island during the 2022-2023 cycle, 64% of high school seniors completed the FAFSA.¹¹

Rhode Island's *Every Student Succeeds Act (ESSA)* state plan includes a Post-Secondary Success Indicator that measures the percentage of students that graduate with a career and technical education industry-approved credential, college credits through dual or concurrent enrollment, successful completion of AP tests, or Seal of Biliteracy and the Pathway Endorsement.¹²

Immediate College Enrollment by Family Income, Race, Ethnicity, and Type of College, Class of 2023, Rhode Island



Source: Rhode Island Department of Education, Class of 2023. Percentages may not sum exactly due to rounding. +Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

★ There continue to be large gaps in college access, particularly four-year college enrollment, between low- and higher-income students as well as by language status and disability.¹³ In 2023, the Rhode Island General Assembly enacted the *Rhode Island Hope Scholarship Pilot Program Act*, which provides a two-year scholarship covering tuition and fees to eligible juniors and seniors who attended Rhode Island College during their freshman and sophomore years.¹⁴

★ School counselors have an important role to play in setting students on a path to postsecondary success. In particular, Black students identify their school counselor as the person who had the most influence on their thinking about college.¹⁵ Rhode Island has 374 students for every school counselor, far above the recommended ratio of 250 to one.¹⁶

★ For states, improving college access will require improvements at all points in the early education to college education system, including increasing access to high-quality preschool, implementing research-driven dropout prevention programs, improving the quality of the K-12 education system and aligning it with college admission requirements and career expectations, simplifying the college admission process, and making college affordable.¹⁷

Table 55.

College Preparation and Access, Rhode Island

SCHOOL DISTRICT	TOTAL GRADE 12 ENROLLMENT OCT. 2022	% OF GRADE 12 STUDENTS PLANNING TO ATTEND COLLEGE, 2023	% OF STUDENTS WHO FILLED OUT THE FAFSA, 2023	% OF GRADE 11 STUDENTS TAKING THE SAT DURING THE SCHOOL DAY, 2023	% OF SAT TAKERS PROFICIENT IN ELA, 2023	% OF SAT TAKERS PROFICIENT IN MATH, 2023
Barrington	282	92%	65%	100%	84%	69%
Bristol Warren	270	29%	71%	95%	77%	36%
Burrillville	186	70%	55%	97%	53%	33%
Central Falls	191	64%	47%	88%	10%	<5%
Charlho	241	40%	75%	96%	66%	40%
Coventry	318	84%	63%	97%	53%	27%
Cranston	900	84%	65%	97%	49%	20%
Cumberland	354	86%	68%	97%	64%	37%
East Greenwich	190	92%	65%	96%	80%	63%
East Providence	404	76%	55%	94%	41%	16%
Exeter-West Greenwich	133	41%	72%	100%	68%	44%
Foster-Glocester	242	80%	68%	98%	67%	37%
Johnston	205	94%	56%	90%	37%	15%
Lincoln	236	83%	81%	94%	70%	46%
Middletown	163	75%	60%	97%	65%	32%
Narragansett	139	90%	66%	99%	61%	40%
Newport	165	65%	45%	98%	43%	16%
North Kingstown	355	84%	71%	98%	78%	51%
North Providence	258	85%	74%	97%	53%	22%
North Smithfield	133	88%	68%	97%	65%	43%
Pawtucket	610	76%	40%	88%	25%	8%
Portsmouth	198	84%	80%	96%	71%	44%
Providence	1,623	71%	62%	91%	28%	13%
Scituate	91	90%	78%	100%	66%	34%
Smithfield	184	81%	77%	97%	66%	36%
South Kingstown	215	91%	64%	95%	75%	41%
Tiverton	108	88%	71%	98%	53%	26%
Warwick	571	80%	61%	95%	48%	19%
West Warwick	272	84%	65%	93%	36%	19%
Westerly	182	88%	73%	97%	57%	26%
Woonsocket	335	73%	43%	83%	25%	6%
Beacon Charter High School	56	74%	48%	88%	57%	12%
Blackstone Academy	87	88%	73%	98%	32%	12%
Blackstone Valley Prep Mayoral Academy	115	91%	84%	97%	51%	34%
Charette Charter	43	75%	81%	97%	11%	<5%
Paul Cuffee Charter School	66	90%	70%	96%	25%	8%
The Greene School	54	68%	64%	96%	44%	18%
Highlander Charter School	51	83%	65%	94%	32%	13%
RI Nurses Institute Middle College	58	86%	100%	98%	42%	<5%
Sheila C. "Skip" Nowell Leadership Academy	26	85%	57%	91%	7%	<5%
Trinity Academy for the Performing Arts	27	NA	96%	100%	26%	7%
Village Green Virtual Public Charter School	57	71%	100%	100%	26%	<5%
William M. Davies Jr. Career & Technical Center	185	79%	61%	100%	46%	16%
Metropolitan Regional Career and Technical Center	186	86%	68%	98%	38%	8%
YouthBuild	34	21%	NA	NA	<5%	<5%
Four Core Cities	2,759	72%	54%	89%	26%	10%
Remainder of State	7,004	83%	66%	98%	59%	32%
Rhode Island	10,815	81%	64%	94%	49%	25%

Source of Data for Table/Methodology

Total 12th grade enrollment is from the Rhode Island Department of Education as of October 1, 2022.

% of 12th grade students planning to attend college is from the 2022-2023 administration of *SurveyWorks!*, based on responses to the question, "What do you think you will do after you finish high school?" and includes students who responded that they planned to go to a community college, two-year college, or four-year college. The data are from the Rhode Island Department of Education.

% of 12th graders completing the FAFSA is from the Rhode Island Department of Education.

% of SAT takers proficient in ELA and math and % of 11th graders taking the SAT is from the Rhode Island Department of Education..

NA indicates that data are not available either because data were not collected or reported or because the number of students was too small to report. These students are included in the remainder of the state and state totals as appropriate.

New Shoreham and the Rhode Island School for the Deaf are not reported because there are fewer than 10 students in these cohorts.

Little Compton students attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

YouthBuild is the YouthBuild Preparatory Academy.

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(continued on page 191)

College Enrollment and Completion

DEFINITION

College enrollment and completion is the percentage of Rhode Island public high school students who enroll in a two- or four-year college and earn a college diploma (an associate degree or bachelor's degree) within six years of enrollment.¹

SIGNIFICANCE

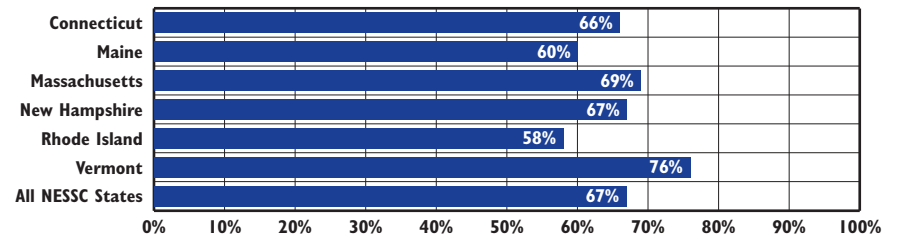
Between 2021 and 2031, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring less education, yet only 38% of Rhode Island adults ages 25 and 64 have a bachelor's degree or higher.^{2,3} Between 2018 and 2022 in Rhode Island, 6.8% of adults with a high school diploma were unemployed, compared to 2.9% with a bachelor's degree or higher.⁴ During that same period, the median annual income for adults with a high school diploma was \$41,968, compared to \$66,011 for adults with a bachelor's degree.⁵ Students who complete college are more likely to be employed and have higher incomes. While college enrollment rates for low-income students have doubled in recent decades, there are still large gaps in the percentage of students who enroll in and complete college and the types of college students attend. In the U.S., nearly two-thirds of low-income students attend community colleges or for-profit institutions, many of which

have low completion rates. Low-income students are also more likely to delay going to college and to have breaks in enrollment, both of which lower their chances of completing their college degrees.^{6,7,8} There are also barriers to attainment for Students of Color. Addressing racial disparities can improve college completion outcomes.^{9,10}

Low-income students and Students of Color often arrive at college with academic potential but less academic preparation and social capital than other students. They can benefit from a wide range of supports, including comprehensive assessment and placement, summer transition programs, peer-mentored and peer-facilitated programs that offer tutoring and other academic support, learning communities that allow a group of students to enroll in two or more classes together so they can establish peer relationships that support their success, personal and career counseling, mentoring, and/or referrals to social services.^{11,12,13}

A 2022 national study, found that 55% of students considered dropping out of college due to mental and emotional factors, more than any other factor, including the cost of tuition (36%). Improving college completion will require better aligning the K-12 education system with college demands, making college affordable, and providing both mental health and academic supports.^{14,15,16}

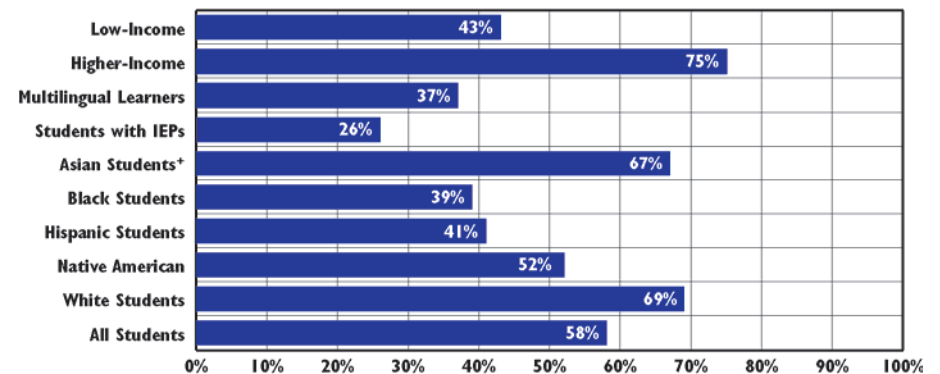
College Completion, New England Secondary School Consortium States (NESSC), 2015 Cohort



Source: New England Secondary School Consortium. (2022). *Common Data Project: 2022 annual report, school year 2020-2021*. Retrieved April 4, 2024, from www.greatschoolspartnership.org

★ Fifty-eight percent of Rhode Island public high school graduates who enrolled in a two- or four-year college in 2015 earned a college diploma within six years.¹⁷

Six-Year College Completion by Student Subgroup, Rhode Island, 2015 Cohort



Source: New England Secondary School Consortium. (2022). *Common Data Project: 2022 annual report, school year 2020-2021*. Retrieved April 4, 2024, from www.greatschoolspartnership.org. *Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

★ In Rhode Island, there are large gaps in college completion between low-income and higher-income students, with 43% of low-income students completing college within six years, compared to 75% of higher-income students. There are also large disparities by race and ethnicity, language status, and disability.¹⁸

College Enrollment and Completion

Table 56.

College Enrollment and Completion, Rhode Island

SCHOOL DISTRICT	# OF STUDENTS WHO GRADUATED FROM HIGH SCHOOL IN 2023	# OF 2023 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	% OF 2023 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	# OF STUDENTS WHO ENROLLED IN COLLEGE IN 2022	# OF 2022 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)	% OF 2022 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)
Barrington	275	230	84%	262	241	92%
Bristol Warren	210	146	70%	187	150	80%
Burrillville	146	88	60%	105	77	73%
Central Falls	175	79	45%	78	32	41%
Charlho	240	173	72%	183	158	86%
Coventry	294	198	67%	257	200	78%
Cranston	819	572	70%	564	435	77%
Cumberland	343	256	75%	267	228	85%
East Greenwich	188	153	81%	174	164	94%
East Providence	342	188	55%	201	149	74%
Exeter-West Greenwich	103	73	71%	100	89	89%
Foster-Glocester	216	151	70%	151	125	83%
Johnston	170	114	67%	163	119	73%
Lincoln	213	172	81%	170	144	85%
Middletown	126	83	66%	110	86	78%
Narragansett	116	86	74%	80	73	91%
Newport	144	82	57%	92	65	71%
North Kingstown	309	245	79%	297	255	86%
North Providence	257	183	71%	190	145	76%
North Smithfield	96	71	74%	94	76	81%
Pawtucket	412	192	47%	206	131	64%
Portsmouth	197	165	84%	169	151	89%
Providence	1,470	765	52%	901	614	68%
Scituate	96	78	81%	67	54	81%
Smithfield	203	160	79%	132	119	90%
South Kingstown	205	158	77%	174	154	89%
Tiverton	126	77	61%	94	81	86%
Warwick	527	357	68%	369	288	78%
West Warwick	210	125	60%	140	98	70%
Westerly	161	114	71%	140	113	81%
Woonsocket	298	116	39%	133	83	62%
<i>Beacon Charter High School</i>	40	26	65%	36	28	78%
<i>Blackstone Academy</i>	83	60	72%	60	42	70%
<i>Blackstone Valley Prep</i>						
<i>Mayoral Academy</i>	76	55	72%	60	42	70%
<i>Charette Charter School</i>	33	15	45%	22	12	55%
<i>Paul Cuffee Charter School</i>	53	36	68%	56	34	61%
<i>The Greene School</i>	41	25	61%	37	30	81%
<i>Highlander Charter School</i>	55	40	73%	26	17	65%
<i>RI Nurses Institute Middle College</i>	36	36	100%	38	27	71%
<i>Sheila C. "Skip" Nowell Leadership Academy</i>	29	11	38%	19	*	37%
<i>Trinity Academy for the Performing Arts</i>	22	17	77%	26	19	73%
<i>Village Green Virtual Public Charter School</i>	45	29	64%	18	*	50%
<i>William M. Davies Jr. Career & Technical High School</i>	193	133	69%	111	76	68%
<i>YouthBuild</i>	27	*	19%	NA	NA	NA
<i>Metropolitan Regional Career and Technical Center</i>	205	140	68%	111	76	68%
<i>Four Core Cities</i>	2,355	1,152	49%	1,318	860	65%
<i>Remainder of State</i>	6,340	4,504	71%	4,940	4,045	82%
<i>Rhode Island</i>	9,638	6,286	65%	6,879	5,325	77%

Source of Data for Table/Methodology

of students who graduated from high school in 2023, # of 2023 high school graduates who enrolled in college within six months, # of students who enrolled in college in 2022, and # of 2022 college enrollees who persisted (were enrolled for a third semester) are all from Rhode Island Department of Education. The # of 2022 college enrollees who persisted may include students enrolled directly after high school or afterwards. Percentages may not sum exactly due to rounding.

The four core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Students from Little Compton attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

New Shoreham, Rhode Island School for the Deaf, and UCAP are not reported because there are fewer than 10 students in these cohorts.

UCAP is the Urban Collaborative Accelerated Program.

YouthBuild is the YouthBuild Preparatory Academy.

* Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These numbers are still counted in remainder of state and Rhode Island totals.

NA Schools did not have students graduating this year.

References

- ^{1,17,18} New England Secondary School Consortium. (2022). *Common Data Project: 2022 annual report, school year 2020-2021*. Retrieved April 6, 2023, from www.newenglandssc.org
- ² U.S. Bureau of Labor Statistics. (2023). *Employment, wages, and projected change in employment by typical entry-level education*. Retrieved April 3, 2023, from www.bls.gov
- ³ U.S. Census Bureau, American Community Survey, 2018-2022. Table B23006.
- ⁴ U.S. Census Bureau, American Community Survey, 2018-2022. Table S2301.
- ⁵ U.S. Census Bureau, American Community Survey, 2018-2022. Table B20004.

(continued on page 191)

Teens Not in School and Not Working

DEFINITION

Teens not in school and not working is the percentage of teens ages 16 to 19 who are not enrolled in school, not in the Armed Forces, and not employed. Teens who are recent high school graduates and who are unemployed and teens who have dropped out of high school and are unemployed are included.

SIGNIFICANCE

School and work help teens acquire the skills, knowledge, experience, and supports they need to become productive adults. Youth who drop out of school and do not become a part of the workforce are at risk of experiencing negative outcomes as they transition from adolescence to adulthood. Teens in low-income families, teens who drop out of school, young mothers, and youth with disabilities have high rates of disconnection from both school and work.^{1,2}

Disconnected youth are more likely to live in intergenerational poverty, experience poor physical and mental health, have a disability, be involved with the child welfare system, experience difficulties finding and maintaining employment, earn low wages, and need public benefits to make ends meet. Young people disconnected from both work and school are disproportionately People of

Color and face institutional racism as an entrenched barrier to success.^{3,4,5}

Programs that offer work-based learning opportunities; provide meaningful, early, paid work experiences; and incorporate adult mentoring with youth development opportunities address the root causes of inequity and decrease the likelihood of youth disconnection.^{6,7} There is both an individual and societal cost to youth disconnection. The disconnection of youth ages 16 to 24 results in over \$93 billion in lost earnings, tax revenues, and government spending annually and over \$1.6 trillion over their lifetimes.^{8,9}

Between 2018 and 2022, an estimated 2,308 (3.7%) youth ages 16 to 19 in Rhode Island were not in school and not working. Of the youth who were not in school and not working, 64% were male and 36% were female. Sixty-nine percent of these youth were high school graduates, and 31% had not graduated from high school.¹⁰

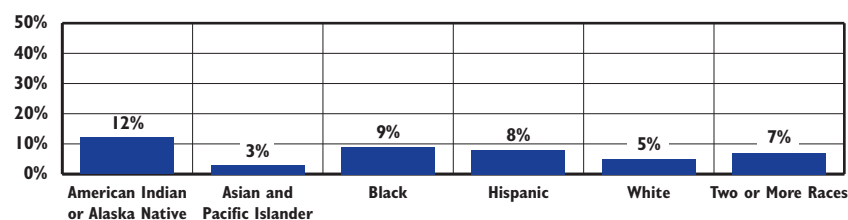
Teens Not in School and Not Working	
	2022
RI	3%
US	7%
National Rank*	1st
New England Rank**	1st

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Percentage of U.S. Youth Ages 16 to 19, Not in School and Not Working, by Race and Ethnicity, 2022



Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

★ In the U.S., Youth of Color (with the exception of Asian youth) are more likely to be disconnected from school and work than white youth.¹¹ In 2022, 12% of American Indian or Alaska Native youth, 9% of Black youth, and 8% of Hispanic youth were not in school and not working, compared to 5% of white youth.¹²

★ While Rhode Island has a low overall youth disconnection rate, there are racial and ethnic disparities. In 2022, 4% of Latino youth ages 16 to 19 in Rhode Island were not in school and not working, double the white rate of 2%.¹³

★ Nationally, the disconnection of youth ages 16 to 24 has declined from a high of nearly 15% in 2010. After a decade of success, the COVID-19 pandemic turned back significant progress in school enrollment and unemployment, leaving the largest number of opportunity youth since the Great Recession at just over 12%.¹⁴

Compulsory School Attendance

★ Rhode Island requires school attendance until age 18. Rhode Island students over age 16 may obtain a waiver from the attendance requirement if they have an alternative learning plan for obtaining a high school diploma or equivalent. Plans can include independent study, private instruction, community service, or online coursework and must be developed in consultation with the student, school counselor, school principal, and at least one parent or guardian. The district superintendent must approve alternative learning plans.¹⁵

★ As of 2020, one state has compulsory attendance to age 19, 24 states (including Rhode Island) have compulsory attendance to age 18, eight states to age 17, and 17 states to age 16.¹⁶

Teens Not in School and Not Working



Connecting Youth to School and Work

- ★ Education has a positive impact on the likelihood of finding and maintaining employment. Between 2018 and 2022, the unemployment rate for Rhode Island adults ages 25 to 64 with a bachelor's degree or higher was 2.9%, compared with 6.8% for high school graduates and 10.6% for those with less than a high school diploma.¹⁷
- ★ Successful strategies to prevent youth disconnection must be comprehensive and equitable and include high-quality child care and public schooling, a focus on healthy youth development, equity-based opportunities and recruitment, and multiple pathways to employment. Given the effects of the pandemic on young adults, national service opportunities should be explored as a strategy for increasing youth connection while meeting community needs.^{18,19,20}
- ★ Programs and schools that enable students to acquire work-based skills and/or college credits while working toward their high school degrees can improve high school graduation rates and better prepare students for college completion and careers.²¹



Youth Work Experience

- ★ Work experience during the teen years improves youth mental health, well-being, and school attendance and increases productivity, employability, and wages into adulthood.²² Workforce development programs that outline career pathways that prepare youth for the job market beyond immediate lower wage positions not only improve their sense of self-security, self-sufficiency, and belonging, but also contribute to the growth of our economy.²³
- ★ Summer work programs may increase college aspirations and preparation for future employment and help reduce youth violence and crime.²⁴
- ★ Expanding work-based learning opportunities can help more youth in Rhode Island successfully transition into college and careers. These types of programs can help to motivate students, teach them critical skills, connect them with mentors and positive adult role models, and help them to make informed decisions about their future. Many work-based learning programs allow youth to receive school credit and/or earn money while gaining important workplace experience. In Rhode Island, the Governor's Workforce Board promotes work-based learning opportunities including internships, service-learning programs, school-based enterprise opportunities, industry projects, and apprenticeships.²⁵

References

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^{2,5} Fernandes-Alcantara, A. L. (2020). *Vulnerable youth: Background and policies*. Washington, DC: Congressional Research Service.

^{3,19} Lewis, K. (2020). *A decade undone: Youth disconnection in the age of coronavirus*. Brooklyn, NY: Measure of America.

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¹⁰ U.S. Census Bureau, American Community Survey, 2018-2022. Table B14005.

^{11,14} Lewis, K. (2023). *Ensuring an Equitable Recovery: Addressing COVID-19's Impact on Education*. New York: Measure of America, Social Science Research Council.

^{12,13} The Annie E. Casey Foundation, KIDS COUNT Data Center. datacenter.kidscount.org

¹⁵ Rhode Island General Law 16-19-1.

¹⁶ Education Commission of the States. (2020). *50-state comparison: Free and compulsory school age requirements*. Retrieved March 26, 2024, from ecs.org

¹⁷ U.S. Census Bureau, American Community Survey, 2018-2022. Table S2301.

²⁰ Ross, M. & Bateman, N. (2020). *National service can connect America's young people to opportunity and community—and promote work of real social value*.

²¹ Jerald, C., Campbell, N. & Roth, E. (2017). *High schools of the future: How states can accelerate high school redesign*. Retrieved March 26, 2024, from americanprogress.org

²³ Mendoza, M.J. (2022). *After the storm policy recommendations to reconnect opportunity youth during and after the COVID-19 pandemic*. Washington, D.C.: Aspen Institute Forum for Community Solutions.

²⁴ Li, Y., Jackson-Spieker, K., Modestino, A.S., Kessler, J.B., & Heller, S.B. (2022). *The promise of summer youth employment programs: Lessons from randomized evaluations*. Retrieved March 26, 2024, from povertyactionlab.org

²⁵ *Workforce Guidance*. (2018). Cranston, RI: Governor's Workforce Board.

Methodology

References

Committees

Acknowledgements

Methodology



The *2024 Rhode Island KIDS COUNT Factbook* examines 70 indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety, and Education. The information on each indicator is organized as follows:

- ★ **Definition:** A description of the indicator and what it measures.
- ★ **Significance:** The relationship of the indicator to child and family well-being.
- ★ **National Rank and New England Rank:** For those indicators that are included in the Annie E. Casey Foundation's KIDS COUNT publications and other indicators where possible, the Factbook highlights Rhode Island's rank among the 50 states, as well as trends. The New England Rank highlights Rhode Island's rank among the six New England states – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.
- ★ **City/Town Tables:** Data are presented for each of Rhode Island's cities and towns, the state as a whole, the four core cities, and the remainder of the state (non-core city communities).
- ★ **Four Core Cities:** The core cities are the four Rhode Island communities

with the highest concentrations of children living below the poverty threshold according to the 2018-2022 American Community Survey conducted by the U.S. Census Bureau. They are Central Falls, Pawtucket, Providence, and Woonsocket. The core cities are different than in Factbooks prior to 2012, which were identified based on the child poverty rates reported in Census 2000. In Factbooks prior to 2012, the six core cities were Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket. When core city trends are presented in this Factbook, they are based on the new definition of core cities for all years presented.

★ **Racial and Ethnic Disparities:** Data on racial and ethnic disparities are presented in as many indicators as possible and summarized in the Racial and Ethnic Disparities indicator. Collecting and reporting on data disaggregated by race and ethnicity is an important first step to identifying ways to eliminate them. Data on disparities and information about the historical and systemic racism that has resulted in these disparities can be used to identify policies to dismantle racism and reduce disparities.

★ **Most Recent Available Data:** The Factbook uses the most current, reliable data available for each indicator.

Numbers

The most direct measure of the scope of a problem is the count of the number of events of concern during a specified time period - e.g., the number of child and teen deaths between 2018 and 2022. Numbers are important in assessing the scope of the problem and in estimating the resources required to address a problem. Numbers are not useful to compare the severity of the problem from one geographic area to another or to compare the extent of the problem in Rhode Island with national standards. For example, a state with more children might have more low birthweight infants due to the larger number of total births, not due to an increased likelihood of being born with low birthweight. Caution should be used with small numbers in numerators and denominators.

Rates and Percentages

A rate is a measure of the frequency of an event - e.g., out of every 1,000 live births, how many infants will be breastfed. A percentage is another measure of frequency - e.g., out of every 100 births, how many will be born low birthweight. Rates and percentages take into account the total population of children eligible for an event. They are useful in comparing the severity of the problem from one geographic area to another, to compare with state or national standards, or to look at trends over time.

Sources of Data and Methodology for Calculating Rates and Percentages

For each indicator, the source of information for the actual number of events of interest (the numerator) is identified within the Source of Data/Methodology section next to the table for that indicator. For each indicator that uses a rate or a percent, the source of data for the total number of children eligible for respective indicator (the denominator) is also noted within the Source of Data/Methodology section. Rates and percentages are not calculated for cities and towns with small denominators. Rates and percentages based on small denominators are statistically unreliable and should be interpreted with caution.

Census Data

There are several sources of U.S. Census Bureau data used in the Factbook: Census 2010, Census 2020, the Current Population Survey, Population Estimates, and the American Community Survey. In all city/town tables that require population statistics, data is from the decennial Census, unless otherwise stated. Throughout the text portions of each indicator, all of these sources are used and the relevant citations provide clarification on which source the data come from. Census 2020 is now available for the number of

Margins of Error, Median Family Income, Rhode Island, 2018-2022

CITY/TOWN	2018-2022 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18		MARGIN OF ERROR
Barrington	\$172,363	\$19,940	
Bristol	\$141,006	\$17,839	
Burrillville	\$119,375	\$9,423	
Central Falls	\$45,159	\$5,752	
Charlestown	\$97,222	\$18,239	
Coventry	\$115,919	\$11,570	
Cranston	\$101,598	\$11,337	
Cumberland	\$131,159	\$17,619	
East Greenwich	\$223,333	\$46,194	
East Providence	\$97,865	\$21,104	
Exeter	\$108,750	\$32,943	
Foster	\$126,875	\$47,301	
Glocester	\$106,620	\$32,737	
Hopkinton	\$101,250	\$56,488	
Jamestown	250,000+	**	
Johnston	\$100,457	\$21,332	
Lincoln	\$128,095	\$17,681	
Little Compton	\$179,167	\$64,715	
Middletown	\$105,772	\$11,418	
Narragansett	\$92,392	\$50,325	
New Shoreham	\$62,989	\$6,823	
Newport	\$49,781	\$31,461	
North Kingstown	\$140,873	\$9,192	
North Providence	\$80,944	\$17,912	
North Smithfield	\$104,306	\$21,402	
Pawtucket	\$63,012	\$9,807	
Portsmouth	\$180,956	\$12,014	
Providence	\$62,009	\$4,685	
Richmond	\$119,948	\$25,350	
Scituate	\$146,818	\$30,440	
Smithfield	\$152,173	\$14,515	
South Kingstown	\$119,599	\$11,801	
Tiverton	\$123,919	\$25,824	
Warren	\$119,914	\$19,409	
Warwick	\$98,301	\$4,654	
West Greenwich	\$134,746	\$16,533	
West Warwick	\$75,664	\$9,810	
Westerly	\$111,750	\$9,476	
Woonsocket	\$50,592	\$9,136	
Four Core Cities	NA	NA	
Remainder of State	NA	NA	
Rhode Island	\$96,190	\$2,554	

For source information see page 25.

Margins of Error, Children Living Below the Federal Poverty Threshold, Rhode Island, 2018-2022

CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2018-2022			
#	MARGIN OF ERROR	%	MARGIN OF ERROR
112	122	2.4%	2.57%
136	110	4.4%	3.51%
265	298	8.7%	9.72%
1,744	504	27.9%	7.34%
85	87	8.1%	8.05%
580	256	8.9%	3.82%
1,355	364	8.5%	2.22%
489	237	6.6%	3.13%
152	98	4.3%	2.71%
1,095	347	14.3%	4.25%
67	72	5.6%	5.80%
19	50	2.1%	5.52%
29	63	1.3%	2.87%
87	124	5.9%	8.32%
-	60	-	7.67%
476	350	8.8%	6.33%
209	163	4.4%	3.37%
10	43	2.2%	9.39%
299	184	9.5%	5.74%
39	73	2.4%	4.47%
-	42	-	31.11%
731	227	21.0%	5.95%
473	230	9.4%	4.46%
648	293	10.0%	4.38%
144	159	6.5%	7.07%
3,111	638	19.9%	3.84%
217	210	6.3%	6.00%
10,778	1,410	28.3%	3.45%
-	60	-	3.46%
36	74	2.3%	4.66%
17	82	0.5%	2.39%
281	161	6.1%	3.43%
128	122	5.2%	4.95%
31	80	2.4%	6.19%
987	358	6.9%	2.47%
-	60	-	5.23%
612	248	11.7%	4.53%
267	175	8.0%	5.14%
3,065	687	31.0%	6.28%
18,698	1,074	26.8%	1.43%
10,076	687	7.5%	0.50%
28,774	2,065	14.1%	1.00%

children by age, gender, race, and ethnicity. Other data (e.g., data on family structure needed for indicators on Children in Single-Parent Families and Grandparents Caring for Grandchildren) was not available in time for inclusion in this year's Factbook.

Whenever possible, Census data are updated using the data from the decennial Census; however, Census 2010 and Census 2020 were briefer surveys than Census 2000 and did not include questions on employment and education status or on income, so indicators based on these measures use the most recent data from the American Community Survey.

The U.S. Census Bureau released only experimental 2020 American Community Survey data due to a low response rate during the COVID-19 pandemic. They did not release all the detailed data tables they normally do, and they recommended caution when using these estimates.

In 2015, the U.S. Census Bureau discontinued publishing three-year estimates of the American Community Survey. Beginning with the *2016 Rhode Island KIDS COUNT Factbook*, five-year estimates are used in all indicators that had used three-year estimates in prior Factbooks.

Methodology

Margins of Error for Median Family Income and Children in Poverty

The 2018-2022 Median Family Income and Child Poverty data are estimates based on the American Community Survey, a sample survey. The reliability of estimates varies by community. In general, estimates for small communities are not as reliable as estimates for larger communities. The Margin of Error is a measure of the reliability of the estimate and is provided by the U.S. Census Bureau. The Margin of Error means that there is a 90% chance that the true value is no less than the estimate minus the Margin of Error and no more than the estimate plus the Margin of Error. Margins of Error are provided for all communities in the tables in this section.

Methodology for Children Experiencing Homelessness

The number of homeless children identified by public schools is based on the federal *McKinney-Vento Act* definition of homelessness and includes children living in emergency and transitional shelters, as well as children doubling up in homes with relatives and friends and living in hotels and motels, cars, campsites, parks, and other public places. Schools report the number of children by grade and the child's primary nighttime residence (i.e., sheltered, doubled-up, unsheltered, or in a hotel/motel). The total number of

students identified by school districts may be higher than the total for Rhode Island if students were identified as homeless by multiple school districts in which they were enrolled.

Methodology for Children with Lead Poisoning

In 2012, the Centers for Disease Control and Prevention (CDC) lowered the threshold for which a child is considered to have an elevated blood lead level from ≤ 10 $\mu\text{g}/\text{dL}$ to ≤ 5 $\mu\text{g}/\text{dL}$.

This threshold, also called a reference value, is based on the U.S. population of children ages one through five who are in the highest 2.5% of children when tested for lead in their blood. The CDC will update the reference value every four years using the two most recent National Health and Nutrition Examination Surveys (NHANES). Because no safe blood lead level in children has been identified, the CDC also will no longer use the term "level of concern" when talking about those children whose blood lead levels exceed the reference value and require case management. Instead, they will replace that term with the reference value and the date of the NHANES that was used to calculate the reference value. For more information on this policy change, see www.cdc.gov.

Rhode Island law requires providers to conduct at least two blood lead screening tests on all children between

the ages of nine and 36 months and to continue screening annually through age six.

The guidelines (which were updated in 2012 to reflect the new CDC recommendations) indicate that if either of the blood lead tests done at ages one and two is ≥ 5 $\mu\text{g}/\text{dL}$, follow up and annual screening should continue until the age of six. For those children whose blood lead tests are ≤ 5 $\mu\text{g}/\text{dL}$, the pediatrician can use the Risk Assessment Questionnaire instead of a blood lead test until the age of six, which means that not all children receive an annual blood test after age two. For those children under age six who have not been screened at least twice prior to 36 months of age, it is recommended that a blood lead test be ordered. If the blood lead level is ≥ 5 $\mu\text{g}/\text{dL}$, the child should be screened annually.

Confirmed lead data at ≥ 5 $\mu\text{g}/\text{dL}$ are based on venous tests and confirmed capillary tests only. The highest result (venous or capillary) is used. Complete confirmed lead poisoning trend data at the ≥ 5 $\mu\text{g}/\text{dL}$ reference level are only available since 2012, when state blood lead screening protocols were updated to reflect the new lower CDC threshold. Prior to 2012, confirmed lead data at the ≥ 5 $\mu\text{g}/\text{dL}$ reference value are available, but is incomplete and is limited to only those children who had a venous test. Children who

had an initial capillary test and screened positive for lead between 5 $\mu\text{g}/\text{dL}$ and 10 $\mu\text{g}/\text{dL}$ were not required to have a confirmation test prior to 2012 as their blood lead level did not exceed the old reference value of ≥ 10 $\mu\text{g}/\text{dL}$.

In late 2021, the Centers for Disease Control and Prevention lowered the threshold for which a child is considered to have an elevated blood lead level from 5 $\mu\text{g}/\text{dL}$ to 3.5 $\mu\text{g}/\text{dL}$. This new lower reference value will be used in future Factbooks.

Methodology for Youth Violence

All law enforcement agencies in Rhode Island are required to maintain a record of the nature of detentions and characteristics of the youth they arrest.

They submit this information to the Uniform Crime Reporting (UCR) Program's National Incident-Based Report System (NIBRS).

Violent offenses in this indicator include aggravated assault, simple assault, intimidation, murder and non-negligent manslaughter, negligent manslaughter, robbery, forcible rape, forcible sodomy, sexual assault with an object, and forcible fondling. Weapons law violations are also reported for juvenile arrests.

Methodology for Child Deaths due to Child Neglect and Abuse

Beginning with the 2013 Factbook, child deaths due to child neglect and

abuse are reported using data provided by the Rhode Island Department of Health. Data from previous Factbooks are not comparable due to a change in data source.

State-Operated and Charter Schools

The state-operated schools and charter schools included in each table are listed in the Source/Methodology Section next to the table. Charter schools include only independently-run charter schools and not those affiliated with a district. The New England Laborers'/Cranston Public Schools Construction Career Academy and Times2 Academy are district-affiliated charter schools, and consequently their data are reported within district categories instead of the charter school category. The Urban Collaborative Accelerated Program (UCAP) and YouthBuild Preparatory Academy are listed separately when data are available. Charter schools, state-operated schools, UCAP, and YouthBuild Preparatory Academy are not included in Four Core Cities and Remainder of State calculations.

Rhode Island Comprehensive Assessment Program (RICAS)

Starting in the 2017-2018 school year, Rhode Island began using a new statewide assessment, the *Rhode Island Comprehensive Assessment Program*

(*RICAS*). The *RICAS* is aligned to the Common Core State Standards. The English language arts *RICAS* assesses students' ability to read and comprehend complex texts, use different sources to compare and synthesize ideas, and write effectively. The math *RICAS* assesses students' ability to demonstrate mathematical reasoning and apply mathematical concepts to solve complex, real-world problems.

The percentage of students meeting expectations is the number of students who met or exceeded expectations for their grade on a specific *RICAS* assessment, divided by the number of students who took that assessment.

RICAS test results (including the number of students who opted-out of taking the test) are available for the state, district, and school levels on the Rhode Island Department of Education (RIDE) website.

The *RICAS* replaced the *Partnership for Assessment of Readiness for College and Careers (PARCC)*, which was administered in Rhode Island between 2014 and 2017. Results from the *RICAS* are not comparable with *PARCC* assessment tests.

Rhode Island totals may not be the same as the sum of the districts because results for districts with fewer than 10 students are not reported by RIDE.

An asterisk is used when there are fewer than 10 students in a category to

protect student confidentiality. These students are still counted in district totals and in the four core cities, remainder of the state, and state totals.

Due to low participation rates during the COVID-19 pandemic, 2021 *RICAS* scores should not be compared to scores from other years.

Methodology for Schools Identified for Intervention

The Rhode Island Department of Education (RIDE) classifies schools based on a Star Rating System that is comprised of a broad range of indicators including: proficiency levels on the *RICAS* English language arts and math assessments, student growth, graduation rate, English language proficiency, percentage of students exceeding expectations, student and teacher chronic absenteeism, and suspensions. In 2019, Rhode Island accountability ratings included new indicators including high school graduates' proficiency in English language arts and math and the percentage of graduating high school students who have earned college credits or credentials.

RIDE uses a one- to five-star rating. Schools with one-star ratings are low performing in multiple indicators. Schools identified for comprehensive support and improvement are designated one-star and are the lowest performing 5% of all schools receiving

Title I funds, high schools that do not graduate at least two-thirds of their students, and schools with the lowest scores on academic indicators. Schools identified as in need of Additional Targeted Support and Improvement have one or more student subgroups performing at the lowest levels in the state. Schools with five-star ratings have strong performance in all indicators.

Early Learning Centers, Pre-K programs, and preschools are not rated and therefore not included in the classifications.

Limitations of the Data

In any data collection process there are always concerns about the accuracy and completeness of the data that are collected. All data used in Factbook indicators were collected through routine data collection systems operated by different federal and state agencies. We do not have estimates of the completeness of reporting for these systems.

Methodology and References



Family Income Levels Based on the Federal Poverty Measures

The *poverty thresholds* are the original version of the federal poverty measure.

They are updated each year by the Census Bureau. The thresholds are used mainly for statistical purposes — for instance, estimating the number of children in Rhode Island living in poor families. The poverty threshold is adjusted upward based on family size and whether or not household members are children, adults, or 65 years of age and over. The 2023 federal poverty threshold was \$24,549 for a family of three with two children and \$30,900 for a family of four with two children.

The *poverty guidelines* are the other version of the federal poverty measure. They are issued each year in the Federal Register by the U.S. Department of Health and Human Services (HHS).

The poverty guidelines are a simplification of the poverty thresholds for use for administrative purposes such as determining financial eligibility for certain federal programs. Often, government assistance programs, including many of those administered by Rhode Island, use the federal poverty guidelines to determine income eligibility for public programs. The figures are adjusted upward for larger family sizes.

The phrases "Federal Poverty Level" and "Federal Poverty Line" (often abbreviated FPL) are used interchangeably and can refer to either the poverty thresholds or the poverty guidelines.

Family Income Levels Based on the 2024 Federal Poverty Guidelines

FEDERAL POVERTY GUIDELINES	ANNUAL INCOME FAMILY OF THREE	ANNUAL INCOME FAMILY OF FOUR
50% FPL	\$12,910	\$15,600
100% FPL	\$25,820	\$31,200
130% FPL	\$33,566	\$40,560
150% FPL	\$38,730	\$46,800
180% FPL	\$46,476	\$56,160
185% FPL	\$47,767	\$57,720
200% FPL	\$51,640	\$62,400
225% FPL	\$58,095	\$70,200
250% FPL	\$64,550	\$78,000

(continued from page 9)

References for Child Population

¹⁸ O'Hare, W. (2022). *New Census Bureau data show young children have a high net undercount in the 2020 Census*. Washington, DC: Count All Kids

(continued from page 11)

References for Babies

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Students from Little Compton attend high school in Portsmouth. Jamestown students can choose to attend high school in Narragansett or North Kingstown.

Students enrolled in state-operated schools, charter schools, and UCAP are not counted in totals for the four core cities or for the remainder of the state, but they are included in the Rhode Island state totals.

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Source of Data for Table/Methodology for Children Participating in School Meals

The October 2023 enrollment and number of low-income students are for the full month of October and are not comparable with the October 1, 2023 enrollment numbers reported elsewhere in the *2024 Factbook*.

“Estimated Average Daily Participation in Breakfast” is the average number of students who ate breakfast in school per school day during October 2023. “Estimated Low-Income Average Daily Participation in Breakfast” is the average number of students eligible for and enrolled in free or reduced-price meals that ate breakfast in school per school day during October 2023.

Children are counted as low-income if they are eligible for the Free or Reduced-Price Lunch Program. To participate in the Reduced-Price Breakfast Program, students' household income must fall between 130% and 185% of the federal poverty guideline. For the Free Breakfast Program, household income must fall below 130% of the federal poverty guideline. Children in foster care, households receiving SNAP benefits and households participating in the Rhode Island Works Program are automatically eligible for free meals.

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State-operated schools are William M. Davies Career & Technical High School, Metropolitan Regional Career and Technical Center, and Rhode Island School for the Deaf.

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UCAP is the Urban Collaborative Accelerated Program.

YouthBuild is the YouthBuild Preparatory Academy.

NA indicates that the school district does not serve students at that grade level. *Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These numbers are still counted in district totals and in the four core cities, remainder of the state, and state total.

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Acknowledgements

The 2024 Rhode Island KIDS COUNT Factbook was made possible by the efforts of many dedicated individuals. Rhode Island KIDS COUNT gratefully acknowledges their assistance. Special thanks to: Karina Jimenez-Lewis, Maura Cullen, and Flo Gutierrez of The Annie E. Casey Foundation for their support and technical assistance.

The Rhode Island state agency directors for their ongoing support of Rhode Island KIDS COUNT and for the work of their data and policy staff as we produce the Factbook each year. Members of the Rhode Island KIDS COUNT Factbook Advisory Committee and the State Agency Data Liaisons for their assistance in shaping the format and content of the Factbook.

Rebecca Lebeau, RI Executive Office of Health and Human Services; Samara Viner-Brown, Center for Health Data and Analysis, RI Department of Health; Kevin Slattery, RI Department of Human Services; Colleen Caron, RI Department of Children, Youth and Families; and Kenneth Gu, RI Department of Education for coordination and analysis of data from their respective departments.

Greenwood Associates for the design and layout, Gail Greenwood for the illustrations, and BioTouch for the printing of the Factbook.

The Rhode Island KIDS COUNT Board of Directors for their support.



For their technical assistance with the following sections of the Factbook:

Family and Community

Child Population, Children in Single-Parent Families, Racial and Ethnic Diversity, Racial and Ethnic Disparities: Jean D'Amico, Alicia VanOrman, Population Reference Bureau.

Babies: Ellen Amore, Blythe Berger, Kristine Campagna, Richard Lupino, Samara Viner-Brown, RI Department of Health; Allison Brindle, Patricia Flanagan, Hasbro Children's Hospital.

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Children Receiving Child Support: Frank DiBiase, Rick Mulcahey, Office of Child Support Services.

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Childhood Immunizations: Lisa Gargano, Tricia Washburn, Kathy Marceau, Dora Dumont, Samara Viner-Brown, RI Department of Health.

Access to Dental Care: Rebecca Lebeau, Kristina Martin, Jake Lamar, Rebecca Bucci, Andrielle Madison, RI Executive Office of Health and Human Services; Kathy Taylor, Samara Viner-Brown, Sam Zwetckhenbaum, Sadie DeCourcy, Hanna Kim, Karine Monteiro, Jordyn Learman, RI Department of Health; Sandeep Janyavula, HealthSource RI; Eva Marie Stahl, Community Catalyst; Colin Reusch, Children's Dental Health Project.

Children's Mental Health: Henry Sachs, Susan Thompson, Mike Montella, Jessica Gelinas, Lifespan; Mark Gloria, Butler Hospital; Tara Cooper, Kathy Taylor, Samara Viner-Brown, Karine Monteiro, Tracy Jackson, RI Department of Health; Rebecca Lebeau, Kristina Martin, Jake Lamar, Rebecca Bucci, Andrielle Madison, RI Executive Office of Health and Human Services; MacKenzie Daly, Hailey Voyer, Jamie Goulet, RI Department of Behavioral Health, Developmental Disabilities and Hospitals.

Children with Special Needs: Ruth Gallucci, David Sienko, Betty Landry, RI Department of Education; Jennifer Kaufman, Christine Robin Payne, Kim Paull, Rebecca Lebeau, RI Executive Office of Health and Human Services; Deborah Garneau, RI Department of Health.

Family Home Visiting: Sara Remington, Sidra Scharff, Kristine Campagna, Blythe Berger, Ellen Amore, Samara Viner-Brown, RI Department of Health; Allison Brindle,

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Women with Delayed Prenatal Care, Low Birthweight Infants, Infant Mortality:

Ellen Amore, William Arias, Samara Viner-Brown, RI Department of Health; Jean D'Amico, Population Reference Bureau.

Preterm Births: Ellen Amore, Richard Lupino, William Arias, Alvaro Tinajero, Samara Viner-Brown, RI Department of Health; James Padbury, Maureen Phipps, Betty Vohr, Women & Infants Hospital.

Breastfeeding: Dora Dumont, Cheyenne Seymour, Karine Monteiro, Samara Viner-Brown, RI Department of Health.

Children with Lead Poisoning: Cindy Singleton, Judah Boulet, Mike Simoli, Kerry McCartney Prout, Andrew Vitagliano, RI Department of Health; Laura Brion, Childhood Lead Action Project.

Children with Asthma: Ashley Robinette, RI Department of Health; Deborah Pearlman, Brown University School of Public Health and RI Department of Health.

Housing and Health: Sherry Dixon, National Center for Healthy Housing; Jean D'Amico, Population Reference Bureau; Cindy Singleton, Judah Boulet, Mike Simoli, Kerry McCartney Prout, Andrew Vitagliano, Ashley Robinette, Kathy Taylor, Alvaro Tinajero, Samara Viner-Brown, RI Department of Health; Deborah Pearlman, Brown University School of Public Health and RI Department of Health; Amy Rainone, Rhode Island Housing; Ruth Ann Norton, Green and Healthy Homes Initiative; Kevin Slattery, RI Department of Human Services; Betsy Stubblefield Loucks.

Child Overweight and Obesity: Midge Sabatini, RI Department of Education; Dora

Dumont, Ellen Amore, Tara Cooper, RI Department of Health; Michelle Rogers, Brown University School of Public Health; Marti Rosenberg, Melissa Lauer, Executive Office of Health and Human Services; Melissa Oliver, Child, Inc.; Karin Wetherill, RI Healthy Schools Coalition; Megan Tucker, American Heart Association/American Stroke Association; Janice O'Donnell, Recess for RI; Andrew Saal, Adriana Vargas, Providence Community Health Centers; Jane Hayward, RI Health Center Association.

Births to Teens: Ellen Amore, William Arias, Tara Cooper, Alvaro Tinajero, Samara Viner-Brown, Karine Monteiro, Tom Bertrand, Teddy Marak, Caroline Gumma, RI Department of Health; Patricia Flanagan, Hasbro Children's Hospital; Deborah Perry, YWCA of Northern RI.

Alcohol, Tobacco, Substance Use, and Exposure: Sarah Bowman, Tara Cooper, Kathy Taylor, Ellen Amore, William Arias, Samara Viner-Brown, Karine Monteiro, Kristin St. John, RI Department of Health.

Safety

Child Deaths and Teen Deaths: Tara Cooper, Kathy Taylor, Johnathan Barkley, Samara Viner-Brown, RI Department of Health; Sharon Bazor, Siobhan Catala, Brendan Ryan, RI Department of Transportation; Jean D'Amico, Population Reference Bureau.

Youth Violence: Gina Tocco, Gina Simeone, RI Department of Public Safety; Beth Bixby, Tides Family Services; Tara Cooper, Kathy Taylor, Samara Viner-Brown, RI Department of Health; Peg Votta, RI Department of Education; Michael Forte, Kevin Richard, Richard Scarpellino, Ron Pagliarini, RI Family Court.

Gun Violence: Gayatri Kunchay, Junhie Oh, Tara Cooper, Kathy Taylor, Samara Viner-Brown, RI Department of Health.

Youth and Young Adult Homelessness: Jennifer Barrera, Jenna Lutz, Tatiana Reis, RI Coalition to End Homelessness; John Wesley, RI Coalition Against Domestic Violence; Kelly Henry, Sojourner House; Michelle Duso, Power4Good; Elizabeth Bioteau, Rhode Island Housing; Eileen Botelho, Ken Gu, RI Department of Education; Colleen Caron, Brian Renzi, Jane Pellegren, Erica Nadler, Michael Burk, RI Department of Children, Youth and Families; Eric Hirsch, Providence.

Youth Referred to Family Court: Michael Forte, Kevin Richard, Richard Scarpellino, Ron Pagliarini, Sharon O'Keefe, RI Family Court; Gina Tocco, RI Department of Public Safety; Bethany Laskowski, RI Office of the Attorney General; Beth Bixby, Tides Family Services.

Youth in the Juvenile Justice System: Ashley Deckert, Larome Myrick, Colleen Caron, Jessica Nash, Jane Pellegren, Heather Dos Santos, Mary Clair-Michaud, Elizabeth Lowenhaupt, Timothy Owens, RI Department of Children, Youth and Families; Brian Renzi, Department of Administration; Beth Bixby, Tides Family Services; Bethany Laskowski, RI Office of the Attorney General; Gina Tocco, RI Department of Public Safety.

Children of Incarcerated Parents: Keith Ivone, Erin Boyar, Waverly Findlay, Ken Findlay, RI Department of Corrections.

Children Witnessing Domestic Violence: Veronica Hobbs, RI Supreme Court Domestic Violence Training and Monitoring Unit; Lucy Rios, John Wesley, Meaghan White, Krista D'Amico, RI Coalition Against Domestic Violence; Kelly Henry, Sojourner House.

Child Neglect and Abuse: Ashley Deckert, Colleen Caron, Joseph Carr, Joan Harmon, Jane Pellegren, Nicole Des Champs, Arielle Childs, Erica Nadler, Michael Burk, Kyeonghee Kim, Stephanie Terry, RI Department of Children, Youth and Families; Brian Renzi, Department of Administration; Darlene Allen, Adoption RI; Lucy Rios, John Wesley, Ian Colmer, RI Coalition Against Domestic Violence; Christine Robin Payne, Executive Office of Health and Human Services; Kathy Taylor, Samara Viner-Brown, Sara Remington, Gayatri Kunchay, Junhie Oh, RI Department of Health; Tanja Kubas-Meyer, RI Coalition for Children and Families.

Children in Out-of-Home Placement: Ashley Deckert, Colleen Caron, Erica Nadler, Jane Pellegren, Kyeonghee Kim, RI Department of Children, Youth and Families; Brian Renzi, Department of Administration; Darlene Allen, Adoption RI; Lisa Guillette, Foster Forward.

Outcomes for Children in DCYF Care: Ashley Deckert, Colleen Caron, Erica Nadler, Jane Pellegren, Joan Harmon, Michael Burk, Diane Correia, Leon Saunders, RI Department of Children, Youth and Families; Brian Renzi, Department of Administration; Darlene Allen, Adoption RI; Lisa Guillette, Foster Forward.

Education

Children Enrolled in Early Intervention: Jennifer Kaufman, Christine Robin Payne, Jim Brennan, Bill McQuade, RI Executive Office of Health and Human Services; John Kelly, Casey Ferrara, Meeting Street; Ben Lessing, Darlene Magaw, Community Care Alliance; David Caprio, Natalie Redfearn, Children's Friend; Margaret Holland-McDuff, Monique DeRoche, Family Service of RI; Carol LaFrance, Groden Center;

Acknowledgements

Valory McHugh, Carolyn Souza, Looking Upwards; Laurie Farrell, Seven Hills; Joe Robitaille, Jacqueline Ferreira Trudeau Center; Sue Hawkes, Easter Seals; Allison Brindle, Pamela High, Hasbro Children's Hospital; Leslie Bobrowski, Pat Maris, Sherlock Center at Rhode Island College.

Children Enrolled in Early Head Start and Children Enrolled in Head Start or RI Pre-K: Stacy Del Vicario, Comprehensive Community Action Program; Michelle Mathiesen, CHILD, Inc.; Tiana Ochoa, Jennifer Heywood, Maryann Finamore-Allmark, Dana Mullen, Children's Friend; Linda Laliberte, Lifan Zhong, East Bay Community Action Program; Evangeline Brennan, Casey Ferrara Meeting Street; Rhonda Farrell, Tri- County Community Action Agency; Mary Varr, Woonsocket Head Start Child Development Association; Catherine Green, RI Head Start Collaboration Office at DHS; Susan Dickstein, RI, Association for Infant Mental Health; Phyllis Lynch, Lisa Nugent, Zoe McGrath, RI Department of Education.

Licensed Capacity of Early Learning Programs, High-Quality Early Learning Programs: Nicole Chiello, Sarah Nardolillo, RI Department of Human Services; Phyllis Lynch, Lisa Nugent, Zoe McGrath, RI Department of Education; Lisa Hildebrand, Stephanie Ferreira, RIAEYC/BrightStars; Kristy Whitcomb, Julie Boutwell, Center for Early Learning Professionals; Erin Cox, Megan Ressler, Kayla Arruda LISC; Khadija Lewis Khan, Beautiful Beginnings Child Care Center; Alex Moore, Luisa de Novais, SEIU 1199; Amy Vogel, Mary Ann Shallcross Smith, Dr. Daycare/Business Owners in Childcare Association; Lori Wagner, RI Child Care Directors Association.

Children Receiving Child Care Subsidies: Kevin Slattery, Nikolaos Petropoulos, Jose Garcia, Nicole Chiello, RI Department of Human Services; Rachel Flum; Karen Schulman, National Women's Law Center; Lisa Hildebrand, RIAEYC/BrightStars; Maryann Finamore-Allmark, Children's Friend; Kim Maine, Sunshine Child Development Center; Khadija Lewis Khan, Beautiful Beginnings Child Care Center; Alex Moore, Luisa de Novais, SEIU 1199; Amy Vogel, Mary Ann Shallcross Smith, Dr. Daycare/Business Owners in Childcare Association, Lori Wagner, RI Child Care Directors Association.

Children Receiving Preschool Special Education Services: Michael Clarke, David Sienko, RI Department of Education.

Public School Enrollment and Demographics: Kenneth Gu, RI Department of Education.

Children Participating in School Meals: Jessica Patroli, Kenneth Gu, RI Department of Education; Bethany Caputo, RI Department of Human Services; Kathleen Gorman, University of RI Feinstein Center for a Hunger Free America; Andrew Schiff, RI Community Food Bank.

Out-of-School Time: Nicole Chiello, Sarah Nardolillo, Kevin Slattery, Nikolaos Petropoulos, Jose Garcia, RI Department of Human Services; Jan Mermin, RI Department of Education; Marlene Guay, Roshni Darnal, Larry Warner, United Way of RI; Lisa Hildebrand, RIAEYC/BrightStars, Carlene Fonseca, RI Afterschool Network.

Multilingual Learners: Kenneth Gu, David Sienko, Flavia Molea Baker, RI Department of Education.

K-12 Students Receiving Special Education Services: Michael Clark, David Sienko, RI Department of Education.

Student Mobility: Kenneth Gu, Peg Votta, RI Department of Education.

Reading Skills: Kenneth Gu, Ana Karantonis, Phyllis Lynch, Lisa Foehr, RI Department of Education.

Math Skills: Kenneth Gu, Ana Karantonis, Phyllis Lynch, Lisa Foehr, RI Department of Education.

Science Skills: Kenneth Gu, RI Department of Education.

Arts Education: Maggie Anderson; Emma Becker; Carolyn Bennett, RI Department of Education; Seamus Hames, Rhode Island State Council on the Arts.

Schools Identified for Intervention: Kenneth Gu, Rachel Peterson, RI Department of Education.

Chronic Early Absence: Kenneth Gu, Rachel Peterson, RI Department of Education

Chronic Absence, Middle School and High School: Kenneth Gu, Rachel Peterson, Mario Goncalves, RI Department of Education.

Suspensions: Kenneth Gu, RI Department of Education.

High School Graduation Rate: Kenneth Gu, Rachel Peterson, Scott Gausland, RI Department of Education.

College Preparation & Access and College Enrollment & Completion: Kenneth Gu, Rachel Peterson, Scott Gausland, Peg Votta, RI Department of Education.

Teens Not in School and Not Working: Jean D'Amico, Alicia VanOrman, Population Reference Bureau.

Poetry Credits

"Rhode Island" by Saumya Gupta, Grade 3, Barrington

"My Backyard" by Ivan Nanson, Grade 6, Warren

"Chyrel of the Light" by Max Cartier, Grade 8, Bristol

"Reality" by Favour Bello, Grade 12, Providence

"Wise" Mia Malo, Grade 9, Warren

"Youth Powered" by Wujuudat Balogun, Grade 12, Providence



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