2023 Rhode Island KIDS COUNT Factbook

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, Hasbro Children's Fund, Neighborhood Health Plan of Rhode Island, Blue Cross & Blue Shield of Rhode Island, Delta Dental of Rhode Island, UnitedHealthcare Community Plan, Tufts Health Plan/Point32Health, CVS Health, The David and Lucile Packard Foundation, Robert Wood Johnson Foundation, Pritzker Children's Initiative, and Georgetown University's Center for Children and Families.

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 2023 Rhode Island KIDS COUNT Factbook are available for $20.00 per copy. Reduced rates are available for bulk orders. To receive copies of the Factbook, please contact:

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2023 Rhode Island KIDS COUNT Factbook
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2023 Rhode Island KIDS COUNT Factbook

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Overview

Somebody Loves You!!!

Anonymous

This poem is for the times you may be feeling down
It's something you can look to when you feel no one is around

Being here seems unjust and rough
But your higher power is pushing to be tough

Always remember you're someone, you'll see that while you're here
And someone always loves you, whether it's a new friend or someone you hold dear

The past, the present is you
and the future . . . well that's what you choose to do

In life, good not just bad things are bound to happen
So don't doubt everything. Life is like a ship . . . a lot of crew but only one captain

In closing I'd like to say this,
With this poem I send a hug and a kiss

Look to God and he'll see you through
And try to look in the mirror and say . . .

. . .Somebody Loves You

The *2023 Rhode Island KIDS COUNT Factbook* is the twenty-ninth 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, policy makers, advocates, and others working toward changes that will improve the quality of life for all children.

The *2023 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 percentages 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 *2023 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 *2023 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.

The Impact of the COVID-19 Pandemic on Rhode Island Children

The COVID-19 pandemic hit Rhode Island hard, and low-income families and Families of Color in marginalized communities were hit the hardest both by the disease itself and by the resulting economic crisis, which exacerbated longstanding racial and ethnic disparities. The *2021 Rhode Island KIDS COUNT Factbook* highlighted the early effects of the pandemic on Rhode Island children and families, and the *2022 Factbook* provided an even more complete picture of the devastating effects of the pandemic on children and families' economic well-being, physical and mental health, safety, access to education, and educational outcomes. This year, we examine how children and families are faring during the continuing workforce crisis, as some of the protections put in place during the pandemic are beginning to be pulled back (e.g., free school meals for all) and provide recommendations for how the federal and state government, school districts, and community agencies can continue to support children and families and target this support most effectively.

Child Poverty is Concentrated in Four Core Cities

Poverty is linked to every KIDS COUNT indicator. Rhode Island's child poverty rate was 15.2% between 2017 and 2021, during which time 31,854 children were living in families with incomes below the federal poverty threshold. Between 2017 and 2021, almost two-thirds (64%) 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.

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

Mother's

by Arianna Pena Acosta

Mother, Mama, Mami
I call your name in every way I know how,
like you told me If I need you,
You would be around.
Safe in your arms I feel, dentro de tu brazo se que eres mía.
My fiercest protector, my biggest defender
I know that this bond is just nuestro.
Cuando las cosas se ponen oscuras y malas tu luz aclaras.
A parent is what I needed.
a parent is what you gave.
I hope someday I can do the same.
Mother, keep showing me the way
because I know I will always need you
and that will never change.

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 2017 and 2021, there were 118,465 households with children under age 18 in Rhode Island, representing 28% of all households.[4] Between 2017 and 2021, 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 2017 and 2021, 124,467 (59%) children under age 18 lived in married-couple households, 66,397 (31%) children lived in single-parent households, and 17,257 (8%) children lived with relatives, including grandparents. A total of 3,928 (2%) children lived with foster families or other non-relative heads of household. There were 568 (<1%) children and youth under age 18 who lived in group quarters and 46 (<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. Hispanics make up 25% of children under age 18 in the United States and 27% of children under age 18 in Rhode Island.[9,10,11]

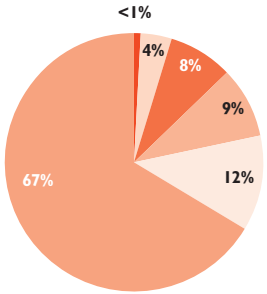
Between 2017 and 2021, there were 10,336 foreign-born children under the age of 18 living in Rhode Island, representing approximately 5% of the child population.[12] Of Rhode Island children ages five to 17, 77% speak only English at home, 17% speak Spanish, 4% speak other Indo-European languages, 2% speak Asian or Pacific Island languages, and 1% speak other languages at home.[13]

Sexual orientation and gender identity are other important facets of diversity among youth. According to the *2021 Youth Risk Behavior Survey*, 16% of high school students in Rhode Island described themselves as lesbian, gay, or bisexual. This does not include students who responded "not sure" (5%). Among high school students, 3% described themselves as transgender, and 3% said they were "not sure."[14]

Rhode Island Children Under Age 18, 2017-2021

By Race/Ethnicity*

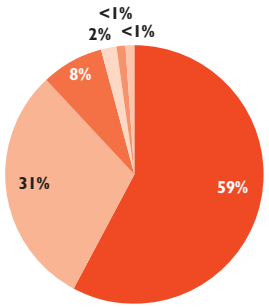
<1%	American Indian and Alaska Native
4%	Asian
8%	Black
9%	Some Other Race
12%	Two or More Races
67%	White



n=212,663

By Family Structure

59%	Married-Couple**
31%	Single-Parent**
8%	Other Relatives
2%	Foster Family or Other Unrelated Household
<1%	Group Quarters
<1%	Child is Head of Household



n=212,663

**Hispanic children may be included in any race category. Of Rhode Island's 212,663 children, 56,996 (27%) were Hispanic.*

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

Source: U.S. Census Bureau, American Community Survey, 2017-2021. Tables B01001A, B01001B, B01001C, B01001D, B01001E, B01001F, B01001G, and B01001I.

Source: U.S. Census Bureau, American Community Survey, 2017-2021. Tables B09001, B09002, and B09018.

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.[15,16]**

◆ **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.[17] 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.[18,19]**

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%
Burriville	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

[1,16] U.S. Census Bureau, Census 2020. Table P2 and Table P4.

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

[3,15] U.S. Census Bureau, Census 2010 Summary File 1. Table DP-1.

[4] U.S. Census Bureau, American Community Survey, 2017-2021. Table DP02.

[5] U.S. Census Bureau, American Community Survey, 2017-2021. Table B01001.

[6] U.S. Census Bureau, American Community Survey, 2017-2021. Table B09002.

[7] U.S. Census Bureau, American Community Survey, 2017-2021. Table B09018.

[8] U.S. Census Bureau, American Community Survey, 2017-2021. Table B09001.

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

[10] 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.

[11] U.S. Census Bureau, American Community Survey, 2017-2021. Table B01001I.

[12] U.S. Census Bureau, American Community Survey, 2017-2021. Table B05003.

[13] U.S. Census Bureau, American Community Survey, 2017-2021. Table B16007.

[14] *2021 Youth Risk Behavior Survey,* Rhode Island Department of Health.

[17] *2020 Census: Counting everyone once, only once, and in the right place.* (2018). Washington, DC: U.S. Census Bureau.

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Babies

DEFINITION

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

SIGNIFICANCE

Births have been declining for most of the past decade, both nationally and in Rhode Island. In 2021, the U.S. general fertility rate was 56.3 births per 1,000 women ages 15 to 44, the first increase since 2014. Rhode Island has 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.[1,2]

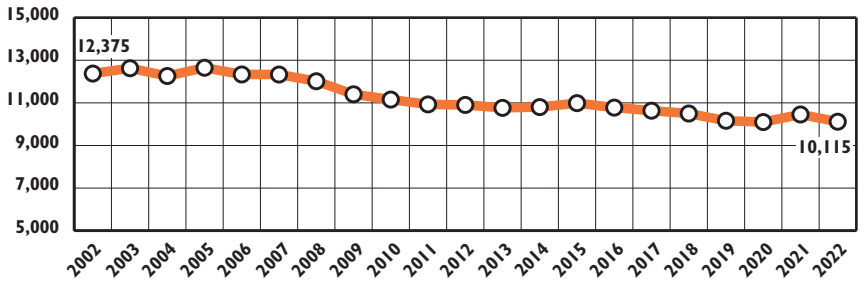
Nationally, fertility rates have declined across all racial and ethnic groups; however, Black and Hispanic women have higher fertility rates than other groups.[3,4] Fertility rates, as well as immigration, an increase in multiracial marriages, and the proportion of women of childbearing age among racial and ethnic groups has led to an increasingly diverse child population, both in Rhode Island and nationally.[5] In 2020 in Rhode Island, 46% 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, 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. High-quality early childhood programs 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. Birth data for 2022 is provisional.

◆ **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 2021, with 13.9 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]

Births by Key Risk Factors, Rhode Island, 2022

◆ **All babies born in Rhode Island are screened through the Rhode Island Department of Health's Newborn Risk Assessment Program. In 2022, there were 6,346 newborns (65%) who had developmental, socio-economic and/or health factors that potentially put them at risk for poor outcomes later in life. Babies in families considered "at risk" are referred to First Connections at the Department of Health to help support healthy child development.**[17,18,19]

◆ **Of the 9,691 babies born in Rhode Island in 2022, 4,029 (42%) had a mother with a documented history of treatment for mental health conditions, 751 (8%) had a mother with a documented history of substance use disorders, and 267 (3%) had a mother with documented involvement in the child welfare system (either as an adult or as a child).**[20]

Table 2.

Babies, Rhode Island, 2022

CITY/TOWN	# OF BABIES BORN TO FAMILIES WITH MEDICAID/RITECARE	# OF BABIES BORN TO MOTHERS YOUNGER THAN AGE 20	# OF BABIES BORN WHO SCREENED RISK POSITIVE	TOTAL # OF BIRTHS
Barrington	11	0	41	114
Bristol	26	0	70	127
Burrillville	36	0	63	110
Central Falls	213	16	236	275
Charlestown	13	0	27	51
Coventry	91	5	198	327
Cranston	267	14	474	754
Cumberland	63	5	141	294
East Greenwich	15	*	53	141
East Providence	142	10	265	418
Exeter	11	0	22	49
Foster	11	*	23	38
Glocester	12	0	44	70
Hopkinton	8	0	24	55
Jamestown	*	*	8	19
Johnston	87	*	167	263
Lincoln	51	*	109	193
Little Compton	*	0	*	7
Middletown	36	*	65	138
Narragansett	13	0	34	65
New Shoreham	*	0	6	10
Newport	84	6	127	190
North Kingstown	35	*	90	204
North Providence	94	*	191	311
North Smithfield	17	0	40	79
Pawtucket	464	33	622	805
Portsmouth	21	*	49	111
Providence	1,440	130	1,780	2,245
Richmond	17	*	37	89
Scituate	16	*	39	86
Smithfield	32	*	77	157
South Kingstown	35	5	73	159
Tiverton	19	*	39	62
Warren	23	0	49	80
Warwick	171	16	382	663
West Greenwich	7	*	26	48
West Warwick	105	9	183	274
Westerly	47	*	84	142
Woonsocket	304	16	384	468
Four Core Cities	*2,421*	*195*	*3,022*	*3,793*
Remainder of State	*1,624*	*102*	*3,324*	*5,898*
Rhode Island	*4,045*	*297*	*6,346*	*9,691*

Source of Data for Table/Methodology

Rhode Island Department of Health, KIDSNET Database, 2022. Birth data from 2022 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.

"Babies who Screened Risk Positive" are newborns who had one or more developmental, socio-economic, and/or health factors that potentially put them at risk for later poor outcomes in the Rhode Island Department of Health's Newborn Risk Assessment Program.

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

References

[1,3,16] 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.

[2] The Pew Charitable Trusts. (2022). *The long-term decline in fertility—and what it means for state budgets.* Retrieved February 9, 2023, from pewtruwsts.org

[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

[7] Parker, T. (2022). *The cost of raising a child in the United States.* Retrieved February 9, 2023, from www.investopedia.com

[8] Gibb, H. & Hirsh-Pasek, K. (2022). *Limited family support policies create a powder keg for our nation's future.* Retrieved February 9, 2023, from www.brookings.edu

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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 190,864 children living with one or more parents in Rhode Island between 2017 and 2021. Of these, 35% (66,397) were living with an unmarried parent, down from 36% of children between 2012 and 2016.[1,2]

Between 2017 and 2021, 76% 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 2017 and 2021 in Rhode Island, 32% of children in single-parent families lived in poverty, compared to 6% 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 2017 and 2021, the median family income for married two-parent families ($116,567) was twice that of male-headed single-parent families ($56,827) and more than three times that of female-headed single-parent families ($35,658).[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]

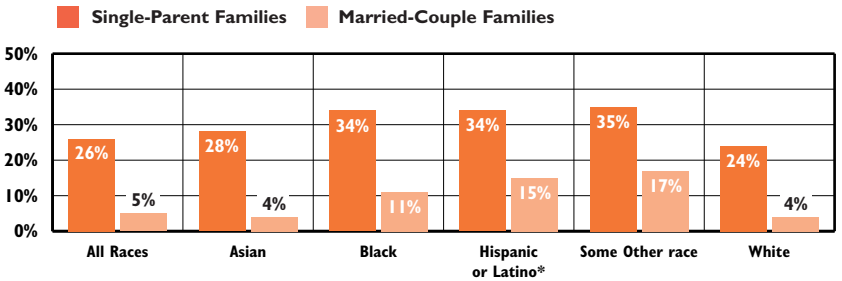
Single-Parent Families

	2011	2021
RI	38%	37%
US	35%	34%
National Rank*		*41st*
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, 2017-2021



Source: U.S. Census Bureau, American Community Survey, 2017-2021. Tables B17010, B17010A, B17010B, B17010D, B17010F, B17010I. *Hispanic or Latino may be in any race category.

◆ **Hispanic and Black single-parent families in Rhode Island are almost one and a half times as likely as white single-parent families to live in poverty. Hispanic and Black married-couple families 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 proportion of births to unmarried families in the U.S. has decreased and has been close to 40% since 2009.[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]**

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.

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.

References

[1] U.S. Census Bureau, American Community Survey, 2017-2021. Table B09002.

[2] U.S. Census Bureau, American Community Survey, 2012-2016. Table B09002.

[3] U.S. Census Bureau, American Community Survey, 2017-2021. Table B17006.

[4] U.S. Census Bureau, American Community Survey, 2017-2021. Table B17010.

[5] U.S. Census Bureau, American Community Survey, 2017-2021. Table B19126.

[6] The Annie E. Casey Foundation, (2022, August 1). Child Well-Being in Single-Parent Families. [Blog]. Retrieved January 18, 2023, from www.aecf.org

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[9] U.S. Census Bureau, American Community Survey, 2017-2021. Tables B17010, B17010A, B17010B, B17010D, B17010F, B17010I.

[10] Pew Research Center (2018). *The changing profile of unmarried parents: A growing share are living with a partner.*

(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]

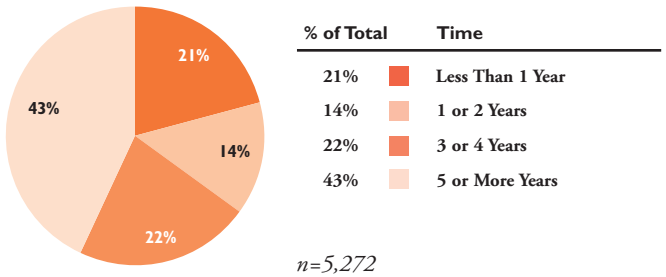
Twice as many grandmothers are involved in raising grandchildren than grandfathers. Forty percent of grandmother-only caregivers live below the poverty line, and 76% receive public assistance. Nearly one in five grandparent caregivers lives in poverty.[4,5]

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, 2017-2021



n=5,272

Source: U.S. Census Bureau, American Community Survey, 2017-2021. Table B10050.

◆ **Between 2017 and 2021, there were a total of 13,316 children in Rhode Island living in households headed by grandparents.[13] During this time period, there were 5,272 grandparents who were financially responsible for their grandchildren, 65% of whom had been financially responsible for three or more years.[14]**

◆ **In the 2010 Census, 6% (13,968) of all children in Rhode Island lived with a grandparent caregiver and 2% (4,398) lived with other relatives.[15]**

◆ **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.[16] 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.[17] On December 31, 2022, there were 669 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 43% of all children in out-of-home placements in Rhode Island.[18]**

◆ **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.[19] Rhode Island is one of 40 states with a Guardianship Assistance Program that provides financial assistance payments to grandparents and other relative caregivers who assume legal guardianship.[20]**

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 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%
North Providence	5,481	0	0%	81	1%	131	2%	3,266	60%	1,625	30%	378	7%
North Smithfield	2,456	0	0%	40	2%	13	1%	1,831	75%	476	19%	96	4%
Pawtucket	16,550	17	<1%	239	1%	460	3%	7,488	45%	7,118	43%	1,228	7%
Portsmouth	3,940	2	<1%	47	1%	24	1%	2,977	76%	718	18%	172	4%
Providence	41,497	41	<1%	632	2%	1,663	4%	16,931	41%	19,136	46%	3,094	7%
Richmond	1,836	0	0%	32	2%	16	1%	1,437	78%	247	13%	104	6%
Scituate	2,272	0	0%	24	1%	22	1%	1,731	76%	356	16%	139	6%
Smithfield	3,615	2	<1%	46	1%	29	1%	2,802	78%	572	16%	164	5%
South Kingstown	5,364	0	0%	81	2%	31	1%	3,951	74%	1,053	20%	248	5%
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.

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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[1] *Together at the table: Supporting the nutrition, health, and well-being of grandfamilies.* (2022). Washington, DC Generations United.

[2,5,12] Lent, J. P., & Otto, A. (2018). Grandparents, grandchildren, and caregiving: The impacts of America's substance use crisis. *Generations 42*(3), 15-22.

[3,6,16] *In loving arms: The protective role of grandparents and other relatives in raising children exposed to trauma.* (2017). Washington, DC: Generations United.

[4] Peterson, T. L. (2018). Grandparents raising grandchildren in the African American community. *Generations, 42*(3), 30-36.

[7,8,10] Advisory Council to Support Grandparents Raising Grandchildren. (2021) *Supporting Grandparents Raising Grandchildren (SGRG) Act.* Initial Report to Congress.

[9] Walsh, W. A., & Mattingly, M. J. (2014). *Related foster parents less likely to receive support services compared with nonrelative foster parents.* Durham, NH: Carsey School of Public Policy, University of New Hampshire.

[11] *A place to call home: Building affordable housing for grandfamilies.* (2019). Washington, DC: Generations United.

[13] U.S. Census Bureau, American Community Survey, 2017-2021. 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 2017 and 2021, babies born to mothers with a high school degree or less had a higher infant mortality rate (5.5 per 1,000) than babies born to mothers with more advanced education (3.3 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 2017 and 2021, women with bachelor's degrees in Rhode Island earned twice as much as those with less than a high school diploma and 1.7 times more than women with a high school diploma.[9]

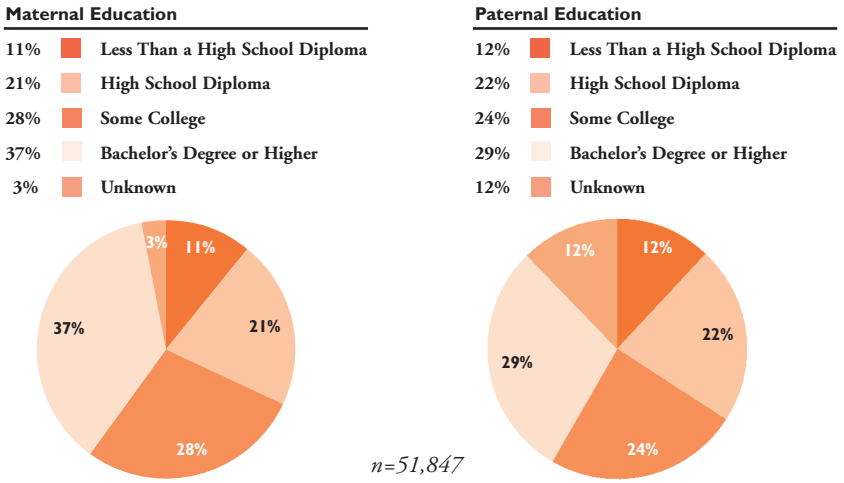
Between 2017 and 2021, 11% of Rhode Island births were to mothers with less than a high school diploma and 65% were to mothers with at least some college education.[10] Nationally in 2021, 11% of children under age 18 lived in families in which the head of household had less than a high school diploma, 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, 2017-2021

RACE/ETHNICITY	% OF BIRTHS
All Races	11%
American Indian	23%
Asian	7%
Black	12%
Hispanic	25%
White	7%

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2017-2021.

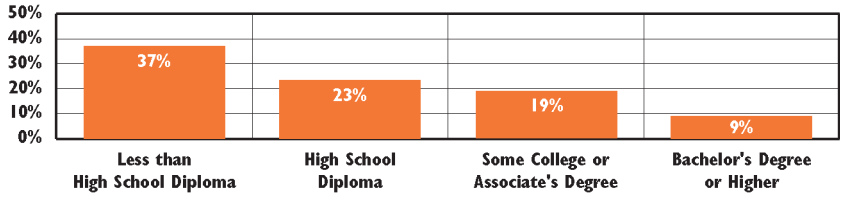
Births by Parental Education Levels, Rhode Island, 2017-2021



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2017-2021. Percentages may not sum to 100% due to rounding.

◆ **In Rhode Island between 2017 and 2021, 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, 2017-2021



Source: U.S. Census Bureau, American Community Survey, 2017-2021. Table S1702.

◆ **In Rhode Island between 2017 and 2021, 37% of families headed by single women with less than a high school diploma lived in poverty, compared with 9% of those with a bachelor's degree or higher.[13]**

Table 5.

Births by Education Level of Mother, Rhode Island, 2017-2021

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	567	456	80%	61	11%	24	4%	5	*
Bristol	679	361	53%	186	27%	91	13%	29	4%
Burrillville	650	241	37%	234	36%	133	20%	28	4%
Central Falls	1,540	116	8%	368	24%	474	31%	505	33%
Charlestown	270	128	47%	70	26%	47	17%	14	5%^
Coventry	1,463	641	44%	481	33%	250	17%	59	4%
Cranston	3,797	1,617	43%	1,117	29%	682	18%	282	7%
Cumberland	1,713	1,007	59%	375	22%	202	12%	56	3%
East Greenwich	551	430	78%	70	13%	28	5%	7	*
East Providence	2,247	901	40%	677	30%	443	20%	159	7%
Exeter	237	138	58%	46	19%	33	14%	13	6%^
Foster	205	91	44%	68	33%	32	16%	8	*
Glocester	345	167	48%	121	35%	45	13%	4	*
Hopkinton	334	156	47%	93	28%	64	19%	13	4%^
Jamestown	136	99	73%	25	18%	6	*	3	*
Johnston	1,338	509	38%	428	32%	282	21%	81	6%
Lincoln	898	492	55%	227	25%	118	13%	39	4%
Little Compton	76	51	67%	18	24%	2	*	0	*
Middletown	805	435	54%	188	23%	127	16%	47	6%
Narragansett	266	159	60%	62	23%	32	12%	8	*
New Shoreham	25	9	36%^	11	44%^	3	*	1	*
Newport	1,092	495	45%	210	19%	208	19%	161	15%
North Kingstown	1,098	672	61%	236	21%	127	12%	45	4%
North Providence	1,576	628	40%	528	34%	273	17%	101	6%
North Smithfield	469	239	51%	142	30%	60	13%	10	*
Pawtucket	4,417	956	22%	1,412	32%	1,214	27%	620	14%
Portsmouth	665	442	66%	153	23%	50	8%	11	2%^
Providence	11,913	2,585	22%	3,066	26%	3,049	26%	2,630	22%
Richmond	307	159	52%	87	28%	47	15%	7	*
Scituate	432	234	54%	123	28%	53	12%	13	3%^
Smithfield	734	408	56%	216	29%	78	11%	16	2%^
South Kingstown	830	546	66%	153	18%	76	9%	32	4%
Tiverton	565	260	46%	184	33%	77	14%	25	4%
Warren	419	199	47%	133	32%	66	16%	17	4%^
Warwick	3,620	1,686	47%	1,120	31%	612	17%	138	4%
West Greenwich	247	134	54%	71	29%	35	14%	5	*
West Warwick	1,512	406	27%	559	37%	389	26%	127	8%
Westerly	907	397	44%	259	29%	173	19%	54	6%
Woonsocket	2,668	383	14%	770	29%	882	33%	532	20%
*Unknown***	*234*	*80*	*34%*	*76*	*32%*	*48*	*21%*	*24*	*11%*
Four Core Cities	*20,538*	*4,040*	*20%*	*5,616*	*27%*	*5,619*	*27%*	*4,287*	*21%*
Remainder of State	*31,075*	*14,993*	*48%*	*8,732*	*28%*	*4,968*	*16%*	*1,618*	*5%*
Rhode Island	*51,847*	*19,113*	*37%*	*14,424*	*28%*	*10,635*	*21%*	*5,929*	*11%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2017-2021. 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 2017 and 2021, maternal education levels were unknown for 1,746 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.

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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. 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 2021, 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]

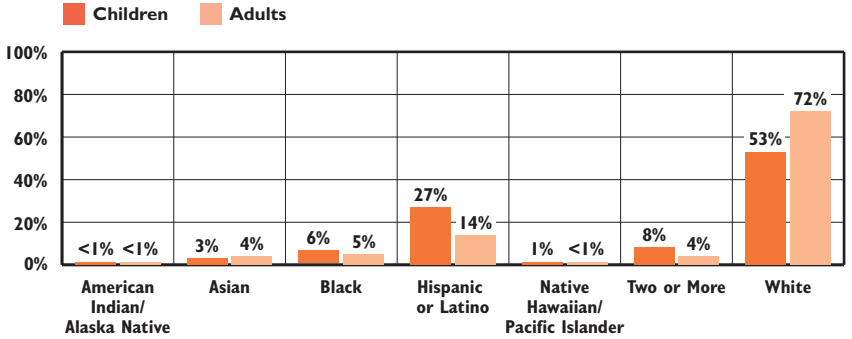
In 2020, more than two-thirds (68%) of all Children of Color in Rhode Island lived in the four core cities of Central Falls, Pawtucket, Providence, and Woonsocket. More than three-quarters (77%) of children living in the four core cities were Children of Color.[9]

Between 2017 and 2021, there were 10,336 foreign-born children living in Rhode Island, 24% of whom were naturalized U.S. citizens.[10] Of Rhode Island's immigrant children, 41% were born in the Caribbean, 21% were born in Asia, 21% were born in Central or South America, 12% were born in Africa, 3% were born in Europe, and 1% were born in North America (Canada or Mexico).[11]

Between 2017 and 2021, 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, and 2% spoke Asian and Pacific Island 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 2017 and 2021, 56% of American Indian and Alaska Native, 30% of Hispanic, and 25% of Black children in Rhode Island lived in poverty, followed by 12% of Asian children and 10% of white children.[15]**

◆ **In 2021, 28% of children in Rhode Island lived in immigrant families, which is somewhat higher than the U.S. rate of 25%. Nationally, nearly all children in immigrant families (97%) have parents who have been in the United States 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: AMERICAN INDIAN AND ALASKA NATIVE	ASIAN	BLACK	HISPANIC OR LATINO	NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER	SOME OTHER RACE	TWO OR MORE RACES	WHITE	2020 POPULATION UNDER AGE 18
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.

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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 Alaska Native, 3% were Asian, 6% were Black or African American, 27% were Hispanic or Latino, less than 1% were Native Hawaiian or Other Pacific Islander, 1% were Some other race, 8% were Two or more races, and 53% were 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 2017 and 2021, 15% of all Rhode Island children lived in poverty, 76% of whom were Children of Color.[4]

Black, Latino, and American Indian 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, 16% of Black children and 13% 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 percentages 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 American Indians 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. 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 disparities in wealth continue to persist between families in different racial and ethnic groups.[11] Children in immigrant families (defined as children living with at least one foreign-born parent) also face additional barriers. In 2021, 28% (58,000) of Rhode Island children were living in immigrant families. More than half (54%) of Rhode Island's Hispanic children live in an immigrant family.[12,13]

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.[14,15] 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.[16]

- **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.[17] 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.[18,19]

- **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.[20,21,22]

- **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.[23] 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.[24,25]

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	15%	56%	12%**	25%	30%*	12%**	10%
Births to Mothers with <12 Years Education	11%	23%	7%	12%	25%	24%^	7%
Unemployment Rate	3.5%	NA	NA	5.0%	6.0%	NA	3.0%
Median Family Income	$95,198	$40,053	$108,345	$69,481	$52,473	$43,692	$103,555
Homeownership	62%	22%	50%	34%	36%	14%	67%

Sources: *Children in Poverty* data are from the U.S. Census Bureau, American Community Survey, 2017-2021. Tables S1701, B17020A, B17020B, B17020C, B17020D & B17020I. **Data is for Asian/Pacific Islanders *Maternal Education* data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2017-2021 (race data is non-Hispanic). *Unemployment Rate* data are from the Bureau of Labor Statistics, Local Area Unemployment Statistics, 2022. *Median Family Income* data are from the U.S. Census Bureau, American Community Survey, 2017-2021, Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113E & B19113I. *Homeownership* data are from the U.S. Census Bureau, American Community Survey, 2017-2021, 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 2017 and 2021 in Rhode Island, 15% of all children, 56% of American Indian children, 30% of Hispanic children, 25% of Black children, 12% of Asian/Pacific Islander children, and 10% of white children lived in families with incomes below the federal poverty threshold.[26]**

◆ **In 2022 in Rhode Island, the unemployment rate was 6.0% for Hispanic workers, 5.0% for Black workers, and 3.0% for white workers. Nationally, the unemployment rate was 6.1% for Black workers, 4.3% for Hispanic workers, and 3.2% for white workers.[27]**

◆ **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.[28]**

◆ **In Rhode Island, white residents have a homeownership rate almost double the rate of Black and Latino residents, and higher than Asian residents.[29] About 40% of Black and Latino homeowners experience cost burdens and 17% of Black homeowners spend more than 50% of their income on housing.[30] Nationally, median Black and Latino households would require 242 and 94 years respectively to gain wealth equal to that of white families.[31]**

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	2.5%	NA	2.0%	2.5%	3.7%	NA	1.8%
Women with Delayed or No Prenatal Care	15.9%	21.7%	17.9%	21.5%	18.4%	44.4%^	13.2%
Low Birthweight Infants	7.6%	10.5%	8.2%	11.3%	8.0%	*	6.6%
Infant Mortality (per 1,000 live births)	5.1	*	5.6^	10.6	6.2	0.0	2.9
Any Infant Breastfeeding	73%	62%	81%	64%	65%	71%	77%
Combined Overweight and Obesity	39%	NA	NA	46%	50%	NA	33%

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2017-2021 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, 2021, 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, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Department of Health, 2022. NA data not available. *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.

◆ **Rhode Island ranks fourth in the nation for childen'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	BLACK	HISPANIC	WHITE
Youth at the Training School (per 1,000 youth ages 13-18)	2.1	7.4	0.4	7.9	4.9	0.7
Children of Incarcerated Parents (per 1,000 children)	11.1	22.1	2.0	57.1	10.8	8.1
Children in Out-of-Home Placement (per 1,000 children)	8.1	7.4	1.7	14.8	8.2	7.2

Sources: *Youth at the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, Calendar Year 2022. *Children of Incarcerated Parents* data are from the Rhode Island Department of Corrections, September 30, 2022 and reflect the race of the incarcerated parent (includes only the sentenced population). *Children in Out-of-Home Placement* data are from the Rhode Island Department of Children, Youth and Families, RICHIST Database, December 31, 2022. Population denominators used for *Youth at the Training School* are youth ages 13 to 18 by race from the U.S. Census Bureau, Census 2010, SF1. Population denominators used for *Children of Incarcerated Parents* and *Children in Out-of-Home Placement* 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.**[39,40]

◆ **During 2022 in Rhode Island, Black youth were 11 times more likely to be at the Rhode Island Training School compared to white youth and were four times more likely compared to youth of all races. American Indian/Alaska Native youth were 10 times more likely and Hispanic youth were seven times more likely to be at the Training School compared to white youth. While Black youth have remained 11 times more likely to spend time at the Rhode Island Training School compared to white youth for the past three years, 2022 saw a considerable increase in the rate of Hispanic and American Indian/Alaska Native youth.**[41]

◆ **In Rhode Island on December 31, 2022, Black children were both more likely than white youth and youth of all races to be put in out-of-home placements through the child welfare system. Asian and white children were less likely to be placed out-of-home.**[42]

Education Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	ASIAN+	BLACK	HISPANIC	NATIVE AMERICAN	WHITE
3rd Grade Students Meeting Expectations in Reading	37%	52%	22%	19%	12%	48%
3rd Grade Students Meeting Expectations in Math	35%	56%	23%	18%	14%	46%
Four-Year High School Graduation Rates	83%	92%	80%	77%	69%	87%
Immediate College Enrollment Rates	63%	72%	61%	51%	42%	68%
% of Adults Over Age 25 With a Bachelor's Degree or Higher	35%	55%	25%	16%	19%	37%

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)*, 2022. *Four-Year High School Graduation Rates* data are from the Rhode Island Department of Education, Class of 2022. *Immediate College Enrollment Rates* data are from the Rhode Island Department of Education, Class of 2022. *Adult Educational Attainment* data are from the U.S. Census Bureau, American Community Survey, 2017-2021, 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.**[43] **In October 2021, 47% of Rhode Island public school students identified as Students of Color while 88% of Rhode Island public school educators identified as white.**[44]

◆ **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.**[45,46]

◆ **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 2021-2022 school year, Native American (51%), Hispanic (49%), and Black (39%) K-12 students had higher rates of chronic absence than Asian (27%) and white (27%) students.**[47]

◆ **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.**[48]

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.[49] 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.[50]**

◆ **Cambodians make up the largest Southeast Asian population in Rhode Island. Providence has the eighth highest Cambodian population (8,000) in the United States.[51,52]**

◆ **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.[53,54]**

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.[55]**

◆ **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.[56,57]**

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).[58]**

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.[59] Rhode Island was the third state in the country to pass this law.[60]**

◆ **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

In Hopes of Living the Dream

by Pauline Perkins-Moye

Am I living the Dream?
Or am I just Dreaming
  about Living the Dream
I wake up to reality
And I find that the world looks different for me

I'm trying to live the dream
Tain't easy you know
Many obstacles are in my way
Not sure which way to go

I live in a place that's not very good
Way out here in this depressed neighborhood
But I have hope and faith
  that all is not doom and gloom
I will rise up someday
  and move out of this room

Can I live the dream
where the future looks bright?
For my children
So they can live the dream
Without have to put up a fight

I can't wait for the day to come
When someone ask me
how am I doing and I can beam
and say "Oh, I'm Just Living the Dream"

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 2021, the median family income for Rhode Island families with their own children was $87,553.[1]

Between 2017 and 2021, in Rhode Island, the median family income for married two-parent families ($116,567) was twice that of male-headed single-parent families ($56,827) and more than three times that of female-headed single-parent families ($35,658).[2]

Prior to the COVID-19 pandemic in 2019, Rhode Island's unemployment rate was 3.5%, before increasing to 9.3% in 2020 and falling back to 3.5% in 2022. Rhode Island continues to have gaps in unemployment rates by race and ethnicity. In 2022, the unemployment rate was 6.0% for Hispanic workers, 5.0% for Black workers, and 3.0% for white workers.[3,4,5]

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.[6] 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.[7,8] 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.[9]

In the U.S., income inequality has grown substantially since the 1970s.[10] In 2018 in Rhode Island, the top 1% of households held almost 17% of total income. Rhode Island has the 29th highest income inequality of the 50 states based on the share of income held by the top 1% of households.[11]

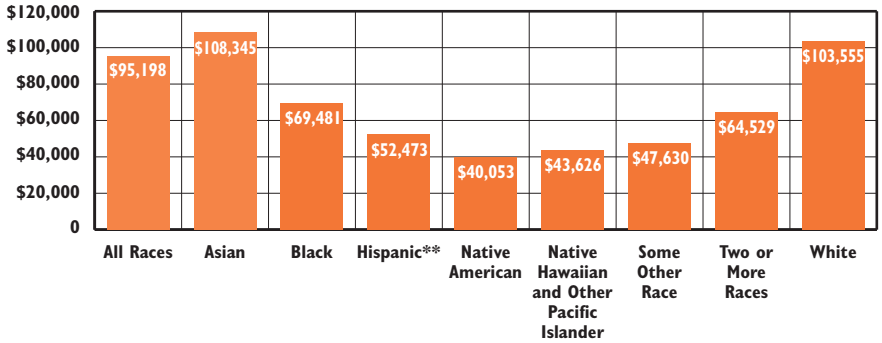
Median Family Income

	2021
RI	$90,300
US	$84,200
National Rank*	*17th*
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, 2017-2021*



Source: U.S. Census Bureau, American Community Survey, 2016-2020. 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 much higher than that of Black, Hispanic, Native American, and Native Hawaiian and other Pacific Islander families, and families of Some other race or Two or more races.[12]**

◆ **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, almost one in six Black adults, and nearly one in 10 white adults lack a high school diploma.[13]**

◆ **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.[14]**

◆ **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.[15]**

Table 7. **Median Family Income, Rhode Island, 2017-2021**

CITY/TOWN	2017-2021 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18	
	ESTIMATES WITH HIGH MARGINS OF ERROR*	ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR
Barrington		$153,625
Bristol		$133,963
Burrillville		$111,786
Central Falls		$36,196
Charlestown		$85,571
Coventry		$108,622
Cranston		$89,679
Cumberland		$119,769
East Greenwich		$190,170
East Providence		$84,664
Exeter	**	
Foster		$109,828
Glocester		$109,010
Hopkinton	$123,214	
Jamestown	$250,000+	
Johnston		$86,968
Lincoln		$121,155
Little Compton	$94,045	
Middletown		$94,681
Narragansett	$84,961	
New Shoreham		$58,448
Newport		$74,731
North Kingstown		$129,982
North Providence		$70,091
North Smithfield		$97,102
Pawtucket		$53,688
Portsmouth		$164,516
Providence		$56,624
Richmond		$116,410
Scituate	$130,298	
Smithfield		$140,000
South Kingstown		$117,356
Tiverton		$114,297
Warren		$105,982
Warwick		$93,039
West Greenwich		$137,727
West Warwick		$71,066
Westerly		$100,955
Woonsocket		$44,083
Four Core Cities		*NA*
Remainder of State		*NA*
Rhode Island		*$87,553*

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 2017-2021 data come from a Population Reference Bureau analysis of 2017-2021 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]

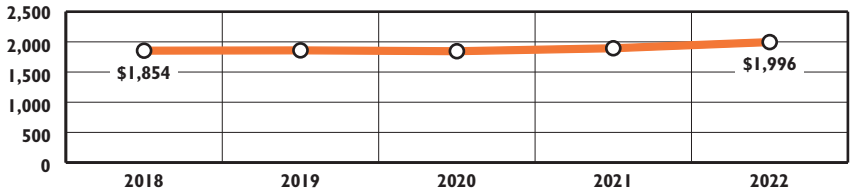
In 2022, a worker would have to earn $38.38 an hour and work 40 hours a week year-round to be able to afford the average rent in Rhode Island without a cost burden. This hourly wage was over three times the minimum wage of $12.25 per hour in 2022.[4,5] Rhode Island required the 15th highest hourly wage of any state in 2022 to afford the rent for a two-bedroom home.[6] In 2022, the median renter in Rhode Island could affordably rent in only one Rhode Island city or town – Burrillville.[7]

According to HousingWorks RI, a household earning the state's median household income of $70,305 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 10% of every community's housing stock qualify as Low- and Moderate-Income Housing (LMIH). Currently, only six of Rhode Island's 39 cities and towns meet that goal. A permanent funding stream for affordable housing was enacted in 2021, financed through an increase in the real estate conveyance tax on homes over $800,000. This funding source is estimated to provide about $4 million a year for the production and preservation of affordable housing. Rhode Island continues to rely heavily on federal funding to meet its housing needs. During FY 2022, only 27% of the state's expenditures on housing were from state funds (e.g., housing bonds and the real estate conveyance tax).[11,12]

Average Rent, Two-Bedroom Apartment, Rhode Island, 2018-2022



Source: Rhode Island Housing, Rhode Island Rent Survey, 2018-2022. Rents are adjusted to 2022 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 2022, the average cost of rent for a two-bedroom apartment in Rhode Island was $1,996. When adjusted for 2022 dollars, rents remained fairly stable from 2018 through 2020, and then increased in 2021 and 2022.[13]**

◆ **In June 2022, the Providence metropolitan area had the fifth highest year-over-year increases in rent in the nation. Low rates of multifamily construction and low vacancy rates in Rhode Island have contributed to rising rents.[14]**

◆ **While renter cost burdens are relatively similar across race and ethnicity, a much higher percentage of Black and Hispanic households experience cost burdens as homeowners.[15] Only 34% of Black Rhode Islanders own their homes compared to 42% of Black Americans and 62% of all Rhode Islanders.[16]**

Legislative and Budget Initiatives Addressing Affordable Housing

◆ **Rhode Island's FY 2023 budget included $250 million in federal funds from the *American Rescue Plan Act* dedicated to housing initiatives, including $30 million for downpayment assistance for homebuyers, $36.5 million to address homelessness, and $155 million toward housing production.[17,18]**

◆ **In 2022, the Rhode Island General Assembly approved a package of bills addressing the state's housing crisis. The new legislation updates the *Low and Moderate Income Housing Act*, streamlines the approval of construction of low and moderate income housing, creates a new Department of Housing and allows for the repurposing of school buildings for affordable housing.[19]**

Table 8.

Cost of Housing for Very Low-Income Families, Rhode Island, 2022

	FAMILY INCOME		HOMEOWNERSHIP COSTS		RENTAL COSTS		
CITY/TOWN	2022 POVERTY LEVEL FAMILY OF THREE	2022 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	$23,030	$43,550	$3,864	106%	$1,468	76%	40%
Bristol	$23,030	$43,550	$3,031	84%	$1,206	63%	33%
Burrillville	$23,030	$43,550	$2,466	68%	$1,026	53%	28%
Central Falls	$23,030	$43,550	$1,949	54%	$1,599	83%	44%
Charlestown*	$23,030	$43,550	$2,901	80%	$1,234	64%	34%
Coventry	$23,030	$43,550	$2,235	62%	$1,883	98%	52%
Cranston	$23,030	$43,550	$2,211	61%	$1,961	102%	54%
Cumberland	$23,030	$43,550	$2,537	70%	$2,333	122%	64%
East Greenwich	$23,030	$43,550	$4,544	125%	$1,772	92%	49%
East Providence	$23,030	$43,550	$2,236	62%	$2,156	112%	59%
Exeter*	$23,030	$43,550	$3,069	85%	$1,234	64%	34%
Foster*	$23,030	$43,550	$2,690	74%	$1,234	64%	34%
Glocester*	$23,030	$43,550	$2,417	67%	$1,234	64%	34%
Hopkinton*	$23,030	$47,250	$2,539	64%	$1,259	66%	32%
Jamestown*	$23,030	$43,550	$5,420	149%	$1,234	64%	34%
Johnston	$23,030	$43,550	$2,385	66%	$2,121	110%	58%
Lincoln	$23,030	$43,550	$2,924	81%	$1,690	88%	47%
Little Compton*	$23,030	$43,550	$4,350	120%	$1,234	64%	34%
Middletown	$23,030	$52,500	$3,424	78%	$1,977	103%	45%
Narragansett	$23,030	$43,550	$3,944	109%	$1,805	94%	50%
New Shoreham	$23,030	$47,250	$8,108	206%	$1,769	92%	45%
Newport*	$23,030	$52,500	$4,310	99%	$1,705	89%	39%
North Kingstown	$23,030	$43,550	$3,463	95%	$1,877	98%	52%
North Providence	$23,030	$43,550	$2,302	63%	$1,934	101%	53%
North Smithfield	$23,030	$43,550	$2,744	76%	$1,860	97%	51%
Pawtucket	$23,030	$43,550	$1,925	53%	$1,677	87%	46%
Portsmouth	$23,030	$52,500	$3,309	76%	$1,723	90%	39%
Providence**	$23,030	$43,550	$2,200	61%	$2,073	108%	57%
Richmond*	$23,030	$43,550	$2,698	74%	$1,234	64%	34%
Scituate*	$23,030	$43,550	$2,565	71%	$1,234	64%	34%
Smithfield	$23,030	$43,550	$2,623	72%	$1,965	102%	54%
South Kingstown	$23,030	$43,550	$3,069	85%	$1,234	64%	34%
Tiverton	$23,030	$43,550	$2,430	67%	$1,901	99%	52%
Warren	$23,030	$43,550	$2,713	75%	$2,310	120%	64%
Warwick	$23,030	$43,550	$2,132	59%	$1,966	102%	54%
West Greenwich	$23,030	$43,550	$3,478	96%	$1,380	72%	38%
West Warwick	$23,030	$43,550	$2,182	60%	$2,646	138%	73%
Westerly	$23,030	$43,550	$2,802	77%	$2,086	109%	57%
Woonsocket	$23,030	$43,550	$2,102	58%	$1,403	73%	39%
Four Core Cities	*$23,030*	*$43,550*	*$2,044*	*56%*	*$1,688*	*88%*	*47%*
Remainder of State	*$23,030*	*$44,529*	*$3,146*	*85%*	*$1,867*	*97%*	*50%*
Rhode Island	*$23,030*	*$44,300*	*$2,412*	*65%*	*$1,996*	*104%*	*54%*

Source of Data for Table/Methodology

Family Income: 2022 poverty level for a family of three as reported in: *Federal Register, 87*(14), January 21, 2022, pages 3315-3316.

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. (2022). *FY2022 Rhode Island income limits for low- and moderate-income households.* Retrieved February 28, 2023, from www.rihousing.com

Homeownership costs: Data on typical monthly housing payments are from HousingWorks RI's *2022 Housing Fact Book*. They are based on the median selling price of a single-family home using year-end 2021 data and calculated based on a 30-year mortgage at a 2.96% interest rate with a 3.5% down payment. 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, 2022. 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 2022 dollars. Statewide average based on all units in state. Core city and remainder of state are calculated by Rhode Island KIDS COUNT using unweighted community data. Data cannot be compared to Factbooks prior to 2019.

*Rhode Island Housing 2022 Rhode Island Rent Survey data are not available. Average rent used for these communities is the HUD FY 2022 Fair Market Rent for the metropolitan area as reported by the U.S. Department of Housing and Urban Development. The average rents calculated for the four core cities and the remainder of state do not include communities for which data from the 2022 Rhode Island Rent Survey was not available.

(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]

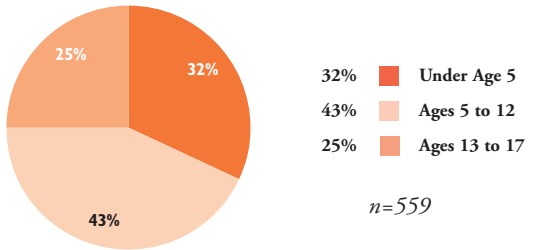
For many families living in deep poverty, episodes of homelessness are part of a cycle of housing instability that often includes living in housing that is unaffordable and/or unsafe, doubling up with families or friends, and being evicted. For these families, the shortage of housing that is affordable 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 2022, 280 families with 559 children stayed at an emergency homeless shelter, domestic violence shelter, or transitional housing facility in Rhode Island. Children made up almost one fifth (18%) of the 3,075 people who used emergency homeless shelters, domestic violence shelters, and transitional housing in 2022. One-third (32%) of these children were under age five. As of January 20, 2023, there were 176 families with 357 children in the shelter queue awaiting shelter.[9]

Children in Emergency Shelters, Domestic Violence Shelters, and Transitional Housing Facilities by Age, 2022



Source: Rhode Island Coalition to End Homelessness, 2022.

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/English 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 2021-2022 school year, Rhode Island public school personnel identified 1,461 children as homeless. Of these children, 66% (971) lived with other families ("doubled up"), 16% (238) lived in shelters, 15% (226) lived in hotels or motels, and 2% (26) 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]**

Educational Outcomes for Children Experiencing Homelessness

- The federal *Every Student Succeeds Act (ESSA)*, which re-authorized McKinney-Vento in 2015, strengthens existing provisions for homeless students, guarantees school stability for students starting in preschool, and requires schools to report on student achievement and graduation rates for homeless students.[15]

- In Rhode Island in 2022, 10% of homeless students met expectations on the third grade *Rhode Island Comprehensive Assessment System (RICAS)* English language arts assessment compared to 37% of non-homeless students, and 11% of homeless students met expectations on the third grade mathematics assessment compared to 35% of non-homeless students.[16]

- In Rhode Island, the four-year high school graduation rate for the Class of 2022 was 64% for homeless students and 84% for non-homeless students.[17]

- Over the past few years, an increasing number of states have been supporting postsecondary access and success for students experiencing homelessness by providing homeless liaisons on college campuses, housing support, and tuition and fee waivers.[18]

Table 9. **Homeless Children Identified by Public Schools, Rhode Island, 2021-2022 School Year**

SCHOOL DISTRICT	TOTAL ENROLLMENT	# OF CHILDREN IDENTIFIED AS HOMELESS BY PUBLIC SCHOOL PERSONNEL
Barrington	3,377	*
Bristol Warren	2,941	17
Burrillville	2,128	44
Central Falls	2,701	70
Chariho	3,200	29
Coventry	4,392	30
Cranston	10,258	43
Cumberland	4,724	32
East Greenwich	2,552	*
East Providence	5,053	58
Exeter-West Greenwich	1,572	*
Foster	221	0
Foster-Glocester	1,396	*
Glocester	537	0
Jamestown	444	0
Johnston	3,067	31
Lincoln	3,252	18
Little Compton	209	0
Middletown	2,073	72
Narragansett	1,206	*
New Shoreham	129	0
Newport	1,975	43
North Kingstown	3,914	33
North Providence	3,464	37
North Smithfield	1,614	*
Pawtucket	8,127	77
Portsmouth	2,247	*
Providence	21,656	341
Scituate	1,196	0
Smithfield	2,392	84
South Kingstown	2,608	21
Tiverton	1,678	0
Warwick	8,168	79
West Warwick	3,562	22
Westerly	2,738	34
Woonsocket	5,664	153
Charter Schools	*10,537*	*69*
State-Operated Schools	*1,846*	*10*
UCAP	*108*	*0*
Four Core Cities	*38,148*	*641*
Remainder of State	*87,927*	*752*
Rhode Island	*138,566*	*1,461*

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in grades preschool to 12 on October 1, 2021.

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, Charette High School, Paul Cuffee Charter School, Highlander Charter School, The Learning Community, Rhode Island Nurses Institute Middle College, RISE Prep Mayoral Academy, Sheila C. "Skip" Nowell Leadership Academy, SouthSide Elementary Charter School, and Trinity Academy for the Performing Arts. 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 the 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

[1] Baldari, C., & McConnell, M. (2021). *Child, youth, and family homelessness in the U.S.* Retrieved April 6, 2022, from campaignforchildren.org

(continued on page 175)

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 9.3% in 2020 to 5.5% in 2021. In 2022, Rhode Island's unemployment rate decreased further to the pre-COVID rate of 3.5%, slightly lower than the U.S. unemployment rate of 3.6%.[3,4,5]

In 2021, 6% 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 are Black and Latino, earn low wages, and did not have the luxury of working from home during the pandemic.[9]

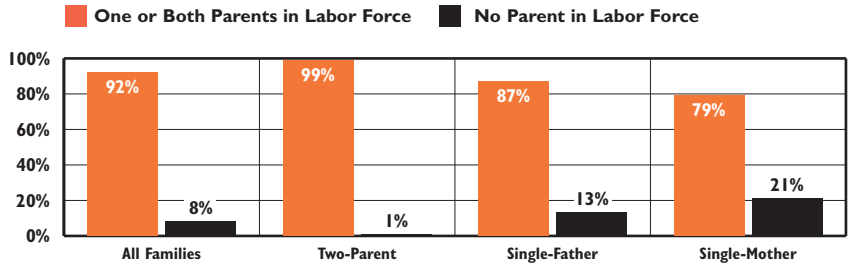
Children Living in Families Where No Parent Has Full-Time, Year-Round Employment

	2016	2021
RI	31%	32%
US	28%	29%
National Rank*		*40th*
New England Rank**		*6th*

**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, 2017-2021



Source: U.S. Census Bureau, American Community Survey, 2017-2021. Table B23008.

◆ **The majority of children living in Rhode Island between 2017 and 2021 had one or both parents in the labor force. Children living with a single parent were more than 19 times more likely than children living in a two-parent family to have no employed parent. Of children in two-parent families, 74% had both parents in the labor force.[10]**

◆ **Between 2017 and 2021, there were 16,234 Rhode Island children living in families with no parent in the labor force. Children living in families with a single parent represented 92% (14,960) of families with no employed parents.[11]**

◆ **Between 2017 and 2021, 16% (3,059) of Rhode Island families with incomes below the federal poverty threshold had at least one adult with full-time, year-round employment, and 39% (7,588) 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 2017 and 2021, 74% of children under age six and 78% 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]**

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 nine 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 2017 and 2021 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, 2020 annual averages.* (n.d.). U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics.

(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 ($49,720 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 ($74,750 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 2016, the Rhode Island General Assembly increased the state's EITC from 12.5% to 15% of the federal EITC.[29] In 2022, approximately 92,000 Rhode Island working families and individuals received a total of $170 million in federal EITC tax credits.[30]

◆ The CTC helps families offset the cost of raising children. In 2021, the CTC lifted 5.3 million people, including 2.9 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]

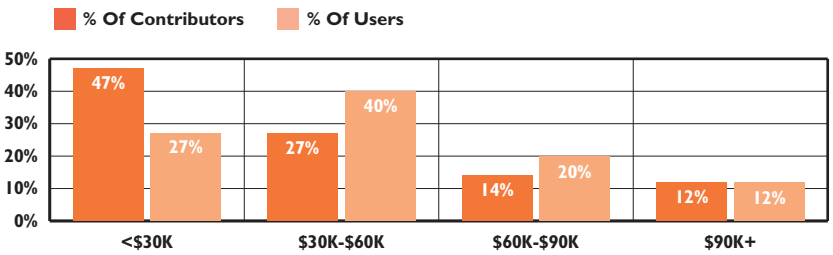
Almost all advanced, industrialized nations guarantee paid leave for new mothers and many include new fathers. In many European countries, families receive at least six months of paid leave to care for a new baby.[3] The U.S. requires employers with 50 or more workers to offer 12 weeks of leave for workers 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 the incidence of preterm births, low birthweight, and infant mortality. It also increases the likelihood and duration of breastfeeding, decreases infant hospitalizations, reduces child neglect and abuse, and increases 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.[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, 2022



Source: Rhode Island Department of Labor and Training, TCI Program, 2022.

◆ **There were 8,084 approved claims for TCI during 2022 (up from 7,031 in 2021); 77% were to bond with a new child and 23% were to care for a seriously ill family member. In 2022, 47% of individuals contributing to TCI earned less than $30,000, yet only 27% of all approved TCI claims were for individuals with wages in this category.[14]**

◆ **Of the 6,186 approved claims to bond with a new child, 99% (6,095) were for a newborn and 1% were for a newly adopted (18), foster (49), or other child (24). Fifty-six percent of claims to bond with a new child were filed by women and 44% were by men.[15]**

◆ **Of the 1,898 approved claims to care for a seriously ill family member, 40% were to care for a child, 35% were to care for a spouse or domestic partner, 24% were to care for a parent or parent-in-law, and 1% were to care for a grandparent. Seventy percent of claims to care for a seriously ill family member were filed by women and 30% were filed by men.[16]**

Temporary Disability Insurance for Pregnancy Complications & Childbirth

◆ **In 2022, there were 4,000 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, 2022**

	TEMPORARY DISABILITY INSURANCE (TDI) CLAIMS			TEMPORARY CAREGIVER INSURANCE (TCI) CLAIMS		
CITY/TOWN	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	19	39	48	12	60
Bristol	32	31	63	76	25	101
Burrillville	29	22	51	73	28	101
Central Falls	29	19	48	72	36	108
Charlestown	14	13	27	49	13	62
Coventry	83	68	151	250	88	338
Cranston	142	142	284	513	151	664
Cumberland	73	51	124	165	40	205
East Greenwich	35	32	67	73	21	94
East Providence	95	62	157	227	84	311
Exeter	10	16	26	37	14	51
Foster	11	5	16	23	15	38
Glocester	15	17	32	42	15	57
Hopkinton	20	7	27	35	17	52
Jamestown	*	*	5	*	*	6
Johnston	49	47	96	184	63	247
Lincoln	34	31	65	105	36	141
Little Compton	*	*	*	7	3	10
Middletown	21	18	39	50	19	69
Narragansett	11	16	27	35	14	49
New Shoreham	*	*	*	*	*	5
Newport	36	29	65	64	15	79
North Kingstown	39	53	92	150	38	188
North Providence	59	54	113	197	58	255
North Smithfield	24	14	38	44	19	63
Pawtucket	137	108	245	404	117	521
Portsmouth	16	22	38	67	19	86
Providence	381	278	659	943	316	1259
Richmond	9	19	28	37	8	45
Scituate	38	17	55	73	27	100
Smithfield	34	48	82	112	33	145
South Kingstown	32	41	73	105	25	130
Tiverton	16	16	32	39	11	50
Warren	17	19	36	67	18	85
Warwick	163	162	325	583	139	722
West Greenwich	7	10	17	44	11	55
West Warwick	67	60	127	233	74	307
Westerly	30	28	58	73	30	103
Woonsocket	75	36	111	184	62	246
Out-of-State	*222*	*234*	*456*	*694*	*182*	*876*
Four Core Cities	*622*	*441*	*1,063*	*1,603*	*531*	*2,134*
Remainder of state	*1,285*	*1,196*	*2,470*	*3,889*	*1,185*	*5,074*
Rhode Island	*1,907*	*1,637*	*3,544*	*5,492*	*1,716*	*7,208*
Total Program Claims	*2,129*	*1,871*	*4,000*	*6,186*	*1,898*	*8,084*

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, 2022.

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.

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[1,12] Rhode Island Department of Labor and Training. (n.d.). *Temporary Disability/Caregiver Insurance.* Retrieved March 7, 2023, from dlt.ri.gov

[2] The State of Rhode Island and Providence Plantations, Department of Labor and Training. (2014). *Temporary Caregiver Insurance [Brochure].*

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[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.

[7,11] *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.

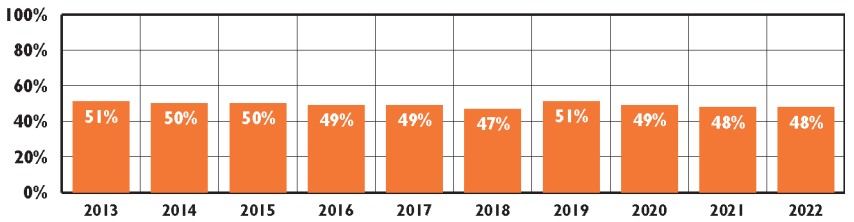
SIGNIFICANCE

Child support is a major part of the safety net for children and families. In 2021, almost one in five U.S. children (13.2 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] 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.[9,10,11]

Non-Custodial Parents With Court Orders Who Pay Child Support on Time and in Full, Rhode Island, 2013-2022



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2013-2022.

◆ **As of December 1, 2022, there were 64,282 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-eight percent of non-custodial parents under court order in Rhode Island were making child support payments on time and in full.[12]**

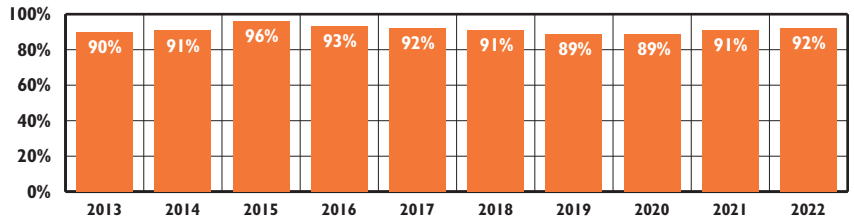
◆ **In 2022, the Rhode Island Office of Child Support Services collected $86.5 million in child support, a decrease of about $7 million over the previous year when many non-custodial parents received COVID relief checks. Eighty-six percent ($74.4 million) of the funds collected were distributed directly 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) 2021, the Rhode Island Office of Child Support Services collected $5.31 for every $1.00 Rhode Island spent on administering the program.[14]**

◆ **During FFY 2022, there were 15,684 court orders for non-custodial parents to provide medical insurance and 9,037 orders for non-custodial parents to contribute funds toward medical coverage. About $5.5 million in payments was retained by the state to offset the cost of RIte Care, while approximately $1.7 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]**

Rhode Island Children in the Office of Child Support Services System With Paternity Established, 2013-2022



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2013-2022. 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 90% of children in 2013 to 96% of children in 2015 but has since fallen to 92% of children in 2022.[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 2021, Rhode Island had the lowest rate of court orders established for child support in New England (Maine – 95%; Connecticut – 94%; Vermont – 91%; New Hampshire – 90%; Massachusetts – 82%; Rhode Island – 71%). The national average for cases with child support orders established was 87%.[21]

◆ In FFY 2021, Rhode Island had the highest case/staff ratio in New England at 735 cases per person, nearly six times that of the lowest state, Vermont (126 cases per person).[22] 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.

Child Support and Rhode Island Works

◆ As of December 1, 2022, Rhode Island's Office of Child Support Services system included 3,683 children enrolled in the cash assistance program (RI Works).[23]

◆ In December 2022, the average child support obligation for children enrolled in RI Works was $364 per month, compared to an average child support obligation of $458 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 275 families received a pass-through payment each month, for a total of $161,477 paid to families enrolled in RI Works in FFY 2022.[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

[1,14,21,22] U.S. Office of Child Support Enforcement, Administration for Children & Families. (2022). *FY 2021 preliminary report.* Retrieved January 24, 2023, from www.acf.hhs.gov

(continued 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 hunger, difficulty in school, become teen parents, and earn less or be unemployed as adults.[1,2] 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 2022, the federal poverty threshold was $23,578 for a family of three with two children and $29,678 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. The U.S. Census Bureau publishes a Supplemental Poverty Measure that 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]

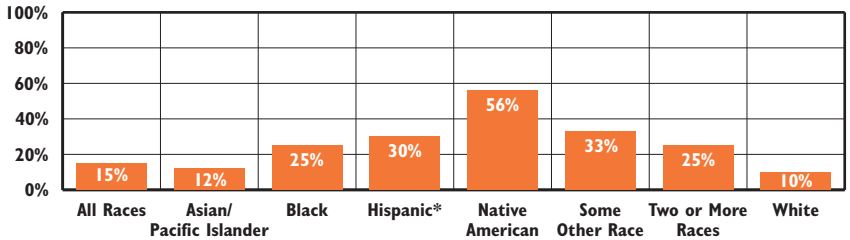
Children in Poverty

	2018	2019	2020+	2021
RI	18.0%	14.0%	11.5%	15.0%
US	18.0%	16.8%	15.7%	16.9%
National Rank*				*24th*
New England Rank**				*5th*

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: U.S. Census Bureau, American Community Survey, 2017-2021, Tables S1701,C17024, and XK201701. +The U.S. Census Bureau urges caution when comparing to standard ACS data due to low response rate during COVD-19 pandemic.

Children in Poverty, by Race and Ethnicity, Rhode Island, 2017-2021



Source: U.S. Census Bureau, American Community Survey, 2017-2021. Tables B17020, B17020A, B17020B, B17020C, B17020D, B17020E, B17020F, B17020G and B17020I. *Hispanic children may be included in any race category.

◆ **Between 2017 and 2021, 15% (31,854) of Rhode Island's 208,925 children under age 18 with known poverty status lived in households with incomes below the federal poverty threshold.[12]**

◆ **Between 2017 and 2021, 56% of Native American, 30% of Hispanic, and 25% of Black children in Rhode Island lived in poverty, followed by 12% of Asian/Pacific Islander children and 10% 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]**

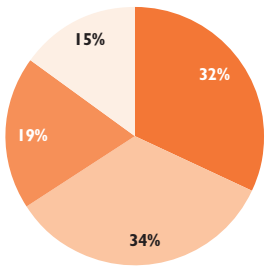
◆ **Due to the COVID-19 pandemic, Rhode Island's unemployment rate surged higher in the spring and summer of 2020 than its peak in the Great Recession.[16] Job losses in 2020 disproportionately occurred in low-wage occupations, and occupations employing Black and Hispanic workers and female workers. 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 30%, with the largest impact on Children of Color.[19,20]**

Rhode Island's Children Living in Poverty, 2017-2021

By Age

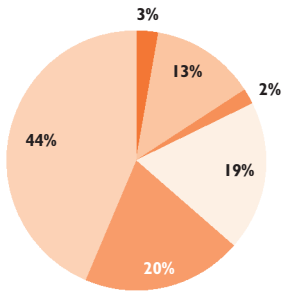
32%	Ages 5 and Younger
34%	Ages 6 to 11
19%	Ages 12 to 14
15%	Ages 15 to 17



n=31,854

By Race*

3%	Asian/Pacific Islander
13%	Black
2%	Native American
19%	Some Other Race
20%	Two or More Races
44%	White

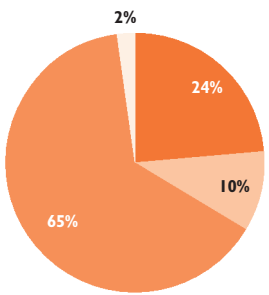


n=31,854

**Hispanic children may be included in any race category. Between 2017 and 2021, 53% of Rhode Island's 31,854 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.*

By Family Structure

24%	Married Couple Family
10%	Unmarried Male Householder
65%	Unmarried Female Householder
2%	Not in Related-Family Households



n=31,854

Source: U.S. Census Bureau, American Community Survey, 2017-2021. 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 March 9, 2022, from www.pewresearch.org. Percentages may not sum to 100% due to rounding.

Child Poverty Concentrated in Four Core Cities, Rhode Island, 2017-2021

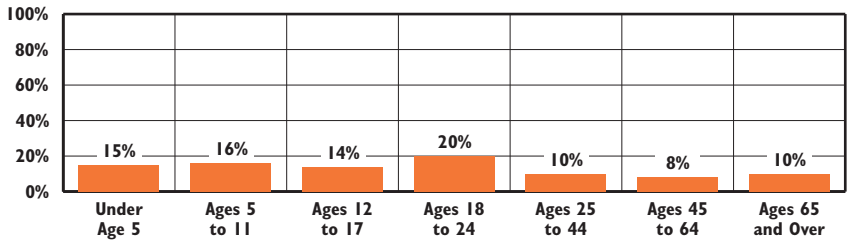
CITY/TOWN	NUMBER IN POVERTY	PERCENTAGE IN POVERTY	NUMBER IN EXTREME POVERTY	PERCENTAGE IN EXTREME POVERTY
Central Falls	2,190	35.0%	676	10.8%
Pawtucket	3,637	22.8%	1,520	9.5%
Providence	11,900	30.0%	5,705	14.5%
Woonsocket	2,739	29.5%	1,137	12.2%
Rhode Island	*31,854*	*15.2%*	*14,612*	*7.0%*

Source: Population Reference Bureau analysis of 2017-2021 American Community Survey data.

◆ **Between 2017 and 2021 64% 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 30% between 2017-2021. The four core cities also have substantial numbers of children living in extreme poverty.[21]**

◆ **In Rhode Island between 2017 and 2021, Black and Hispanic children were about 16 and 13 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, 2017-2021



Source: U.S. Census Bureau, American Community Survey, 2017-2021, Table B17001.

◆ **Between 2017 and 2021 in Rhode Island, 20% 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% and 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 2019, the median family wealth for white families was almost eight 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 child care 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 2021 and 2031, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring a high school diploma or less.[40] Forty-five percent of Rhode Islanders had a postsecondary degree or certificate in 2017-2021.[41]

Affordable Housing

◆ In 2022, the average rent for a two-bedroom apartment in Rhode Island was $1,996.[42] In Rhode Island, a family of three with an income at the federal poverty level would need to spend all of its income on rent to pay this amount.[43,44] Nationally, only one in four eligible low-income families receive rental assistance to help them afford the high cost of housing.[45]

Child Support

◆ As of December 1, 2022, there were 64,282 children in Rhode Island's Office of Child Support Services system.[46] 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.[47] Among poor custodial parents that received full child support in 2017 in the U.S., these payments represented 57% of their mean personal income.[48]

Table 11. **Children Living Below the Federal Poverty Threshold, Rhode Island, 2017-2021**

	CHILDREN UNDER AGE 18 LIVING BELOW POVERTY 2017-2021			
	ESTIMATES WITH HIGH MARGINS OF ERROR*		ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR	
CITY/TOWN	N	%	N	%
Barrington			168	3.5%
Bristol			102	3.5%
Burrillville			73	2.4%
Central Falls	2,190	35.0%		
Charlestown	146	12.9%		
Coventry			538	8.2%
Cranston			1,382	8.2%
Cumberland			451	6.1%
East Greenwich			223	6.5%
East Providence			1,083	13.2%
Exeter	18	1.5%		
Foster	30	3.3%		
Glocester	103	4.8%		
Hopkinton	110	8.0%		
Jamestown	-	-	-	
Johnston	518	9.8%		
Lincoln			336	6.6%
Little Compton	7	1.6%		
Middletown	350	11.3%		
Narragansett			25	1.5%
New Shoreham	10	5.6%		
Newport	1,008	29.0%		
North Kingstown			515	9.6%
North Providence			750	11.6%
North Smithfield	257	10.9%		
Pawtucket			3,637	22.8%
Portsmouth	272	7.5%		
Providence			11,900	30.3%
Richmond	-	-	-	
Scituate			20	1.3%
Smithfield			18	0.5%
South Kingstown			440	9.1%
Tiverton			103	4.1%
Warren	89	5.3%		
Warwick			1,116	7.5%
West Greenwich			2	0.2%
West Warwick	759	14.8%		
Westerly	366	11.2%		
Woonsocket	2,739	29.5%		
Four Core Cities			*20,466*	*28.9%*
Remainder of State			*11,388*	*8.2%*
Rhode Island			*31,854*	*15.2%*

Source of Data for Table/Methodology

Data are from a Population Reference Bureau analysis of 2017-2021 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 March 3, 2022, 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 childcare, 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]

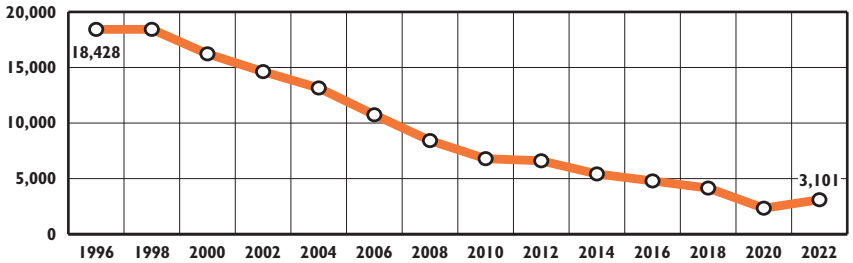
RI Works cash assistance recipients must participate in an employment plan unless they meet specific criteria for an exemption. This employment plan must consider the parent's skills, education, and family responsibilities as well as place of residence and should outline a process for helping the parent 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. RI Works also provides time-limited supplementary cash assistance to very low-income working families.[3] In 2022, the average hourly wage of working parents enrolled in RI Works was $16.59 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 37% of the federal poverty threshold.[9,10]

Cash Assistance Caseload, Rhode Island, 1996–2022*



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1996-2015, and RI Bridges Database, December 2016-2022. 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 2022, the Rhode Island cash assistance caseload decreased by 83%, from 18,428 cases to 3,101 families. There was a small increase in the number of families receiving cash assistance from 2021 to 2022, but this level was 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 2022, there were 2,417 adults and 5,773 children under age 18 enrolled in RI Works. Seventy percent of RI Works beneficiaries were children, and 39% of the children enrolled in RI Works were under the age of six.**[14]

◆ **In December 2022, 65% (2,001) of RI Works cases were single-parent families, 30% (944) were child-only cases, and 5% (156) were two-parent families.**[15]

◆ **From 2019-2020, only about one quarter (26%) of families with children living in poverty in Rhode Island received cash assistance, down from two-thirds (64%) in 2005-2006.**[16,17]

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 2023 budget includes improvements to the Rhode Island Works program. It extends the lifetime limit from 48 to 60 months, amends the work requirements to allow a parent to attend the Community College of Rhode Island for two years, increases the earnings disregard from $170 to $300 a month, increases the asset limit from $1,000 to $5,000 so families can have savings and build a financial safety net, and excludes all state and federal tax returns and tax rebates from income eligibility.[24]

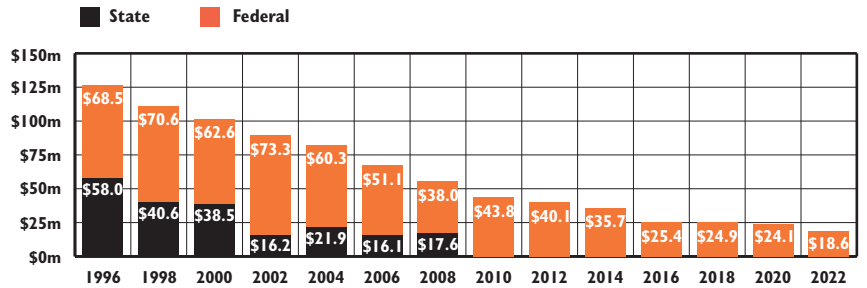
RI Works by Case Type, December 2022

	NUMBER	PERCENTAGE
Child-only cases	944	30%
Cases with adults with a work activity	1,736	56%
Cases with adults exempt from a work activity*	372	12%
Unknown status	49	2%
Total RI Works Caseload	*3,101*	

Source: Rhode Island Department of Human Services, RI Bridges Database, December 2022.

**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 (171), youngest child under age one (83), second parent is a non-participant (83), in third trimester of pregnancy (26), being a victim of domestic violence (2), or multiple reasons (7).*

Rhode Island Cash Assistance Expenditures, State Fiscal Years 1996-2022

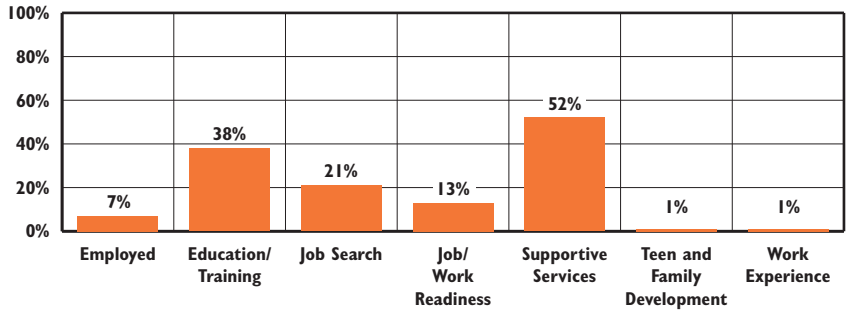


Sources: Rhode Island Department of Human Services. (2007). *Family Independence Program 2007 annual report.* (FY 1996-2001); House Fiscal Advisory Staff. (2004-2019). *Budget as enacted: Fiscal Years 2005-2019.* (FY 2002-2017); House Fiscal Advisory Staff. (2020). *FY 2020 revised budget: 2020-H 7170, Substitute A, as amended.* (FY 2018-19); House Fiscal Advisory Staff. (2022). *Budget as enacted: Fiscal Year 2023.* (FY 2021-2022). Fiscal years 1997-2021 are funds spent and FY 2022 is final budget.

◆ In State Fiscal Year 2022, for the thirteenth 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.[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 2022



Source: Rhode Island Department of Human Services, RI Bridges Database, December 2022. The total number of work activities (2,321) is larger than the number of families with a work activity (1,736) because some families (254) had multiple work activities during the month.

◆ As of December 2022, 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 2022, 38% of families were participating in education or training programs.[30]

◆ Twenty-one 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. Fifty-two 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 2022, there were 84 parents under the age of 20 enrolled in RI Works. Some are parent heads of household, and others may be part 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 2022, 623 families (20% of the total RI Works caseload) had hardship extensions, 27 for a physical or mental disability, 13 who were unable to work due to a domestic violence situation, seven to care for a disabled family member, seven due to homelessness, and 569 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

Education and Training Supporting Employment

◆ **Between 2017 and 2021, almost 60,000 working-age adults (18 to 64) in Rhode Island did not have a high school diploma or GED.[42]**

◆ **Nationally, between 2021 and 2031, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring a high school diploma.[43] Between 2017 and 2021, the unemployment rate for Rhode Islanders without a high school diploma was 10.4%, compared to 6.5% for those with a high school degree and 3.1% for those with a bachelor's degree or higher.[44]**

◆ **Parents enrolled in RI Works face significant barriers to success in the labor market. Thirty 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 preparedeness.[47]**

Source of Data for Table/Methodology

Rhode Island Department of Human Services, RI Bridges Database, December 2022. 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 if in the final trimester of her pregnancy.

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

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(continued on page 177)

Table 12. **Children in Families Receiving Cash Assistance (RI Works), Rhode Island, December 2022**

CITY/TOWN	# OF CHILDREN UNDER AGE 18	NUMBER RECEIVING CASH ASSISTANCE		% OF CHILDREN RECEIVING CASH ASSISTANCE
		FAMILIES	CHILDREN	
Barrington	4,489	11	21	<1%
Bristol	2,887	19	23	1%
Burrillville	3,229	22	38	1%
Central Falls	6,411	147	310	5%
Charlestown	1,161	1	1	<1%
Coventry	6,655	37	57	1%
Cranston	15,744	153	258	2%
Cumberland	7,550	30	51	1%
East Greenwich	3,465	10	19	1%
East Providence	7,886	107	177	2%
Exeter	1,175	3	5	<1%
Foster	790	5	12	2%
Glocester	1,896	4	6	<1%
Hopkinton	1,613	7	14	1%
Jamestown	871	5	9	1%
Johnston	5,119	50	75	1%
Lincoln	4,640	38	66	1%
Little Compton	568	2	4	1%
Middletown	3,487	34	55	2%
Narragansett	1,651	5	12	1%
New Shoreham	189	0	0	0%
Newport	3,660	126	256	7%
North Kingstown	5,496	38	65	1%
North Providence	5,802	72	119	2%
North Smithfield	2,274	6	8	<1%
Pawtucket	16,455	369	663	4%
Portsmouth	3,444	14	25	1%
Providence	41,021	1,128	2,200	5%
Richmond	1,627	2	3	<1%
Scituate	1,866	8	10	1%
Smithfield	3,411	14	26	1%
South Kingstown	4,339	18	33	1%
Tiverton	2,723	21	36	1%
Warren	1,826	16	31	2%
Warwick	14,034	114	198	1%
West Greenwich	1,251	4	5	<1%
West Warwick	5,787	80	150	3%
Westerly	3,826	15	25	1%
Woonsocket	9,467	360	701	7%
Other/Unknown	*NA*	*6*	*6*	*NA*
Four Core Cities	*73,354*	*2,004*	*3,874*	*5%*
Remainder of State	*136,431*	*1,091*	*1,893*	*1%*
Rhode Island	*209,785*	*3,101*	*5,773*	*3%*

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

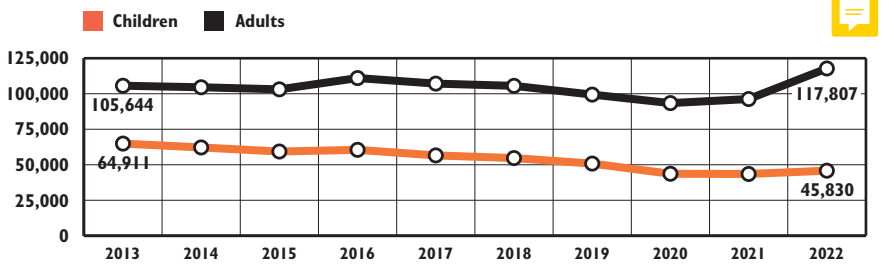
Hunger and lack of regular access to sufficient food are linked to serious physical, psychological, emotional, and academic problems in children and can interfere with their growth and development.[1,2] The Supplemental Nutrition Assistance Program (SNAP) helps low-income individuals and families obtain 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 ($42,606 per year for a family of three in 2022). 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 child care.[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 2022, 69% of SNAP households had gross incomes below the federal poverty level ($23,030 for a family of three in 2022).[10,11] In October 2022, the average monthly SNAP benefit for a family of three in Rhode Island was $549 (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 2020, SNAP and the School Lunch Program lifted 3.2 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, 2013-2022



Source: Rhode Island Department of Human Services, InRhodes Database, 2013–2015 and RI Bridges Database, 2016-2022. Data represent children under age 18 and adults who participated in SNAP during the month of October.

◆ **Of the 163,637 Rhode Islanders enrolled in SNAP in October 2022, 72% were adults and 28% were children. Of the children enrolled in SNAP, 32% were under the age of six.[18]**

◆ **Between 2020 and 2022, the number of adults receiving SNAP benefits increased, while the number of children enrolled decreased from 2020 to 2021 and then increased slightly in 2022.[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 2018 to 2020, 8.2% of Rhode Island households and 10.7% of U.S. households were food insecure. In 2020, 14.8% of all U.S. households with children and 40.5% 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, 10,000 more people each month in 2022 than in 2021, with nearly one in three Rhode Island households unable to afford adequate food.[24]**

COVID-19 and SNAP Benefits

- According to 2022 survey data from the RI Life Index, 41% of households with children in Rhode Island reported not being able to meet their basic food needs, compared to 31% of all households, up from 25% for households with children and 18% for all households in 2021.[25]

- Between March 2020 and February 2023, SNAP households that were not already receiving the maximum benefit temporarily received supplemental benefits. All SNAP households were eligible for a supplemental benefit of at least $95 during the COVID-19 public health emergency.[26,27]

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

- Pandemic EBT (P-EBT) provides benefits to replace free and reduced-price school meals missed due to school closures and distance learning during the COVID-19 pandemic. In July 2022, almost half (49%) of students receiving P-EBT benefits in Rhode Island also received SNAP benefits.[29,30]

Table 13. **Children Under Age 18 Receiving SNAP Benefits, Rhode Island, October 2022**

CITY/TOWN	NUMBER PARTICIPATING
Barrington	139
Bristol	257
Burrillville	380
Central Falls	2,280
Charlestown	76
Coventry	726
Cranston	2,588
Cumberland	663
East Greenwich	161
East Providence	1,510
Exeter	100
Foster	92
Glocester	86
Hopkinton	169
Jamestown	21
Johnston	923
Lincoln	570
Little Compton	23
Middletown	363
Narragansett	118
New Shoreham	1
Newport	1,013
North Kingstown	615
North Providence	1,076
North Smithfield	188
Pawtucket	5,344
Portsmouth	164
Providence	16,857
Richmond	163
Scituate	119
Smithfield	226
South Kingstown	356
Tiverton	262
Warren	300
Warwick	1,683
West Greenwich	80
West Warwick	1,450
Westerly	499
Woonsocket	4,395
Unknown	*61*
Four Core Cities	*28,876*
Remainder of State	*17,160*
Rhode Island	*46,097*

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 2022. *267 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

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[4,14] 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.

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(continued on page 178)

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]

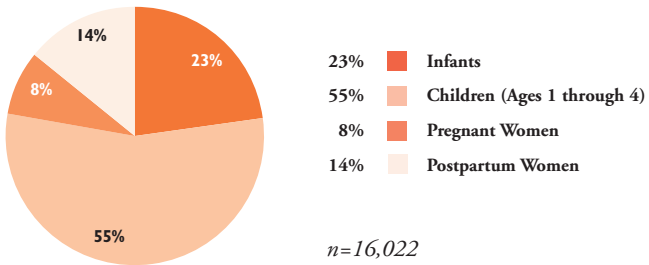
WIC improves the quality of participants' diets and promotes healthy eating habits. Studies have shown that WIC participants access more nutritious foods, including more produce, whole grains, and low-fat dairy. WIC participation also may decrease household food insecurity (families that do not have 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) 2022, 36% of infants participating in were breastfed, and 64% 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]

Women, Infants, and Children Enrolled in WIC, Rhode Island, September 2022



Source: Rhode Island Department of Health, WIC Program, September 2022.

◆ **Infants and children ages one through four comprised more than three-quarters (78%) of the population served by WIC in September 2022 in Rhode Island. Women accounted for over one-fifth (8% pregnant and 14% postpartum) of the population served.[12]**

◆ **In September 2022, 3% of WIC participants in Rhode Island were Asian, 17% were Black, 3% were Native American, 65% were white, and 13% identified as another race or more than one race. Fifty-eight percent of WIC participants identified as Hispanic. Hispanic women and children may be included in any race category.[13]**

◆ **Three of the four core cities had participation rates at or exceeding the statewide participation rate of 40% in September 2022: Providence (49%), Central Falls (45%), Woonsocket (45%).[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 $19.8 million in federal WIC funding during FFY 2022, slightly higher than the $17.1 million received in FFY 2021.[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, 8,252 WIC participants purchased fresh produce at 26 farmers' markets and 14 farm stands through the FMNP in FFY 2022, an increase of 7,237 participants fro the previous year.[18]**

Stigma Associated With Participation in WIC

◆ Individuals may feel uncomfortable participating in WIC and be less likely to use their benefits. 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]

COVID-19 and WIC Participation

◆ Waivers granted by the federal government in response to the COVID-19 pandemic provided flexibility in enrollment, benefit issuance, and redemption. Nationally, WIC participation increased 1.2% overall and 8.7% among children in February 2022 compared to February 2020 (pre-pandemic). Changes in participation varied widely and 28 states had declines in participation, including in Rhode Island, which had a 5.6% decline in the number of participants over this period. Community outreach and coordination with other program operators can help increase access to WIC.[21]

Table 14. **Women, Infants, and Children Enrolled in WIC, June 2022**

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER ENROLLED	% OF ELIGIBLE ENROLLED
Barrington	139	31	22%
Bristol	323	101	31%
Burrillville	393	71	18%
Central Falls	1,943	883	45%
Charlestown	140	41	29%
Coventry	771	225	29%
Cranston	2,700	1,156	43%
Cumberland	674	198	29%
East Greenwich	121	30	25%
East Providence	1,528	525	34%
Exeter	122	30	25%
Foster	114	23	20%
Glocester	162	32	20%
Hopkinton	174	115	66%
Jamestown	25	2	8%
Johnston	1,003	400	40%
Lincoln	530	174	33%
Little Compton	41	6	15%
Middletown	356	140	39%
Narragansett	142	33	23%
New Shoreham	25	0	0%
Newport	731	348	48%
North Kingstown	447	114	25%
North Providence	1,166	353	30%
North Smithfield	184	70	38%
Pawtucket	4,275	1,633	38%
Portsmouth	206	51	25%
Providence	13,009	6,387	49%
Richmond	155	9	6%
Scituate	158	19	12%
Smithfield	331	105	32%
South Kingstown	377	86	23%
Tiverton	251	87	35%
Warren	266	89	34%
Warwick	1,921	614	32%
West Greenwich	107	24	22%
West Warwick	1,197	398	33%
Westerly	545	130	24%
Woonsocket	2,848	1,289	45%
Four Core Cities	*22,075*	*10,192*	*46%*
Remainder of State	*17,768*	*5,830*	*33%*
Rhode Island	*39,843*	*16,022*	*40%*

Source of Data for Table/Methodology

Estimated Number Eligible: Rhode Island Executive Office of Health and Human Services, Medicaid Management Information System, September 30, 2022.

Number Enrolled: Rhode Island Department of Health, WIC Program, September 2022.

Note: WIC participation rates in this 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 246 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 8, 2023, from www.fns.usda.gov

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(continued on page 178)

Children Participating in School Breakfast

DEFINITION

Children participating in school breakfast is the percentage of low-income children who participate in the School Breakfast Program. Children are counted as low-income if they are eligible for and enrolled in the Free or Reduced-Price Lunch Program.

SIGNIFICANCE

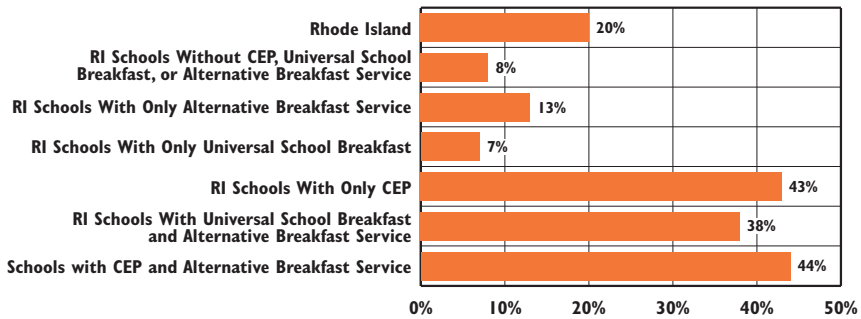
The School Breakfast Program helps ensure that the nation's most vulnerable children start their day off with a healthy meal. Nationally, during the 2021-2022 school year, 15.5 million children ate breakfast at school each day through the School Breakfast Program, an increase of 11% from the previous year.[1] The School Breakfast Program offers nutritious meals, which together with school lunches, make up a large proportion of the daily dietary intake of participating children.[2] The School Breakfast Program helps schools support academic success and improves attendance, behavior, and health, including reduced obesity rates.[3]

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 poorer cognitive functioning when they miss breakfast. They 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.[4,5,6]

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).[7,8]

During the 2021-2022 school year in Rhode Island, 118 students participated in the School Breakfast Program for every 100 students who participated in the School Lunch Program. Rhode Island's school breakfast participation rate increased by 214% from the previous year and was the highest in the nation.[9]

Children Participating in the School Breakfast Program, Rhode Island, October 2022



Source: Rhode Island Department of Education, Child Nutrition Programs, Office of Statewide Efficiencies, October 2022.

◆ **The federal Community Eligibility Provision (CEP) allows schools and districts with 40% or more students identified as low-income, homeless or in foster care to provide free breakfast and lunch to all students and reduces administrative burdens. In Rhode Island, in the 2021-2022 school year, 67% of eligible schools participated in CEP, the same as the previous year.[10] Nationally during the 2021-2022 school year, 33,300 schools participated in CEP down 107 schools (<1%) from the previous year. Rhode Island's school district participation rate, which increased from 41% of eligible schools districts participating in the 2020-2021 school year to 45% of eligible school districts during the 2021-2022 school year, is still among the lowest in the nation.[11,12]**

◆ **Universal School Breakfast Programs, which provide free breakfast to all children regardless of income, increase school breakfast participation by removing the stigma often associated with school breakfast and can reduce the administrative burden for schools.[13] All schools in Rhode Island offered universal free breakfast during the 2020-2021 and 2021-2022 school years, due to the COVID-19 pandemic.[14] The waiver authorizing free school meals for all students expired in June 2022. California, Colorado, Maine, and Minnesota have passed *Healthy School Meals for All* bills making universal school meals permanent. Other states, including Connecticut, Massachusetts, and Vermont, passed bills to provide universal school meals to all students for the 2022-2023 school year and are working to make these policies permanent.[15]**

◆ **Making breakfast part of the school day is another proven strategy for increasing breakfast participation, reducing stigma, and increasing convenience.[16]**

Children Participating in School Breakfast

Table 15. **Children Participating in School Breakfast, Rhode Island, October 2022**

SCHOOL DISTRICT	OCTOBER 2022 ENROLLMENT	ESTIMATED AVERAGE DAILY PARTICIPATION IN BREAKFAST	% OF ALL CHILDREN PARTICIPATING IN BREAKFAST	# OF LOW-INCOME STUDENTS	ESTIMATED LOW-INCOME AVERAGE DAILY PARTICIPATION IN BREAKFAST	% OF ALL LOW-INCOME CHILDREN PARTICIPATING IN SCHOOL BREAKFAST
Barrington	3,382	109	3%	226	26	12%
Bristol Warren	2,837	177	6%	867	116	13%
Burrillville	2,045	118	6%	718	76	11%
Central Falls	2,516	1,213	48%	2,337	1,149	49%
Chariho	2,984	196	7%	621	90	14%
Coventry	4,215	348	8%	1,253	183	15%
Cranston	9,990	1,895	19%	4,251	998	23%
Cumberland	4,623	437	9%	934	186	20%
East Greenwich	2,532	119	5%	154	25	16%
East Providence	5,052	947	19%	2,417	578	24%
Exeter-West Greenwich	1,010	67	7%	160	28	17%
Foster	221	84	38%	69	48	70%
Foster-Glocester	1,347	78	6%	197	30	15%
Glocester	575	97	17%	69	26	37%
Jamestown	410	*	1%	26	*	4%
Johnston	2,899	348	12%	1,270	220	17%
Lincoln	3,264	186	6%	935	114	12%
Little Compton	200	0	0%	14	0	0%
Middletown	1,920	105	5%	607	74	12%
Narragansett	1,114	54	5%	179	25	14%
New Shoreham	130	13	10%	0	0	0%
Newport	1,876	471	25%	1,359	348	26%
North Kingstown	3,798	277	7%	859	195	23%
North Providence	3,445	586	17%	1,286	338	26%
North Smithfield	1,603	70	4%	322	33	10%
Pawtucket	7,909	2,406	30%	5,463	1,790	33%
Portsmouth	2,164	88	4%	333	34	10%
Providence	20,089	9,413	47%	17,871	9,115	51%
Scituate	819	45	6%	111	13	12%
Smithfield	2,463	176	7%	363	105	29%
South Kingstown	2,428	125	5%	437	70	16%
Tiverton	1,603	75	5%	327	44	13%
Warwick	7,860	521	7%	2,668	346	13%
West Warwick	3,491	522	15%	1,888	349	18%
Westerly	2,182	279	13%	796	202	25%
Woonsocket	5,562	1,664	30%	4,009	1,293	32%
Charter Schools	*11,277*	*3,575*	*32%*	*NA*	*NA*	*NA*
State-Operated Schools	*1,827*	*182*	*10%*	*NA*	*NA*	*NA*
UCAP	*131*	*17*	*13%*	*131*	*17*	*13%*
Four Core Cities	*36,076*	*14,696*	*41%*	*NA*	*NA*	*NA*
Remainder of State	*84,553*	*8,643*	*10%*	*25,756*	*4,944*	*19%*
Rhode Island	*133,864*	*27,113*	*20%*	*NA*	*NA*	*NA*

Source of Data for Table/Methodology

Rhode Island Department of Education, Child Nutrition Programs, Office of Statewide Efficiencies, October 2022.

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 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, Excel Academy, Highlander Charter School, Hope Academy, International Charter School, Kingston Hill Academy, Nowell Academy, Nuestro Mundo Public Charter, The Learning Community, RI Nurses Institute Middle College Charter School, RISE Prep Mayoral Academy, 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 Charter School. State-operated schools include William M. Davies Jr. Career & Technical High School, the Rhode Island School for the Deaf, and Metropolitan Regional Career and Technical Center. UCAP is the Urban Collaborative Accelerated Program.

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

(Sources and References are continued on page 178)

Health

The way they see us, the way we choose to be seen.

by Dariana Pena Acosta

Strong dependencies, and mentalities.
Emotions that come and go.
Short tempered That is like a blizzard

after snow.

Loud words that we refine,
but that can't be kept in
no matter how hard we try.

One look at us
A child is what they see
A child we might be,
but Like an adult is how we will speak.

Using our youth as a shield our voice as a spear
and go into society as a battle that must not be feared.
Making our voice important.
Making our voice loud.
Choosing not to be silenced
by those around.

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, 2022, 62% of RIte Care members who qualified based on family income and 66% of RIte Share enrollees were children under age 19.[8,9]

Nationally, children living in poverty, Black and Hispanic children, foreign born, and non-citizen children, are most likely to be uninsured.[10] In 2021, an estimated 2.5% of Rhode Island children were uninsured.[11]

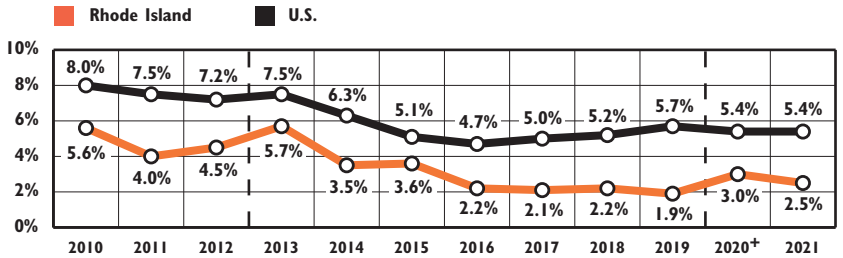
Children Under Age 19 Without Health Insurance

	2013	2021
RI	5.7%	2.5%
US	7.5%	5.4%
National Rank*		*4th*
New England Rank**		*4th*

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: For 2021: U.S. Census Bureau, American Community Survey, 2021. Table R2702. For 2013: U.S Census Bureau, American Community Survey, 2013. Table CP03.

Children Without Health Insurance, Rhode Island, 2010-2021



Source: +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 COVD-19 pandemic. U.S. Census Bureau, American Community Survey, 2012-2019, 2021. Data from 2010 to 2012 are for children under 18 years of age and data from 2013 to 2021 are for children under 19 years of age. Prior Factbooks are not comparable.

◆ **In 2021, 2.5% of Rhode Island's children under age 19 were uninsured. Rhode Island ranked fourth best state in the U.S., with 97.5% of children covered. In 2021, 49% 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 55% of children under the age of three were enrolled in RIte Care/Medical Assistance in 2022.[16,17]**

◆ **Approximately 60% (2,746) of the estimated 4,585 uninsured children under age 18 in Rhode Island between 2017 and 2021 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 1,839 uninsured children lived in families with incomes above the income limit for RIte Care eligibility and 67% (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, 2022, 1,782 children and 925 adults (2,707 total) were enrolled in RIte Share.[20] As of October 2022, 1,695 children were enrolled in private health coverage through HealthSource RI, 63% of whom received financial assistance through a premium tax credit or a cost sharing reduction.[21]**

Table 16.

Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 31, 2022

CITY/TOWN	RITE CARE	SSI	KATIE BECKETT PROVISION	ADOPTION SUBSIDY	FOSTER CARE	TOTAL
Barrington	616	16	43	38	<10	719
Bristol	963	30	11	42	12	1,058
Burrillville	1,223	39	10	72	17	1,361
Central Falls	5,356	211	<10	55	33	5,658
Charlestown	448	13	<10	17	<10	492
Coventry	2,177	91	40	165	60	2,533
Cranston	7,374	217	64	235	109	7,999
Cumberland	2,097	77	47	87	29	2,337
East Greenwich	543	19	32	37	28	659
East Providence	4,085	147	36	135	88	4,491
Exeter	337	<10	<10	17	12	382
Foster	328	<10	<10	28	<10	377
Glocester	398	15	<10	46	33	501
Hopkinton	441	<10	<10	23	<10	479
Jamestown	127	<10	<10	<10	<10	147
Johnston	2,851	102	46	89	49	3,137
Lincoln	1,725	58	26	72	30	1,911
Little Compton	144	<10	<10	<10	<10	157
Middletown	1,072	40	15	42	26	1,195
Narragansett	376	<10	<10	28	25	442
New Shoreham	83	0	0	0	0	83
Newport	1,907	101	<10	53	28	2,094
North Kingstown	1,510	55	23	75	34	1,697
North Providence	1,579	45	12	35	40	1,711
North Smithfield	678	17	13	52	14	774
Pawtucket	12,381	471	21	216	157	13,246
Portsmouth	714	19	11	53	34	831
Providence	37,205	1,554	57	520	567	39,903
Richmond	405	12	<10	37	<10	466
Scituate	363	<10	11	28	<10	414
Smithfield	929	18	27	45	18	1,037
South Kingstown	1,286	44	28	92	28	1,478
Tiverton	912	22	<10	32	12	987
Warren	807	29	<10	38	13	895
Warwick	5,451	163	78	285	98	6,075
West Greenwich	277	<10	10	22	<10	323
West Warwick	3,314	161	18	118	65	3,676
Westerly	1,760	46	21	62	32	1,921
Woonsocket	7,617	475	13	167	83	8,355
Four Core Cities	*62,559*	*2,711*	*94*	*958*	*840*	*67,162*
Remainder of State	*49,937*	*1,644*	*703*	*2,215*	*1,078*	*44,706*
Rhode Island	*112,496*	*4,355*	*797*	*3,173*	*1,918*	*122,739*

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, MMIS Database, December 31, 2022.

The table includes children enrolled in RIte Care managed care as of December 31, 2022. 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.

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[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.

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[8,15] Rhode Island Executive Office of Health & Human Services. (2022). *Healthcare programs.* Retrieved February 21, 2022, from www.eohhs.ri.gov

(continued on page 179)

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

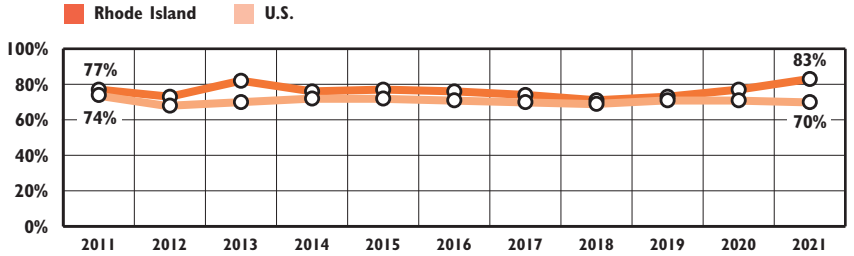
Timely and complete immunization protects children against many infectious diseases that were once common and resulted in death or disability. Vaccines interact with the immune system to produce antibodies that protect the body if it is later exposed to disease. The benefits of immunization include improved 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 influenza 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, 2011-2021



**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.*

Source: Centers for Disease Control and Prevention, *National Immunization Survey-Children*, 2011-2021.

◆ **In 2021, 83% of Rhode Island's children were fully immunized by age 24 months, above the national average of 70%.[9]**

◆ **In 2019-2021, the U.S. rate for children being fully immunized by age 24 months was 45% for uninsured children, 64% for children with Medicaid coverage, and 78% for children with private health insurance coverage.[10]**

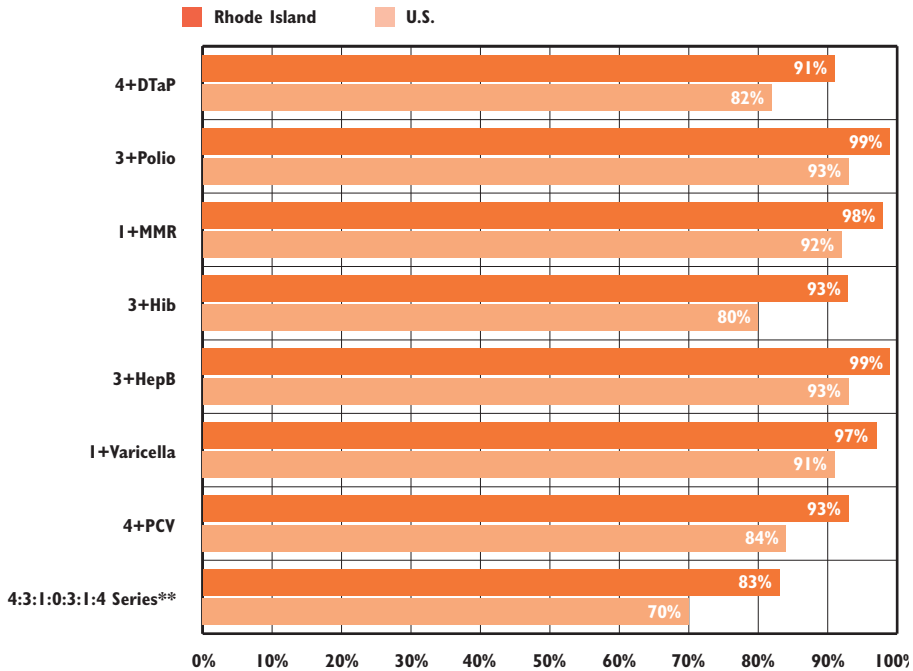
◆ **Vaccine concerns have led some parents to request alternative vaccination schedules or to refuse some or all immunizations, which contribute to under-immunization.[11] Federal law requires that families be provided with information about each vaccine, including risks and benefits about the vaccine.[12]**

Immunizations for School Entry

◆ **Of the immunizations needed for school entry in 2022, entering kindergarteners had coverage rates between 90% and 96%, while entering 7th grade students had rates between 72% and 83%.[13]**

◆ **In Rhode Island, children may be exempt from receiving one or more vaccines for medical or religious reasons.[14] In the 2022-2023 school year, 149 kindergarten students and 346 students in 7th grade had exemptions from vaccination requirements. Of these exemptions, for kindergarten, 93% were for religious reasons and 7% were for medical reasons. For 7th grade, 91% were for religious reasons and 9% were for medical reasons.[15]**

Vaccination Coverage Among Children, by Age 24 Months, Rhode Island and United States, 2021



Source: Rhode Island Department of Health analysis of data from the *National Immunization Survey-Children*, 2021.

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

◆ **The U.S. Centers for Disease Control and Prevention recommends that everyone ages six months and older receive the COVID-19 vaccine, and that everyone ages five years and older receive boosters if eligible.[16]**

◆ **As of January 2023, 40% of Rhode Island children ages five to nine, 57% of Rhode Island children ages 10 to 14, and 73% of Rhode Island youth ages 15 to 18 were at least partially vaccinated for the prevention of COVID-19.[17]**

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.[18]**

◆ **According to the 2021 *National Immunization Survey*, 83% of Rhode Island adolescents received the 3+HPV vaccine, compared to 62% nationally; 97% of Rhode Island adolescents received the 1+Tdap vaccine, compared to 92% nationally; and 93% of Rhode Island adolescents received the 1+MenACWY vaccine, compared to 89% nationally.[19]**

◆ **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.[20,21]**

◆ **During the 2021-2022 school year, 74 schools participated in VBYG, up from 47 schools the year prior. In total, 2,889 vaccine doses were administered to 1,201 students; up from 1,055 vaccine doses administered to 451 students the year prior, returning to toward 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).[22]**

◆ **The School Located Vaccination (SLV) program administered 19,271 doses of the influenza vaccine to both children and adults at school-based clinics throughout Rhode Island from October 2022 to November 2022. The goal of SLV is to ensure all Rhode Island children receive their annual flu vaccination at no out-of-pocket cost.[23]**

References

[1] U.S. Department of Health & Human Services. (2022). *Five important reasons to vaccinate your child.* Retrieved February 3, 2023, from www.hhs.gov

(continued on page 179)

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, 2022 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]

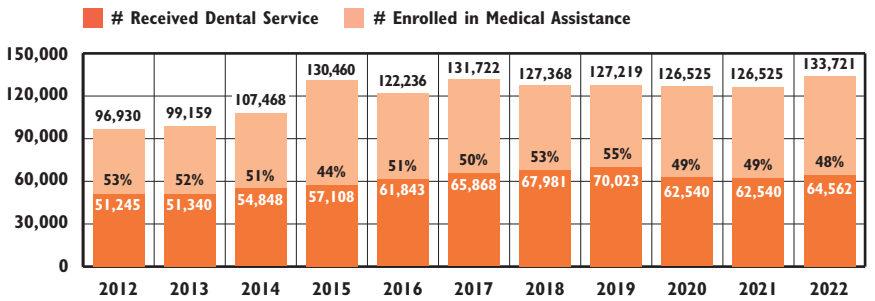
Children living in poverty are more likely to have untreated tooth decay than higher-income children. For children in low-income families, the efficacy and continuity of public dental insurance is a critical factor in access to dental care. In the U.S. and in Rhode Island, children who have public health 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 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 2012-2022



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2012-2022. *Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service.

◆ **Forty-eight percent (64,562) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service on June 30, 2022 received a dental service during State Fiscal Year 2022. This is a slight decrease from last year.[17]**

◆ **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.[18] 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.[19]**

◆ **RIte Smiles, Rhode Island's managed care oral health program for children, has been credited with improving access to dental care for children. The program began in 2006, and covers low-income children and youth up to age 21.[20] As of December 31, 2022, there were 131,905 children and youth enrolled in RIte Smiles.[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 cumbersome 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, case management, and streamlining administrative procedures can encourage provider enrollment and patient utilization.[24,25]

◆ When RIte Smiles started in 2006, reimbursement rates were raised for RIte Smiles dental providers to encourage participation.[26] The number of dentists accepting children with Medicaid coverage increased from 27 before RIte Smiles began to 213 in 2022, however participating peak in 2019 with 312 providers.[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 and subsequent lockdown, there were many disruptions in dental care. Emergency care was the only type available in the beginning of COVID-19, and school closures also disrupted access to school-based care. Nationally, children's oral health declined as a result of the pandemic.[30]

◆ In Rhode Island in 2021, 288 children and youth under age 21 were treated for a primary dental-related condition in Rhode Island emergency departments.[31]

◆ In Rhode Island in 2021, 58 children and youth under age 21 were hospitalized with a diagnosis that included an oral health condition. That same year, 11 children and youth under age 21 were hospitalized with an oral health condition as the primary reason for the hospitalization.[32]

Importance of Early Dental Visits for Very Young Children

◆ 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]

◆ Between 2019-2022, 21% of Rhode Island kindergartners had untreated tooth decay. There are disparities by race/ethnicity and income, with Black and low income kindergarteners having the highest rates.[35]

◆ 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.[36]

◆ 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.[37]

◆ All 50 state Medicaid programs reimburse primary care medical providers for preventive oral health services for very young children, including risk assessment and fluoride varnish application.[38]

References

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

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(continued on page 179)

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 2021, one in four (24.4%) 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 2021, more than one-third (36%) 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 2022, there were 7,611 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] Mental health systems tend to be fragmented and crisis-driven with disproportionate spending on high-end care and inadequate investments in prevention and community-based services.[14,15,16]

Continuum of Mental Health Care Throughout the Life Course

◆ **Increasing the availability of outpatient services could reduce the 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 2022, 6,389 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 for Children and Adolescents

◆ **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) 2022, 26% (31,627) of children under age 19 enrolled in Medicaid/RIte Care had a mental health diagnosis.[28]**

◆ **In SFY 2022, 901 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 2,515 children had a mental health related emergency department visit (up from 2,246 in SFY 2021).[29]**

◆ **In 2021, LGBTQ+ Rhode Island high school students reported higher rates of sadness and hopelessness than their peers.[30,31] 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.[32]**

Psychiatric Hospitals

Children Under Age 18 Treated at Rhode Island Psychiatric Hospitals, October 1, 2021 – September 30, 2022 (FFY 2022)

	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	513	34 days	85	62 days	596	9 days
Residential	138	79 days**	40	7.8 years	--	--
Partial Hospitalization	650	35 visits	112	35 visits	733	4 visits
Home-Based	0	NA	22	15 visits	--	--
Outpatient	906	**	26	**	900	NA

Source: Lifespan, 2021-2022 and Butler Hospital, 2021-2022. 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 2022). The average length of stay is based on discharges. ** Only total number treated with outpatient services by the Lifespan Physician Group is available.

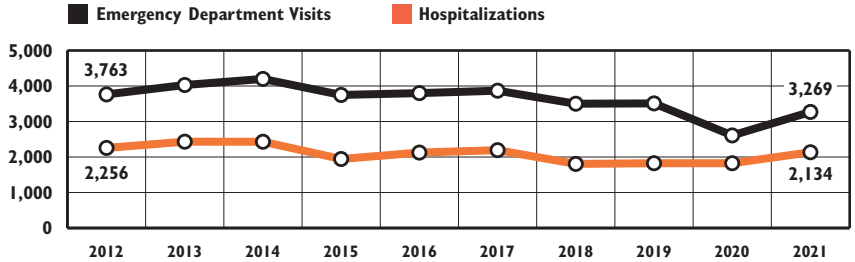
-- = Service not offered. NA = Data not available for this service.

◆ **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. The most common diagnoses for youth treated at Butler or Bradley Hospitals in FFY 2022 in an inpatient setting were depressive disorders, anxiety disorders, adjustment disorders, and childhood/adolescent disorders.[33,34]**

◆ **In Federal Fiscal Year (FFY) 2022, there were 1,144 children and youth awaiting psychiatric inpatient admission (psychiatric boarding), compared to FFY 2019 when there were 437 boarders. The average wait time for psychiatric admission in FFY 2022 was 6.2 days, compared to 3.2 days in FFY 2020. In FFY 2022, 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 378 students in FFY 2022.[37]**

Emergency Care for Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2012-2021*



Source: Rhode Island Department of Health, Hospital Discharge Database, 2012-2021. *Data are for emergency department visits and hospitalizations, not children. Children may visit 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 2021, there were 3,269 emergency department visits and 2,134 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 37% 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 2021, 38% of Rhode Island high school students reported feeling sad or hopeless for more than two weeks during the past year, continuing an upward trend. Girls were twice as likely as boys to report these feelings. Almost 10% of Rhode Island high school students reported attempting suicide one or more times during the past year.[41]**

◆ **In Rhode Island between 2017 and 2021, there were 2,458 emergency department visits and 1,305 hospitalizations of youth ages 13 to 19 due to suicide attempts or intentional self-harm.[42] Suicidal or self-injurious behavior accounted for 15% of the reasons for calls to Kids' Link RI during FY 2022.[43]**

◆ **Seventeen children ages 15 to 19 died due to suicide in Rhode Island between 2017-2021. Of the 17 youth who died from suicide, 24% were female, and 76% were male.[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 20% of children in the U.S. and 22% 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 35% of parents nationally reported completing a developmental screening.[3] In Rhode Island, 15% of CSHCN have "more complex heath needs", which is the same nationally. 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, 2022, nine certified EI provider agencies served 1,921 children in Rhode Island. 682 of those children receiving EI services were female and 1,239 were male. Of these children, 55% were white, 31% were Hispanic, 8% were Black, 3% were Multiracial, 2% 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, 2022, in Rhode Island, there were 2,920 children ages three to five who received preschool special education services.[16]**

- **In Rhode Island as of June 2022, 22,165 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 2022, 67% of the 1,153 children who reached age three while in EI were determined to be eligible for preschool special education, 16% were found not eligible, and 12% 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]**

Medical Assistance for Children With Special Health Care Needs

◆ As of December 31, 2022, there were 4,392 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, 2022, there were 797 Rhode Island children enrolled through the Katie Beckett provision, a decline of 55% 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, 2022, 1,918 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 75% of all eligible former foster youth were enrolled in Medicaid coverage as of December 31, 2022.[30]

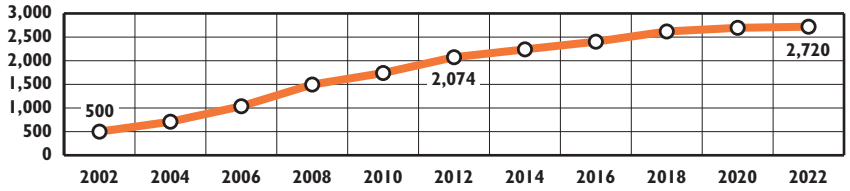
◆ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for Medical Assistance coverage.[31] As of December 31, 2022, 3,280 children were enrolled in Medical Assistance because of special needs adoptions.[32]

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 2002 – June 2022



Source: Rhode Island Department of Education, June 2002– June 2022. Numbers include parentally-placed students.

◆ In June 2022, there were 2,720 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.). *2020-2021 National Survey of Children's Health: Children with special health care needs.* Retrieved from childhealthdata.org

[2] Health Resources & Services Administration, Maternal and Child Health Bureau. (2021). *Children and youth with special health care needs.* Retrieved 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.

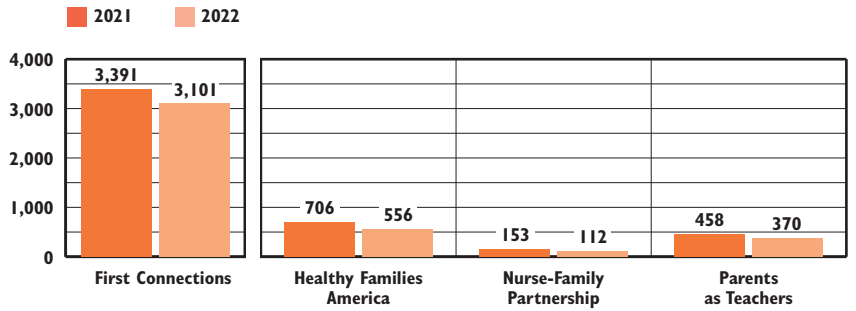
SIGNIFICANCE

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 positive 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 2022, there were 24 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, 2021-2022



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

◆ **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 2022, 3,101 children received at least one First Connections home visit, down 9% from 2021. Fifty-two percent of children lived in one of the four core cities and 48% in the remainder of the state.[12]**

◆ **As of October 2022, 1,038 families were participating in an evidence-based home visiting program in Rhode Island, down 21% from October 2021. The decrease in participation can be attributed to a reduction in funded program capacity to increase wages for family home visitors in response to the ongoing staffing crisis and staffing challenges.[13]**

◆ **Among the children enrolled in an evidence-based, comprehensive model, 44% were white, 19% were Black, 6% were Multiracial, 1% were Asian, <1% were American Indian or Alaska Native, <1% were Native Hawaiian or Other Pacific Islander, and 29% were of an unknown race or declined to answer. Within these race categories, 49% of enrolled children were Hispanic.[14]**

◆ **Home-based Early Head Start is also recognized as an evidence-based home visiting program that improves child outcomes.[15] As of October 2022 in Rhode Island, there were 268 children enrolled in home-based Early Head Start.[16]**

Table 17.

Family Home Visiting, Rhode Island, 2022

CITY/TOWN	COMMUNITY CONTEXT, 2022: TOTAL # OF BIRTHS	COMMUNITY CONTEXT, 2022: # OF BABIES BORN WHO SCREENED RISK POSITIVE	COMMUNITY CONTEXT, 2022: # OF BIRTHS TO LOW-INCOME FAMILIES	# RECEIVED FIRST CONNECTIONS VISIT IN 2022	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2022: HEALTHY FAMILIES AMERICA	NURSE-FAMILY PARTNERSHIP	PARENTS AS TEACHERS*	TOTAL
Barrington	114	41	11	9	5	0	2	7
Bristol	127	70	26	22	3	0	35	38
Burrillville	110	63	36	15	2	0	2	4
Central Falls	275	236	213	98	50	19	24	93
Charlestown	51	27	13	19	2	0	4	6
Coventry	327	198	91	87	18	1	8	27
Cranston	754	474	267	264	32	6	22	60
Cumberland	294	141	63	49	6	1	1	8
East Greenwich	141	53	15	24	0	0	0	0
East Providence	418	265	142	53	10	4	12	26
Exeter	49	22	11	14	0	0	2	2
Foster	38	23	11	5	1	0	0	1
Glocester	70	44	12	16	1	0	1	2
Hopkinton	55	24	8	18	0	0	5	5
Jamestown	19	8	4	7	1	0	0	1
Johnston	263	167	87	66	4	2	5	11
Lincoln	193	109	51	38	1	2	5	8
Little Compton	7	4	1	1	1	0	0	1
Middletown	138	65	36	37	4	0	5	9
Narragansett	65	34	13	22	0	0	2	2
New Shoreham	10	6	3	2	0	0	2	2
Newport	190	127	84	48	13	1	3	17
North Kingstown	204	90	35	59	1	1	0	2
North Providence	311	191	94	71	7	1	5	13
North Smithfield	79	40	17	14	0	0	3	3
Pawtucket	805	622	464	164	59	21	40	120
Portsmouth	111	49	21	26	6	0	1	7
Providence	2,245	1,780	1,440	1178	238	43	73	354
Richmond	89	37	17	16	1	0	0	1
Scituate	86	39	16	9	0	0	0	0
Smithfield	157	77	32	29	1	0	1	2
South Kingstown	159	73	35	60	3	0	2	5
Tiverton	62	39	19	12	4	0	2	6
Warren	80	49	23	12	3	1	8	12
Warwick	663	382	171	202	33	3	15	51
West Greenwich	48	26	7	11	0	1	0	1
West Warwick	274	183	105	103	17	3	7	27
Westerly	142	84	47	58	2	0	24	26
Woonsocket	468	384	304	163	27	2	48	77
Unknown	*NA*	*NA*	*NA*	*0*	*0*	*0*	*1*	*1*
Four Core Cities	*3,793*	*3,022*	*2,421*	*1,603*	*374*	*85*	*185*	*644*
Remainder of State	*5,898*	*3,324*	*1,624*	*1,498*	*182*	*27*	*185*	*394*
Rhode Island	*9,691*	*6,346*	*4,045*	*3,101*	*556*	*112*	*370*	*1,038*

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.

*From 2018 to 2021, enrolled families included all families participating in Parents as Teachers programs, including those without MIECHV funding.

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.

[4,7,15] *Early childhood home visiting models: Reviewing evidence of effectiveness.* (2022). Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

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[8,11] *Family visiting legislative report.* (2022). 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 to Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding.* Retrieved March 21, 2023, from homvee.acf.hhs.gov

(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]

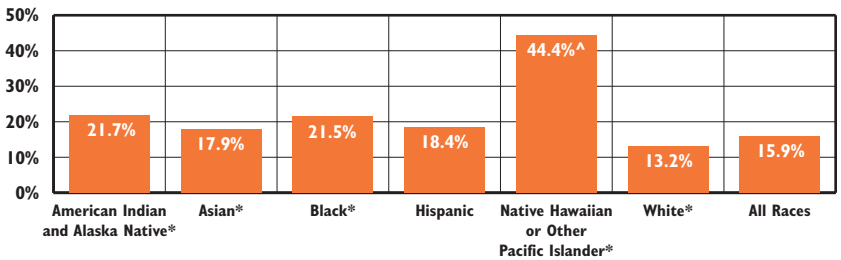
Effective prenatal care screens for and intervenes with a range of maternal needs including nutrition, social support, mental health, smoking cessation, substance use, domestic violence, and unmet needs for food and shelter. A prenatal visit is the first step in establishing an infant's medical home 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 Black, Indigenous, People of Color (BIPOC) women.[10]

Women With Delayed or No Prenatal Care by Race/Ethnicity, Rhode Island, 2017-2021



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2017-2021. * Race categories are non-Hispanic. ^Due to small numbers please interpret percentage with caution.

◆ **In Rhode Island between 2017 and 2021, 15.9% of women who gave birth did not begin care until the second or third trimester if at all. Between 2017 and 2021 in Rhode Island, Native Hawaiian or Other Pacific Islander (44.4%), American Indian and Alaska Native (21.7%), Black (21.5%), Hispanic (18.4%), and Asian women (17.9%) were more likely to receive delayed prenatal care than white women (13.2%).[11]**

◆ **Between 2017 and 2021 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 (25.2% 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 (19.8%) pregnant women in the four core cities received delayed prenatal care compared to 13.4% 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 2017 and 2021, 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 (39.9%). Women with private insurance coverage were the least likely to receive delayed/no prenatal care (11.9%).[16]**

Women with Delayed Prenatal Care

Racial/Ethnic Disparities in Severe Maternal Morbidity

- Nationally, Black women are 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. To better measure maternal health during pregnancy and after childbirth, Rhode Island reports the prevalence of severe maternal morbidity. Severe maternal morbidity is defined as unintended outcomes of labor and delivery that result in significant consequences to a woman's health.[25]

- In 2021, the Rhode Island severe maternal morbidity rate was 85 per 10,000 delivery hospitalizations up from 72 per 10,000 in 2020. Black women (112 per 10,000) and Hispanic women (99 per 10,000) had higher rates of maternal morbidity than white women (78 per 10,000) between 2017 and 2021.[26]

Table 18. **Delayed Prenatal Care, Rhode Island, 2017-2021**

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	544	82	15.1
Bristol	660	95	14.4
Burrillville	593	85	14.3
Central Falls	1,457	312	21.4
Charlestown	264	23	8.7
Coventry	1,422	152	10.7
Cranston	3,691	580	15.7
Cumberland	1,603	228	14.2
East Greenwich	535	60	11.2
East Providence	2,147	317	14.8
Exeter	231	22	9.5 ^
Foster	200	27	13.5
Glocester	326	51	15.6
Hopkinton	327	32	9.8
Jamestown	134	11	8.2 ^
Johnston	1,290	192	14.9
Lincoln	858	131	15.3
Little Compton	70	10	14.3 ^
Middletown	786	90	11.5
Narragansett	259	27	10.4
New Shoreham	24	5	*
Newport	1,053	158	15.0
North Kingstown	1,065	117	11.0
North Providence	1,525	231	15.1
North Smithfield	424	75	17.7
Pawtucket	4,196	776	18.5
Portsmouth	655	70	10.7
Providence	11,409	2,306	20.2
Richmond	299	28	9.4
Scituate	420	70	16.7
Smithfield	717	116	16.2
South Kingstown	811	79	9.7
Tiverton	542	70	12.9
Warren	405	64	15.8
Warwick	3,509	417	11.9
West Greenwich	239	29	12.1
West Warwick	1,446	186	12.9
Westerly	887	89	10.0
Woonsocket	2,433	461	18.9
*Unknown***	*226*	*32*	*14.2*
Four Core Cities	*19,495*	*3,855*	*19.8*
Remainder of State	*29,961*	*4,019*	*13.4*
Rhode Island	*49,682*	*7,906*	*15.9*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2017-2021.

The denominator is the total number of live births to Rhode Island residents from 2017-2021.

*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: 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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(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]

While the specific causes of preterm births are largely unknown, research indicates that there are several interrelated risk factors involved. The three leading risk factors 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 maternal substance use.[7,8]

In 2021, the U.S. preterm birth rate (10.49%) was the highest since 2007. The preterm birth rate varies by race/ethnicity, with non-Hispanic Black women (14.8%) continuing to have the highest preterm birth rate in the U.S. in 2021. American Indian and Alaska Native women (12.3%) and Native Hawaiian and Other Pacific Island women (12.7%) also had preterm birth rates higher than Hispanic women (10.2%), non-Hispanic white women (9.5%), and Asian women (9.2%). The rate increased for each group between 2020 and 2021 following a slight decline the previous year.[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]

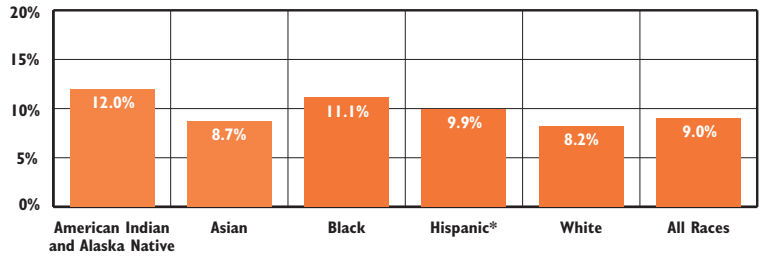
Preterm Births

	2011	2021
RI	10.4%	9.7%
US	11.7%	10.5%
National Rank*		*13th*
New England Rank**		*6th*

**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. *NVSR, 62*(1), 1-19. For 2021: Martin, J. A., et al. (2023). Births: Final data for 2021. *NVSR, 72*(1), 1-19.

Preterm Birth Infants by Race/Ethnicity, Rhode Island, 2017-2021



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2017-2021. *Hispanic infants can be of any race.

◆ **Between 2017 and 2021, 12.0% of births of non-Hispanic American Indian and Alaska Native and 11.1% of births of non-Hispanic Black infants in Rhode Island were preterm, compared with 8.7% of non-Hispanic Asian and 8.2% of Non-Hispanic white infants. During this same time, 9.9% of births to Hispanic women in Rhode Island were preterm.[12]**

◆ **Between 2017 and 2021, 72.5% of all preterm births in Rhode Island were late preterm births (34-36 weeks gestation), and 15.7% of all preterm births were very preterm (<32 weeks gestation).[13] Multiple births are more likely to be born preterm. In Rhode Island between 2017 and 2021, 60.6% of multiple births were preterm, compared with 7.3% of singleton births.[14]**

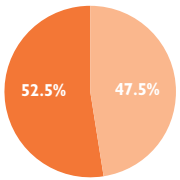
◆ **Between 2017 and 2021, 11.8% of births to women who smoked during pregnancy were preterm compared to 8.9% of those who did not smoke during pregnancy. During this period, women with no insurance were more likely to have a preterm birth (12.1%) compared to 9.8% those with public insurance (RIte Care) and 8.3% of those with private insurance.[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]**

Preterm Births by Mother's Education Level, Rhode Island, 2017-2021

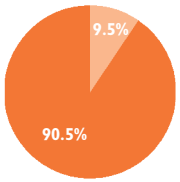
Less than High School

47.5% Preterm Births
52.5% Full-term Births



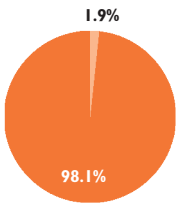
High School Diploma

9.5% Preterm Births
90.5% Full-term Births



Greater than High School

1.9% Preterm Births
98.1% Full-term Births



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2017-2021.

Table 19. **Preterm Births, Rhode Island, 2017-2021**

CITY/TOWN	# BIRTHS	# PRETERM BIRTHS	% PRETERM BIRTHS
Barrington	567	43	7.6
Bristol	679	59	8.7
Burrillville	650	51	7.8
Central Falls	1,540	179	11.6
Charlestown	270	34	12.6
Coventry	1,463	112	7.7
Cranston	3,797	336	8.8
Cumberland	1,713	136	7.9
East Greenwich	551	42	7.6
East Providence	2,247	179	8.0
Exeter	237	18	7.6
Foster	205	19	9.3 ^
Glocester	345	25	7.2
Hopkinton	334	23	6.9 ^
Jamestown	136	9	*
Johnston	1,338	123	9.2
Lincoln	898	71	7.9
Little Compton	76	2	*
Middletown	805	56	7.0
Narragansett	266	24	9.0
New Shoreham	25	2	*
Newport	1,092	74	6.8
North Kingstown	1,098	91	8.3
North Providence	1,576	141	8.9
North Smithfield	469	38	8.1
Pawtucket	4,417	439	9.9
Portsmouth	665	47	7.1
Providence	11,913	1,197	10.0
Richmond	307	29	9.4
Scituate	432	36	8.3
Smithfield	734	55	7.5
South Kingstown	830	71	8.6
Tiverton	565	42	7.4
Warren	419	40	9.5
Warwick	3,620	305	8.4
West Greenwich	247	16	6.5 ^
West Warwick	1,512	154	10.2
Westerly	907	77	8.5
Woonsocket	2,668	256	9.6
Unknown	*234*	*17*	*
Four Core Cities	*20,538*	*2,071*	*10.1*
Remainder of State	*31,075*	*2,580*	*8.3*
Rhode Island	*51,847*	*4,668*	*9.0*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2017-2021. The denominator is the total number of live births to Rhode Island residents from 2017-2021.

*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 2017-2021 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.

References

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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 2017 and 2021, 4.7% of births were to mothers who smoked during their pregnancy. During that time, Rhode Island smokers (13.8%) were more likely to deliver a low birthweight infant compared to women who did not smoke (7.3%).[7]

Children born at very low birthweight (less than 3.3 pounds or 1,500 grams) are more than 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 Rhode Island's infants were born at low birthweight, which is higher than 7.4% in 2011.[11,12] The low birthweight related infant mortality rate decreased between 2020 and 2019 but still remains a top cause of infant mortality in the U.S.[13]

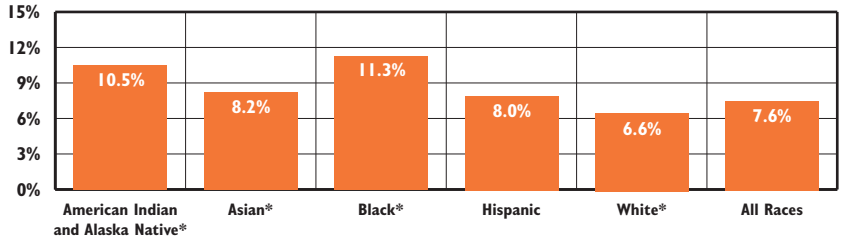
Low Birthweight Infants

	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, 2017-2021*



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2017-2021. * Race categories are non-Hispanic.

◆ **In Rhode Island between 2017 and 2021, 10.5% of American Indian and Alaska Native infants, 8.2% of Asian infants, 11.3% of Black infants, and 8.0% 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 2017 and 2021 in Rhode Island, 10.3% of births among women under age 20 were low birthweight compared to 7.5% of those over age 20; 8.7% of infants born to women living in the four core cities were low birthweight compared to 6.8% in the remainder of the state; and 8.7% 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]**

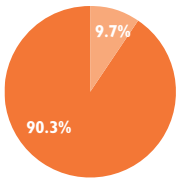
◆ **Rhode Island women who deliver a low birthweight infant are more likely to report smoking while pregnant, feeling unsafe in their neighborhood, delayed or no prenatal care, a depression diagnosis, and domestic violence; as well as health issues during their pregnancy (such as high blood pressure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

◆ **Between 2017 and 2021 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]**

Low Birthweight by Mother's Insurance Type, Rhode Island, 2017-2021

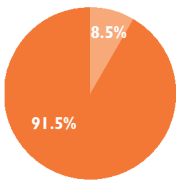
Uninsured

9.7% Low Birthweight
90.3% Normal Birthweight



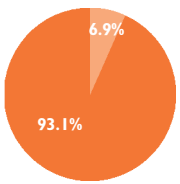
Public Insurance (RIte Care)

8.5% Low Birthweight
91.5% Normal Birthweight



Private Insurance

6.9% Low Birthweight
93.1% Normal Birthweight



Source: Rhode Island Department of Health, Center for Health Data and Analysis. Maternal and Child Health Database, 2017-2021. Data for births in 2021 are provisional.

Table 20. **Low Birthweight Infants, Rhode Island, 2017-2021**

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	567	36	6.3
Bristol	679	46	6.8
Burrillville	650	41	6.3
Central Falls	1,540	127	8.2
Charlestown	270	19	7.0^
Coventry	1,463	84	5.7
Cranston	3,797	286	7.5
Cumberland	1,713	109	6.4
East Greenwich	551	33	6.0
East Providence	2,247	166	7.4
Exeter	237	13	5.5^
Foster	205	16	7.8^
Glocester	345	23	6.7^
Hopkinton	334	15	4.5^
Jamestown	136	10	*
Johnston	1,338	103	7.7
Lincoln	898	59	6.6
Little Compton	76	2	*
Middletown	805	58	7.2
Narragansett	266	23	8.6
New Shoreham	25	1	*
Newport	1,092	72	6.6
North Kingstown	1,098	63	5.7
North Providence	1,576	136	8.6
North Smithfield	469	24	5.1
Pawtucket	4,417	395	8.9
Portsmouth	665	39	5.9
Providence	11,913	1,040	8.7
Richmond	307	14	4.6 ^
Scituate	432	26	6.0
Smithfield	734	42	5.7
South Kingstown	830	48	5.8
Tiverton	565	38	6.7
Warren	419	27	6.4
Warwick	3,620	250	6.9
West Greenwich	247	15	6.1 ^
West Warwick	1,512	128	8.5
Westerly	907	73	8.0
Woonsocket	2,668	227	8.5
Unknown	*234*	*17*	*
Four Core Cities	*20,538*	*1,789*	*8.7*
Remainder of State	*31,075*	*2,105*	*6.8*
Rhode Island	*51,847*	*3,911*	*7.5*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2017-2021.

The denominator is the total number of live births to Rhode Island residents between 2017 and 2021.

*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.

References

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

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[7,14,18,19,21] Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2017-2021.

[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

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(continued on page 181)

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 2020, 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. Sudden infant deaths now rank third most common and unintentional injuries rank fourth, exchanging rankings from 2019.[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 2020 due to improvements in nutrition, medical advances, improved access to care, economic growth, and safer sleep practices.[4,5,6] Relative to other industrialized countries, the U.S. has higher rates of infant mortality due in part 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 2020, the non-Hispanic Black infant mortality rate was 10.4 deaths per 1,000 births, the American Indian/Alaska Native rate was 7.7, the Native Hawaiian or Other Pacific Islander rate was 7.2, the Hispanic rate was 4.7, the non-Hispanic white rate was 4.4, and the Asian rate was 3.1.[8]

The overall infant mortality rate in Rhode Island between 2017 and 2021 was 5.1 deaths per 1,000 live births. Mothers with a high school degree or less had a higher infant mortality rate (5.5 per 1,000 live births) than mothers with higher educational attainment (3.3 per 1,000 live births). Mothers with public insurance had a higher infant mortality rate (6.3 per 1,000 live births) than mothers with private insurance (3.2 per 1,000 live births).[9]

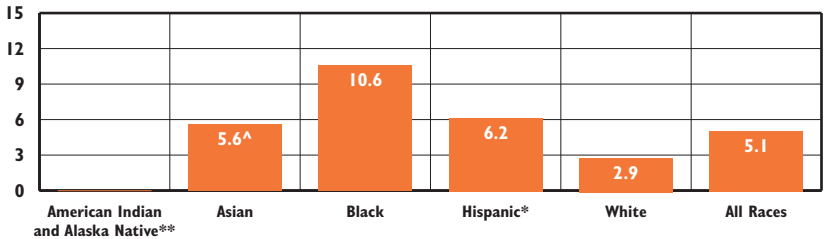
Infant Mortality Rate
(rate per 1,000 live births)

	2010	2020
RI	7.1	4.2
US	6.1	5.4
National Rank*		*5th*
New England Rank**		*2nd*

**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, 2017-2021



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2017-2021. ^The data are statistically unstable and should be interpreted with caution. *Hispanic infants can be of any race. **Rate or percentage is too unstable to report.

◆ **In Rhode Island between 2017 and 2021, the Black infant mortality rate was 10.6 deaths per 1,000 live births, which is more than three times the white infant mortality rate of 2.9 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]**

◆ **While the overall 2017-2021 infant mortality rate in Rhode Island of 5.1 is on track to meet the Healthy People 2030 target of 5.0 per 1,000 live births, there are disparities by race/ethnicity with the non-Hispanic Black, Hispanic, and Asian 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 structural racism and work to identify and 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 all other Asian subgroups. Enhancing availability of disaggregated data for Asian, Native Hawaiian, Pacific Islander, and Southeast Asian people are important for efforts to advance health equity.[15]**

Causes of Infant Mortality in Rhode Island

◆ Between 2017 and 2021, 265 infants died in Rhode Island before their first birthday, a rate of 5.1 per 1,000 live births. Between 2017 and 2021, 65% of infants who died were low birthweight (less than 2,500 grams) and 27% were born at normal weights. Between 2017 and 2021, 65% (173) of all infant deaths were preterm (born before the 37th week of pregnancy).[16]

◆ Of the 265 infant deaths between 2017 and 2021 in Rhode Island, 74% (195) 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 2017 and 2021, 26% (70) of the 265 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, 2017-2021

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
Four Core Cities	20,538	137	6.7
Remainder of State	31,309	128	4.1
Rhode Island	*51,847*	*265*	*5.1*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2017-2021. Core cities are Central Falls, Pawtucket, Providence, and Woonsocket. Unknown and missing counts were excluded and includes 17 infant deaths that did not link to a birth certificate.

◆ The overall infant mortality rate in Rhode Island between 2017 and 2021 was 5.1 deaths per 1,000 live births. The infant mortality rate was higher in the four core cities (6.7 per 1,000 live births) than in the remainder of the state (4.1 per 1,000 live births).[19]

◆ During 2017 and 2021, Providence had 93 infant deaths and an infant mortality rate of 7.8 per 1,000 live births, the highest of any city/town in Rhode Island. Pawtucket had the second highest with 24 infant deaths and a rate of 5.4 per 1,000 live births.[20]

◆ 26 other cities and towns in Rhode Island had between 1 and 16 infant deaths and due to small numbers, the respective infant mortality rates are not reported or should be interpreted with caution. In Rhode Island, 11 cities and towns had no infant deaths between 2017 and 2021.[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 2022, there were 1,038 families enrolled in one of the evidence-based family home visiting programs coordinated by the Rhode Island Department of Health.[29]

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(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.[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]

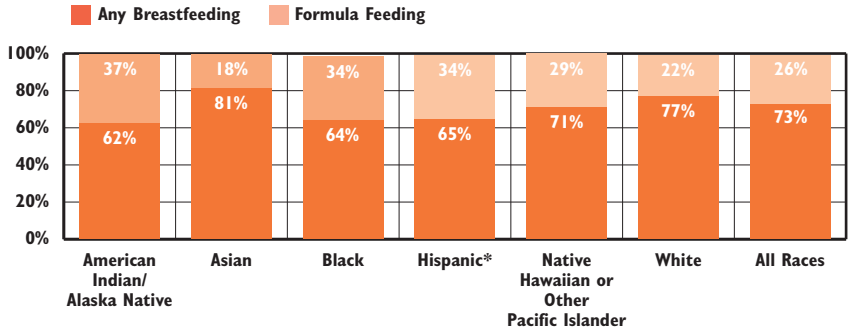
Breastfeeding Rates

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

**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 from 2019.

Breastfeeding and Formula Feeding at Birth by Race/Ethnicity, Rhode Island, 2017-2021*



Source: Rhode Island Department of Health, Center for Health Data and Analysis, KIDSNET , 2017-2021.
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 2017 and 2021, 73% of new mothers in Rhode Island indicated that they intended to breastfeed when discharged from the hospital and 26% 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 and inadequate workplace policies for breastfeeding moms.[13,14]**

Paid Family Leave and Breastfeeding

◆ **Paid family leave provides compensation to workers, including parents of a new child. Rhode Island established a paid family leave program in 2013, but has since fallen behind the 11 other states with programs. Rhode Island currently offers the lowest wage replacement rate and only six weeks of leave, the fewest of any state.[15]**

◆ **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 to meet national standards would help ensure equitable access to paid leave and breastfeeding support, especially for Women of Color.[17,18]**

Rhode Island Supports for Breastfeeding

- 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 for conditions related to pregnancy and childbirth, including 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 in the U.S. to establish licensure for International Board-Certified Lactation Consultants (IBCLCs). State-certified and trained lactation consultants provide comprehensive lactation support and counseling for pregnant and postpartum women. In January 2023, Rhode Island had 70 licensed IBCLCs.[22,23]

Table 21. **Breastfeeding at Time of Birth, Rhode Island, 2017-2021**

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER ANY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING
Barrington	543	489	90%
Bristol	619	497	80%
Burrillville	589	446	76%
Central Falls	1,517	914	60%
Charlestown	246	209	85%
Coventry	1,438	1,122	78%
Cranston	3,769	2,786	74%
Cumberland	1,545	1,232	80%
East Greenwich	596	523	88%
East Providence	2,158	1,582	73%
Exeter	234	200	85%
Foster	205	171	83%
Glocester	297	235	79%
Hopkinton	264	211	80%
Jamestown	131	124	95%
Johnston	1,311	942	72%
Lincoln	860	686	80%
Little Compton	48	38	79%
Middletown	757	643	85%
Narragansett	238	212	89%
New Shoreham	27	24	89%
Newport	1,041	839	81%
North Kingstown	1,097	958	87%
North Providence	1,546	1,091	71%
North Smithfield	408	344	84%
Pawtucket	4,143	2,738	66%
Portsmouth	583	513	88%
Providence	11,572	7,373	64%
Richmond	324	282	87%
Scituate	436	363	83%
Smithfield	693	557	80%
South Kingstown	811	722	89%
Tiverton	359	282	79%
Warren	377	276	73%
Warwick	3,513	2,705	77%
West Greenwich	244	207	85%
West Warwick	1,478	1,059	72%
Westerly	711	628	88%
Woonsocket	2,400	1,516	63%
Four Core Cities	*19,632*	*12,541*	*64%*
Remainder of State	*29,496*	*23,198*	*79%*
Rhode Island	*49,128*	*35,739*	*73%*

Sources of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2017-2021.

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.

References

[1,3] Meek J,Y., Noble, L. (2022). Policy statement: Breastfeeding and the use of human milk. *Pediatrics, 150*(1), e2022057988.

[2,22] *Breastfeeding: 2015-2020 Rhode Island strategic plan.* (2015). Providence, RI: Rhode Island Department of Health.

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(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 µg/dL) at any time prior to December 31, 2022.[1,2] These data are for children eligible to enter kindergarten in the fall of 2024 (i.e., children born between September 1, 2018 and August 31, 2019).

SIGNIFICANCE

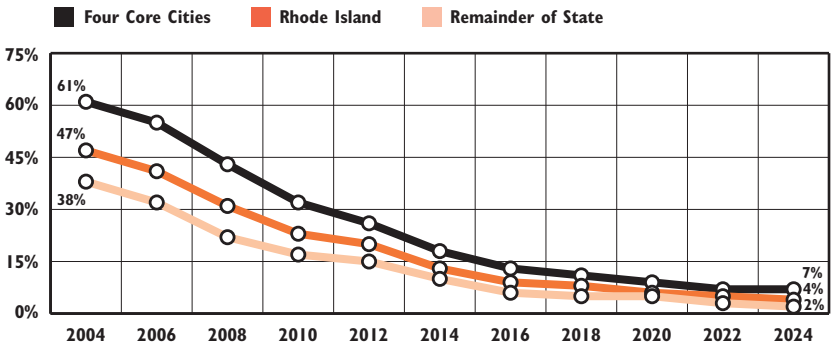
Lead poisoning is a preventable childhood disease. Infants, toddlers, and preschool-age children are most susceptible to the toxic effects of lead because they absorb lead more readily than adults and have inherent vulnerability due to developing central nervous systems.[3] Lead exposure, even at very 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 µg/dL to 3.5 µg/dL. 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 2022, 550 (2.5%) of the 24,334 Rhode Island children under age six who were screened had confirmed elevated blood lead levels of ≥5 µg/dL. Children living in the four core cities (3.9%) were three times as likely than children in the remainder of the state (1.1%) to have confirmed elevated blood lead levels of ≥5 µg/dL.[14]

Children Entering Kindergarten with History of Elevated* Blood Lead Level Screening (≥5 µg/dL), Rhode Island, Four Core Cities, and Remainder of State, 2004-2024



Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 2004 and 2024. *Elevated blood lead level of ≥5 µg/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 with the exception of 2020. Compared to the remainder of the state, the four core cities have three 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 risked 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 Under Age Six with a Blood Lead Level Above the Reference Value

◆ With new reference value of 3.5µg/dL the rate of childhood lead poisoning is predicted to jump to 5% compared to 2.5% at 5 µg/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 single venous test is ≥5µg/dL. The Rhode Island 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 2022, 334 environmental inspections were offered, of which 237 were performed, 101 were refused or had no response, and 6 of the children 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 2022, 72% of children received a test by age 15 months, and 51% received one test by 15 months and a second at least 12 months later and by age 36 months.[25,26,27]

Table 22. **Lead Poisoning in Children Entering Kindergarten in the Fall of 2024, Rhode Island**

CITY/TOWN	NUMBER TESTED FOR LEAD POISONING	CONFIRMED WITH BLOOD LEAD LEVEL ≥5 µg/dL	
		NUMBER	PERCENT
Barrington	184	<5	*
Bristol	147	<5	*
Burrillville	114	6	5.3%
Central Falls	310	23	7.4%
Charlestown	54	0	0.0%
Coventry	312	<5	*
Cranston	768	24	3.1%
Cumberland	348	<5	*
East Greenwich	168	0	0.0%
East Providence	448	11	2.5%
Exeter	56	<5	*
Foster	45	<5	*
Glocester	53	<5	*
Hopkinton	66	0	0.0%
Jamestown	26	0	0.0%
Johnston	280	7	2.5%
Lincoln	168	<5	*
Little Compton	14	0	0.0%
Middletown	175	<5	*
Narragansett	32	0	0.0%
New Shoreham	3	<5	*
Newport	206	13	6.3%
North Kingstown	244	<5	*
North Providence	303	5	1.7%
North Smithfield	77	<5	*
Pawtucket	849	46	5.4%
Portsmouth	146	<5	*
Providence	2,538	197	7.8%
Richmond	55	<5	*
Scituate	103	<5	*
Smithfield	140	<5	*
South Kingstown	191	<5	*
Tiverton	121	<5	*
Warren	90	<5	*
Warwick	686	8	1.2%
West Greenwich	55	0	0.0%
West Warwick	289	8	2.8%
Westerly	148	<5	*
Woonsocket	470	19	4.0%
Four Core Cities	*4,167*	*285*	*6.8%*
Remainder of State	*6,314*	*128*	*2.0%*
Rhode Island	*10,482*	*413*	*3.9%*

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 2024 reflect the number of Rhode Island children eligible to enter school in the fall of 2024 (i.e., born between 09/01/18 and 08/31/19)

Children confirmed positive for lead poisoning (blood lead level ≥5 µg/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 2022. 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 µg/dL receive a confirmatory venous test.

The denominator for percent confirmed is the number of children entering kindergarten in the fall of 2024 who were tested for lead poisoning. Data include both venous and confirmed capillary tests.

Of the 513 children entering kindergarten in 2024 who had an initial blood lead screen of ≥5 µg/dL, 128 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 March 31, 2023, from www.cdc.gov

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(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]

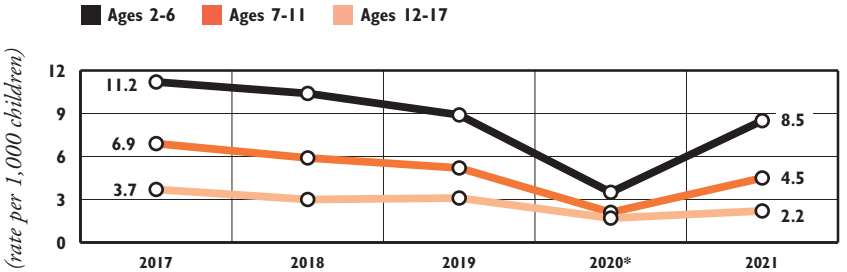
Asthma is the most common chronic condition among children and adolescents in the U.S.[5] Current asthma prevalence among U.S. children fell from 8.5% in 2015 to 7.5% in 2020.[6] However, disparities in asthma rates continue to persist. Puerto Rican and non-Hispanic Black children have much higher asthma 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] Social and environmental risk factors for asthma account for much of the pronounced racial and ethnic disparities in asthma rates and severity.[8]

Compared with adults, children have much higher rates of emergency department visits for asthma, slightly higher hospitalization rates, and lower death rates.[9] Asthma is a leading cause of emergency department visits and hospitalization for children under age 18 and school absenteeism.[10,11]

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.[12,13,14]

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.[15]

Asthma Emergency Department Visit Rates By Age, Rhode Island Children, 2017-2021*



Source: Rhode Island Department of Health, Emergency Department Visit Data, 2017-2021. *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 2017 and 2021. The decrease was most notable in the youngest age group (ages two to six years), with an asthma emergency department visit rate of 11.2 per 1,000 children in 2017 and a rate of 8.5 per 1,000 children in 2021.[16]**

◆ **In Rhode Island between 2017 and 2021, there were 731 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).[17]**

◆ **There was a steep decline in pediatric asthma emergency department visits and hospitalizations in Rhode Island the spring of 2020.[18] 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.[19]**

Asthma Prevalence and Support Programs

◆ In 2020, Rhode Island parents reported rates of current asthma prevalence of their children of 9.5% (up from 8.7% in 2019) compared to the average of 7.5% for parents surveyed in 30 states and Washington, DC. Rhode Island has the fifth highest self-reported child current asthma prevalence among the 30 ranked states.[20]

◆ Between 2017 and 2021, 44% of emergency department visits with a primary diagnosis of asthma were for Hispanic children, 33% were for white children, and 17% were for Black children. Nearly three quarters (72%) of emergency department visits were for children with RIte Care/Medicaid.[21] 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.[22]

◆ The Rhode Island Department of Health Asthma Control Program has been implementing a home-based, multicomponent intervention since 2010. This program serves children with asthma who have had a recent emergency department visit or hospitalization for asthma and who live in the core cities of Central Falls, Pawtucket, Providence, or Woonsocket, communities with high child poverty rates.[23]

Table 23. **Asthma Emergency Department Visits for Children Under Age 18, Rhode Island, 2017-2021**

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	70	3.1
Bristol	2,887	36	2.5
Burrillville	3,229	35	2.2
Central Falls	6,411	248	7.7
Charlestown	1,161	11	*
Coventry	6,655	103	3.1
Cranston	15,744	297	3.8
Cumberland	7,550	88	2.3
East Greenwich	7,886	18	1.0^
East Providence	3,465	191	4.8^
Exeter	1,175	11	*
Foster	790	11	*
Glocester	1,896	11	*
Hopkinton	1,613	18	2.2^
Jamestown	871	10	*
Johnston	5,119	97	3.8
Lincoln	4,640	60	2.6
Little Compton	568	5	*
Middletown	3,487	87	5.0
Narragansett	1,651	11	*
New Shoreham	189	1	*
Newport	3,660	146	8.0
North Kingstown	5,496	65	2.4
North Providence	5,802	144	5.0
North Smithfield	2,274	26	2.3^
Pawtucket	16,455	521	6.3
Portsmouth	3,444	43	2.5
Providence	41,021	1,891	9.2
Richmond	1,627	8	*
Scituate	1,866	10	*
Smithfield	3,411	31	1.8
South Kingstown	4,339	41	1.9
Tiverton	2,723	23	1.7^
Warren	1,826	25	2.7^
Warwick	14,034	194	2.8
West Greenwich	1,251	9	*
West Warwick	5,787	131	4.5
Westerly	3,826	59	3.1
Woonsocket	9,467	432	9.1
Four Core Cities	*73,354*	*3,092*	*8.4*
*Remainder State***	*136,431*	*2,126*	*3.1*
*Rhode Island***	*209,785*	*5,218*	*5.0*

Source of Data for Table/Methodology

Rhode Island Department of Health, Emergency Department and Hospital Discharge Data, 2017-2021.

**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 2017-2021 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.

** Excludes Rhode Island cities and towns unknown.

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

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(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]

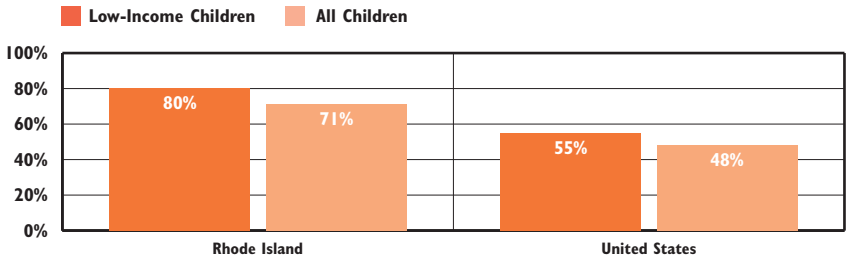
Unhealthy housing can cause or intensify many health conditions. Studies have connected poor quality construction, utility deficiencies, water intrusion, lead paint, radon, and pests to respiratory illnesses, asthma, unintentional injuries, lead poisoning, and cancer. Children under age five, low-income 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 children's 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*, 2017-2021, Rhode Island and the United States



Source: Population Reference Bureau analysis of 2017-2021 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 2017 and 2021, Rhode Island had the highest percentage of low-income children (80%) 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 2022, 2.5% (550) of Rhode Island children under age six who were screened had a confirmed blood lead level of ≥5 µg/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 2017 and 2021, there were 2,866 emergency department visits of Rhode Island children ages six and under (7.0 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 2021, housing-related falls resulted in 1,082 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 2022, 628 Rhode Island children under age 18 benefited from 562 completed weatherization projects, a decline from previous pre-pandemic years due to disruptions during the pandemic.[18,19]**

Table 24.

Housing and Health, Rhode Island

CITY/TOWN	TOTAL # OF CHILDREN UNDER AGE 6 2010	CHILDREN WITH LEAD POISONING 2022 #	TESTED	%	PRIMARY ASTHMA ED VISITS 2017-2021** #	RATE PER 1,000	HOUSING RELATED FALLS 2021	WEATHER-IZATION PROJECTS 2022	% HOUSING STOCK PRE-1980
Barrington	1,213	<5	507	*	36	5.9	11	2	83%
Bristol	1,316	<5	368	*	18	2.7^	10	2	67%
Burrillville	1,186	9	266	3.8%	14	2.4^	10	23	68%
Central Falls	2,374	41	725	6.2%	138	11.6	40	4	79%
Charlestown	493	<5	90	*	7	*	6	4	50%
Coventry	2,508	<5	646	*	60	4.8	27	29	68%
Cranston	5,814	28	1,887	1.6%	168	5.8	66	51	77%
Cumberland	2,603	6	786	0.8%	43	3.3	35	10	64%
East Greenwich	930	<5	354	*	9	*	13	1	59%
East Providence	3,545	10	1,173	0.9%	119	6.7	41	27	81%
Exeter	390	<5	89	*	7	*	*	6	46%
Foster	315	<5	93	*	7	*	*	2	59%
Glocester	633	<5	133	*	5	*	6	14	64%
Hopkinton	618	<5	121	*	10	*	7	2	60%
Jamestown	287	0	65	0.0%	8	*	*	1	54%
Johnston	1,930	11	625	1.9%	39	*	32	36	67%
Lincoln	1,490	8	450	2.2%	28	4.0	18	6	68%
Little Compton	188	<5	48	*	5	*	*	0	64%
Middletown	1,331	<5	292	*	54	8.1	24	3	65%
Narragansett	739	0	79	0.0%	2	*	11	1	62%
New Shoreham	57	0	14	0.0%	1	*	22	0	50%
Newport	1,792	20	355	6.2%	79	8.8	*	4	84%
North Kingstown	1,965	<5	474	*	30	3.1	25	11	63%
North Providence	2,040	11	715	1.6%	75	7.4	31	25	66%
North Smithfield	752	<5	225	*	10	*	13	6	62%
Pawtucket	6,835	51	1,897	2.9%	305	8.9	87	42	85%
Portsmouth	1,206	<5	281	*	23	3.8^	20	8	61%
Providence	16,934	281	6,629	4.6%	1,060	12.5	276	106	84%
Richmond	635	0	101	0.0%	8	2.5	*	0	47%
Scituate	608	<5	237	*	4	1.3	10	5	68%
Smithfield	1,076	0	331	0.0%	21	3.9^	9	10	59%
South Kingstown	1,707	<5	364	*	18	2.1^	20	8	56%
Tiverton	1,006	<5	291	*	12	2.4^	5	12	61%
Warren	727	5	239	2.3%	17	4.7^	10	3	79%
Warwick	5,561	<5	1,479	*	119	4.3	71	57	78%
West Greenwich	446	<5	128	*	3	1.3	6	0	32%
West Warwick	2,351	10	652	1.7%	64	5.4	26	25	70%
Westerly	1,735	<5	205	*	22	2.5^	20	5	62%
Woonsocket	4,212	26	1,036	2.7%	218	10.4	64	11	86%
Four Core Cities	*30,355*	*399*	*10,287*	*4.2%*	*1,721*	*11.3*	*467*	*163*	*84%*
Remainder of State	*51,193*	*151*	*14,163*	*1.1%*	*1,145*	*4.5*	*605*	*399*	*68%*
Rhode Island	*81,548*	*550*	*24,450*	*2.5%*	*2,866*	*7.0*	*1,072*	*562*	*73%*

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2010.

Children with Lead Poisoning: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, 2022. The numerator is the number of Rhode Island children with a confirmed blood lead level ≥5 µg/dL in calendar year 2022. The denominator is the number of children who were tested in calendar year 2022. Data are for children under age six.

Children with Asthma: Rhode Island Department of Health, Hospital Discharge Database, 2017-2021. 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, 2021. 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, 2022. Weatherization projects are defined as those receiving a final inspection by the end of calendar year 2022.

Housing Stock Pre-1980: Population Reference Bureau analysis of 2017-2021 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 adequate clinical childhood BMI data. A recent study of data collected in 2021 found that 16% 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.

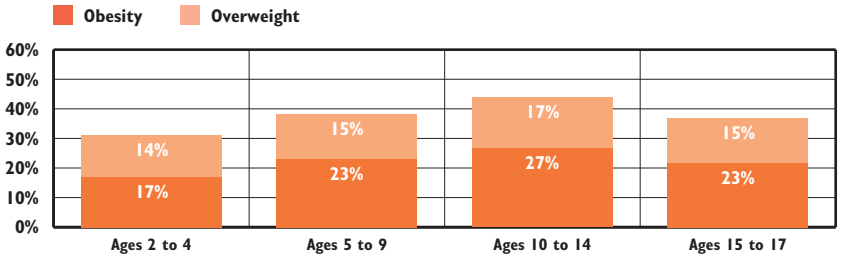
Overweight and Obesity Among Children Age 10-17
(Combined Overweight and Obesity)

	2020-2021
RI	32%
US	33%
National Rank*	*26th*
New England Rank**	*5th*

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: Data Resource Center for Child and Adolescent Health, *2020-2021 National Survey of Children's Health*, childhealthdata.org

Rhode Island Childhood Overweight and Obesity by Age, 2021

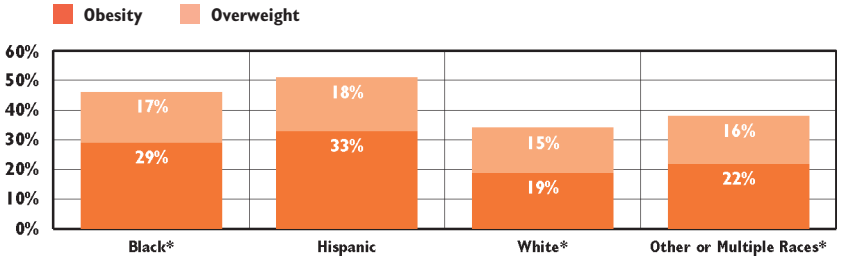


Source: Brown School of Public Health analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Department of Health, 2022.

◆ **Sixteen 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 23% of children ages 15 to 17 are obese.[12]**

◆ **Thirty percent of children covered by RIte Care are obese compared to 16% of children with private health insurance.[13]**

Rhode Island Childhood Overweight and Obesity by Race/Ethnicity, 2021



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, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Department of Health, 2022. **Non-Hispanic.*

◆ **Hispanic children (18% overweight and 33% obese) and non-Hispanic Black children (17% overweight and 29% 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]**

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 2022, 41% of households with children in Rhode Island reported being food insecure.[18]

◆ In 2021, 21% of Rhode Island high school students reported not eating breakfast, 88% reported eating less than three servings of vegetables a day, the recommended amount, and 62% reported drinking soda at least once in the prior week.[19]

◆ Regular physical activity has physical, social, emotional, cognitive, and health benefits.[20] In 2021, 55% of Rhode Island middle school students and 59% 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]

Table 25. **Prevalence of Overweight and Obesity in Rhode Island Children Ages 2 to 17, 2021**

CITY/TOWN	% OVERWEIGHT	% OBESE	% OVERWEIGHT AND OBESE COMBINED
Barrington	15%	9%	24%
Bristol	14%	19%	33%
Burrillville	17%	22%	39%
Central Falls	16%	37%	53%
Charlestown	15%	15%	30%
Coventry	14%	17%	31%
Cranston	16%	22%	38%
Cumberland	17%	21%	37%
East Greenwich	11%	11%	21%
East Providence	16%	25%	42%
Exeter	13%	16%	29%
Foster	14%	17%	31%
Glocester	15%	15%	30%
Hopkinton	16%	19%	36%
Jamestown	9%	12%	21%
Johnston	17%	24%	41%
Lincoln	17%	21%	37%
Little Compton	15% ^	10% ^	25%
Middletown	11%	14%	25%
Narragansett	13%	17%	30%
New Shoreham	*	*	27% ^
Newport	12%	21%	34%
North Kingstown	13%	13%	26%
North Providence	19%	24%	43%
North Smithfield	19%	18%	37%
Pawtucket	17%	30%	47%
Portsmouth	8%	10%	18%
Providence	18%	32%	50%
Richmond	13%	14%	27%
Scituate	14%	15%	29%
Smithfield	17%	15%	31%
South Kingstown	13%	15%	28%
Tiverton	14%	20%	33%
Warren	14%	23%	37%
Warwick	16%	21%	37%
West Greenwich	13%	15%	28%
West Warwick	14%	25%	39%
Westerly	17%	23%	40%
Woonsocket	17%	34%	50%
Four Core Cities	*17%*	*32%*	*49%*
Remainder of State	*15%*	*19%*	*34%*
Rhode Island	*16%*	*23%*	*39%*

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, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Department of Health, 2022.

* 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.

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(continued on page 183)

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 intergenerational links between teen mothers' educational attainment and 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 are to teens ages 18 or older. In 2020, 76% of teen births in the United States were to 18- and 19-year-old mothers. The teen birth rate is highest among American Indian or Alaska Native, Black, Hispanic, and Native Hawaiian or Other Pacific Islander adolescents 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 support the health of adolescents. This includes ensuring access to quality reproductive health care and education.[7] Nationally, fewer teens are having sex and those that are sexually active are more likely to 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 2021. 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 47.6 per 1,000 and reaching a historic low in 2021 at 7.8 births per 1,000 teen girls.[13,14] In Rhode Island between 2017-2021, 3.4% (1,791) of babies were born to mothers under age 20.[15]

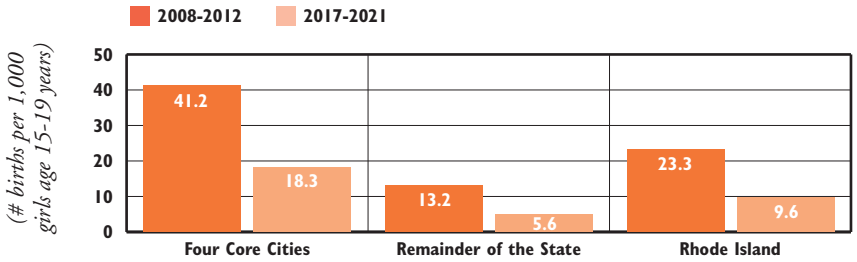
Teen Birth Rates
(rate per 1,000 girls ages 15-19)

	1991	2021
RI	44.7	7.8
US	61.8	13.9
National Rank*		*5th*
New England Rank**		*5h*

**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: 2008-2012, 2017-2021



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2008-2021.

◆ **In 2021, the birth rate for U.S. teens (13.9 births per 1,000 teen girls) was the lowest ever recorded.[16]**

◆ **In Rhode Island, the statewide five-year average teen birth rate declined 59% between 2008-2012 and 2017-2021, from 23.3 births per 1,000 teen girls to 9.6 per 1,000. The teen birth rate in the four core cities declined 56% 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 2017 and 2021, the teen birth rates for Hispanic (25.6 per 1,000), Black (14.5 per 1,000), and American Indian/Alaska Native (12.2 per 1,000) teens were higher than the rates of their white (5.5 per 1,000) and Asian (3.6 per 1,000) peers.[19]**

Repeat Births to Teens, Rhode Island, 2017-2021

AGE	TOTAL NUMBER OF BIRTHS	NUMBER OF REPEAT BIRTHS	PERCENT REPEAT BIRTHS
15-17	430	30	7%
18-19	1,347	190	14%
Total 15-19	*1,777*	*220*	*12%*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2016-2020.

◆ **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 the needs of young mothers and families.[21]**

Teen Birth Rates by Location

- In Rhode Island between 2017 and 2021, the rate of births to teens ages 15-19 in the core cities (18.3 per 1,000) was more than three times higher than the remainder of the state (4.9 per 1,000).[22]

- Thirteen percent of teen births in the core cities were repeat births, while 11% 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 2021, 76.6% of Rhode Island high school students reported never having sexual intercourse. Of those who reported that they did, 47% reported using a condom, and 12% 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 2021, the rates of chlamydia have decreased by 8% (1,760 to 1,617 per 100,000) and the rates of gonorrhea have increased by 67% (144 to 241 per 100,000).[26]

Table 26. **Births to Teens, Ages 15-19, Rhode Island, 2017-2021**

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	3	3	*
Bristol	0	5	5	*
Burrillville	2	12	14	6.0^
Central Falls	32	91	123	22.1
Charlestown	0	6	6	*
Coventry	3	16	19	3.1^
Cranston	27	78	105	10.4
Cumberland	3	20	23	3.4
East Greenwich	0	1	1	*
East Providence	10	42	52	14.6
Exeter	0	3	3	*
Foster	1	4	5	*
Glocester	0	1	1	*
Hopkinton	0	7	7	*
Jamestown	0	0	0	*
Johnston	3	15	18	5.3^
Lincoln	5	15	20	5.8^
Little Compton	0	0	0	0.0
Middletown	0	7	7	*
Narragansett	2	1	3	*
New Shoreham	0	0	0	0.0
Newport	13	37	50	8.3
North Kingstown	4	14	18	4.1^
North Providence	11	27	38	7.0
North Smithfield	1	3	4	*
Pawtucket	38	134	172	17.7
Portsmouth	2	3	5	*
Providence	200	510	710	16.1
Richmond	1	1	2	*
Scituate	4	5	9	5.4^
Smithfield	2	4	6	*
South Kingstown	1	9	10	0.6^
Tiverton	2	9	11	9.7^
Warren	2	7	9	10.5^
Warwick	9	52	61	6.3
West Greenwich	0	1	1	*
West Warwick	12	41	53	14.8
Westerly	3	16	19	9.2
Woonsocket	35	138	173	33.5
Unknown	*2*	*9*	*11*	*
Four Core Cities	*305*	*873*	*1,178*	*18.3*
Remainder of State	*125*	*474*	*599*	*4.9*
Rhode Island	*430*	*1,347*	*1,777*	*9.4*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2017-2021.

* 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.

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(continued on page 183)

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 2021, 8.5% of youth ages 12-17 (about 6,000) needed but did not receive specialty treatment for their substance use problem, the 17th highest rate among all states.[11]

Tobacco Use Among Rhode Island Youth

- **In 2021, 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.[12]**

- **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.[13] Nationally in 2022, 14% of high school students reported current e-cigarette use.[14] In Rhode Island in 2021, 18% of high school students reported current use of e-cigarettes and 32% reported ever using e-cigarettes.[15,16]**

- **Cigarettes: Cigarette use has steadily declined among U.S. middle and high school students. Nationally, in 2022, 2% of students reported current cigarette use.[17] In 2021, 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 2021, 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 14% noncompliance rate in Rhode Island with some vendors continuing to sell to underage groups.[26]**

Current Substance Use, Rhode Island High School Students by Select Subgroups, 2021

	ALCOHOL USE*	E-CIGARETTE USE*	CIGARETTE USE*	MARIJUANA USE*	PRESCRIPTION DRUG MISUSE**
Female	20%	21%	4%	17%	10%
Male	15%	15%	3%	14%	7%
Asian, Non-Hispanic	19%	13%	NA	9%	7%
Black, Non-Hispanic	10%	12%	1%	15%	9%
White, Non-Hispanic	19%	18%	3%	16%	6%
All other races, Non-Hispanic	NA	NA	NA	NA	NA
Multiple races, Non-Hispanic	22%	27%	5%	22%	11%
Hispanic	17%	18%	3%	14%	11%
9th Grade	10%	15%	3%	10%	9%
10th Grade	12%	15%	2%	13%	9%
11th Grade	21%	18%	2%	16%	5%
12th Grade	28%	24%	5%	23%	9%
All Students	*17%*	*18%*	*3%*	*16%*	*8%*

Source: *2021 Rhode Island Youth Risk Behavior Survey*, Rhode Island Department of Health, Center for Health Data and Analysis. *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 2021, 17% reported current alcohol consumption, 16% reported current marijuana use, 18% reported current use of e-cigarettes, 8% reported current binge drinking, 3% reported current cigarette use, and 8% reported ever misusing prescription pain medication.[27]**

◆ **In 2021, 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 2002-2022, Rhode Island cigarette tax revenue increased from $79.4 million to $145 million and state tobacco control funding decreased from $3 million to $415,096. Only .29% of the cigarette tax in SFY 2022 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 2021, 28% of middle school students and 24% of high school students reported living with someone who smokes cigarettes. Nearly one in seven (13%) 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 2021, 76 newborns were diagnosed with NAS, at a rate of 73 per 10,000 newborn hospitalizations, which represents an increase from 2020 at 69 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]**

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Safety

In Flight

by Latoya A. Watts

Flying through clouds in the midst of turbulence,
I am still able to catch glimpses of earth below
And as I descend towards my destination
There comes a shake, a gut-wrenching startle that
reminds me this may not be smooth travels

Despite the rough patch, I surpass.
Like a fast-moving storm,
I travail through the bumps
The end becomes clearer and more details are revealed.
What were masses in the distance now take on
definitive shape.
Blurred images are made crystal clear

Finally, I land knowing that my purpose and mission
have made it through their testing
I find my footing
I trod along with
my head held high
and my stride firm

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 other racial and ethnic groups.[4,5]

Children are particularly vulnerable to injury due to their size, development, inexperience, and natural curiosity.[6] In 2020, unintentional injures 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 unintentional injury deaths among children ages one to 14 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 seatbelts 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]

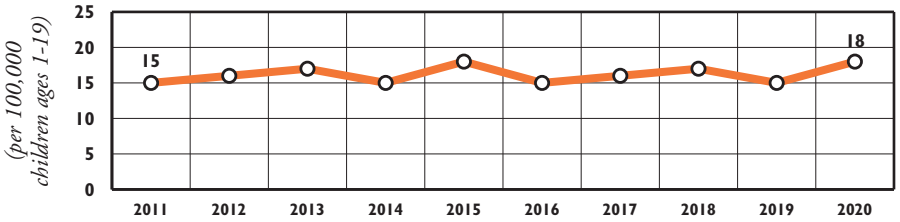
Child and Teen Death Rate
(per 100,000 Children Ages 1-19)

	2011	2020
RI	15	18
US	26	28
National Rank*		*4th*
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.

Child and Teen Death Rate per 100,000 Children Ages One to 19, Rhode Island, 2011-2020



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

◆ **In 2020, Rhode Island's child and teen death rate for children ages one to 19 was 18 per 100,000 children and teens, which was an increase from 2019. Rhode Island's child and teen death rate is the fourth lowest in the nation.[12]**

Child Deaths Due to Injury, by Cause, Children Ages One to 14, Rhode Island, 2017-2021

Drowning	**10**
Motor Vehicle	**<5**
Fire/Smoke Inhalation	**<5**
Suicide	**<5**
Homicide	**<5**
Other Injury	**6**
TOTAL	***26***

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2017-2021.

◆ **Between 2017 and 2021, 26 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.[13]**

Teen Deaths Due to Injury by Cause, Teens Ages 15 to 19, Rhode Island, 2017-2021

Motor Vehicle	19
Suicide	17
Firearm	11
Homicide	9
Drowning	<5
Other	5
TOTAL	*62*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Vital Records 2017-2021. 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 2017 and 2021 in Rhode Island, 31% of all teen injury deaths involved motor vehicles. Twenty-seven percent of the 62 teen deaths caused by injury were suicide.[14]**

- **Among the 23 teens killed in Rhode Island motor vehicle crashes between 2017 and 2021, 16 were driving, four were passengers in vehicles driven by others and three were pedestrians.[15]**

- **Four (17%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2017 and 2021 had been drinking, and two (9%) teen fatalities occurred with adult drivers who had been drinking.[16]**

- **Eleven (48%) of the teen drivers and passengers killed in automobile accidents in Rhode Island between 2017 and 2021 were not wearing a seatbelt.[17]**

- **In 2021, 27% 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*. Thirteen percent reported riding in a vehicle driven by someone who had been drinking alcohol, and 36% reported that they did not always wear a seatbelt while riding in a car driven by someone else in the month prior.[18]**

Teen Suicide

- **According to the *2021 Rhode Island Youth Risk Behavior Survey*, 10% of Rhode Island high school students reported attempting suicide one or more times in the 12 months before the survey was administered.[19]**

- **Of the 17 youth ages 15 to 19 who died from suicide between 2017 and 2021 in Rhode Island, 76% were male.[20]**

- **In 2021 in Rhode Island, 521 teens ages 13 to 19 were admitted to the emergency department after a suicide attempt. Of these attempts, 76% percent of teens admitted were girls, and 24% were boys.[21]**

- **In 2021 in Rhode Island, 325 teens ages 13 to 19 were hospitalized after a suicide attempt. Of these hospitalizations, 78% were girls, and 22% were boys.[22]**

- **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.[23] 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.[24]**

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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 worrying about 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, 22% of students in grades nine through 12 reported being in a physical fight during the previous year, 20% reported being bullied on school property during the previous year, and 13% reported carrying a weapon during the previous month.[9]

In 2020, 8% of youth arrests were for a violent crime in the U.S., a 56% decrease of violent crime arrests among youth since 2010.[10] In 2021 in Rhode Island, there were 360 juvenile arrests for violent crime offenses and 79 juvenile arrests for weapons offense.[11] In 2022, violent crimes made up 4% (160) of the 3,708 juvenile offenses referred to Rhode Island Family Court.[12]

Bully Status, by Gender and Grade Level, Rhode Island, 2021

	MIDDLE SCHOOL		HIGH SCHOOL	
	FEMALE	MALE	FEMALE	MALE
Bullied on School Property	40%	26%	13%	8%
Bullied Electronically	37%	21%	14%	10%
Been in a Physical Fight	7%	17%	5%	8%

Source: *2021 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 2021, 9% 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. Both victims and perpetrators of bullying are more likely to contemplate or attempt suicide.[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 2021 in Rhode Island, 29% of middle school students (37% of females and 21% of males) and 12% of high school students (14% of females and 10% 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 1-19.[19] In Rhode Island between 2017 and 2021, there were 184 emergency department visits, 20 hospitalizations, and 11 deaths of children and youth ages 15 to 19 attributed to firearms.[20]**

Table 27.

Youth Violence, Rhode Island

CITY/TOWN	COMMUNITY CONTEXT: TOTAL VIOLENT CRIME OFFENSES (ALL AGES) 2021	COMMUNITY CONTEXT: TOTAL POPULATION AGES 11-17 2010	VIOLENCE IN SCHOOLS, 2022: % OF HIGH SCHOOL STUDENTS WHO WORRY ABOUT VIOLENCE IN SCHOOL	VIOLENCE IN SCHOOLS, 2022: % OF MIDDLE SCHOOL STUDENTS WHO WORRY ABOUT VIOLENCE IN SCHOOL	JUVENILE ARRESTS FOR VIOLENCE, 2021: # TOTAL VIOLENT CRIME OFFENSES	JUVENILE ARRESTS FOR VIOLENCE, 2021: # FOR WEAPONS OFFENSES	JUVENILE ARRESTS FOR VIOLENCE, 2021: TOTAL # FOR VIOLENT CRIME AND WEAPONS OFFENSES
Barrington	24	2,186	6%	NA	4	0	4
Bristol	43	1,545	22%	13%	0	0	0
Burrillville	38	1,526	14%	18%	1	0	1
Central Falls	144	2,089	23%	29%	5	7	12
Charlestown	17	659	20%	20%	0	0	0
Coventry	109	3,509	14%	16%	18	2	20
Cranston	239	6,984	12%	11%	16	5	21
Cumberland	90	3,271	9%	13%	1	0	1
East Greenwich	27	1,671	7%	8%	2	1	3
East Providence	154	3,730	17%	12%	7	0	7
Exeter	NA	673	6%	7%	NA	NA	NA
Foster	5	467	7%	12%	2	0	2
Glocester	25	1,000	7%	12%	3	3	6
Hopkinton	17	826	20%	20%	0	0	0
Jamestown	4	528	NA	3%	1	0	1
Johnston	108	2,376	16%	18%	4	3	7
Lincoln	88	2,189	9%	9%	10	2	12
Little Compton	9	284	NA	5%	0	0	0
Middletown	52	1,504	16%	7%	7	3	10
Narragansett	35	1,052	7%	8%	4	0	4
New Shoreham	0	64	3%	8%	0	0	0
Newport	177	1,484	17%	32%	17	0	17
North Kingstown	63	2,917	6%	10%	4	2	6
North Providence	104	2,303	17%	9%	2	1	3
North Smithfield	39	1,132	5%	7%	0	0	0
Pawtucket	618	6,268	22%	22%	58	13	71
Portsmouth	76	1,881	5%	10%	16	0	16
Providence	614	16,024	13%	23%	64	11	75
Richmond	20	759	20%	20%	4	0	4
Scituate	10	1,143	8%	22%	0	0	0
Smithfield	41	1,729	14%	10%	6	3	9
South Kingstown	47	2,498	8%	4%	6	1	7
Tiverton	51	1,318	11%	18%	4	1	5
Warren	60	777	22%	13%	4	0	4
Warwick	257	6,781	17%	19%	18	1	19
West Greenwich	9	678	6%	7%	0	0	0
West Warwick	209	2,139	13%	18%	11	0	11
Westerly	123	2,003	10%	14%	8	2	10
Woonsocket	459	3,649	28%	23%	40	13	53
State Police/Other	*126*	*NA*	*NA*	*NA*	*13*	*5*	*18*
Four Core Cities	*1,835*	*28,030*	*18%*	*23%*	*167*	*44*	*211*
Remainder of State	*2,370*	*65,586*	*11%*	*13%*	*180*	*30*	*210*
Rhode Island	*4,331*	*93,616*	*13%*	*16%*	*360*	*79*	*439*

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, 2021. 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 2010, P2,P4.

Data on high school and middle school students worrying about violence at school are from the 2021-2022 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, 2021. 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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(continued on page 184)

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 firearm injuries, or accidental shootings.[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 abuse, behavioral problems, depression, anxiety, cognitive and attention difficulties, delinquent acts like assault and property destruction, and adult criminal behavior.[2,3]

2021 was the deadliest year for gun violence in U.S. history, and firearm-related injuries remain the leading cause of death in the U.S. among children and youth ages one to 19, surpassing motor vehicle deaths.[4,5] While overall deaths due to firearms increased by 8% from 2020 to 2021, deaths due to firearms among children under age 18 increased by 12.7%.[6] In the U.S., there was a 29% increase in gun-related deaths from 2019 (3,390) to 2020 (4,368).[7] In the U.S. during 2020, 64% (2,811) of the 4,368 firearm deaths of children and youth under age 20 were the result of homicide, 30% (1,293) were the result of suicide, 3% (149) were the result of unintentional injuries, 2% (90) were the result of shootings with an undetermined intent, and less than 1% (25) were the result of a "legal intervention" (e.g., law enforcement shooting).[8]

Of the 4,368 U.S. children and youth under age 20 killed by firearms during 2020, 83% (3,617) were ages 15 to 19.[9] Nationally in 2020, males ages 15 to 19 were more than seven times more likely to die from a firearm-related incident than females of the same age. Black and Native American children and teens are disproportionately more likely to be hurt or killed by gun violence. Among teens ages 15 to 19 in the U.S., the rate of firearm deaths for non-Hispanic Black males (101.1 per 100,000) was over six times the rate of non-Hispanic white males (15.8 per 100,000) in 2020.[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, 2017-2021

AGE	# OF ED VISITS	# OF HOSPITALIZATIONS	# OF DEATHS
1 to 14	50	<5	0
15 to 17	62	<5	<5
18 to 19	72	13	7
TOTAL	*184*	*20*	*11*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2017-2021.

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.

◆ **Between 2017 and 2021 in Rhode Island, 11 (13%) of the 87 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 2017 and 2021 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 2017 and 2021, there were 184 emergency department visits and 20 hospitalizations of children and youth for gun-related injuries, a slight decrease from between 2016 and 2020 (189 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 Rhode Island. 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 high-capacity magazines. Rhode Island does not currently have a ban on assault weapons.[18]**

(References are on page 184)

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 while on the streets and in shelters.[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 2022, 170 youth or young adults stayed at an emergency shelter, or transitional housing facility in Rhode Island, including three unaccompanied minors, 115 unaccompanied young adults ages 18-24, 30 parenting young adults, and 22 young adults who were sheltered with their parents.[13]**

- **In January 2023, outreach workers identified 49 youth or 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 seven parenting youth or young adults. No youth under age 18 were identified.[14]**

- **Starting in 2022 Family Service of Rhode Island began operating a Basic Center Program that provides up to 21 days of shelter in emergency host homes, food, clothing, and counseling services to youth under age 18. In 2022, three youth under age 18 received emergency shelter services without their families through this program.[15,16]**

- **During the 2021-2022 school year, Rhode Island public school personnel identified 19 unaccompanied homeless youth who were living in doubled up situations, in shelters, or unsheltered.[17]**

- **On December 31, 2022, there were 25 youth between the ages of 15 and 20 in the care of the Rhode Island Department of Children, Youth and Families who were classified as absent from care (formerly called AWOL), 10 females and 15 males. These youth were absent from either foster care or juvenile justice placements.[18]**

- **In 2021, the federal Housing and Urban Development (HUD) agency awarded Rhode Island $3.5 million in Youth Homeless Demonstration Program (YHDP) funds. These funds are designed to support Rhode Island in developing and implementing a coordinated approach to preventing and ending youth homelessness that centers the voice, agency, and leadership of youth.[19]**

References

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(continued on page 185)

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, substance use, child welfare involvement, access to firearms, poverty, 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]

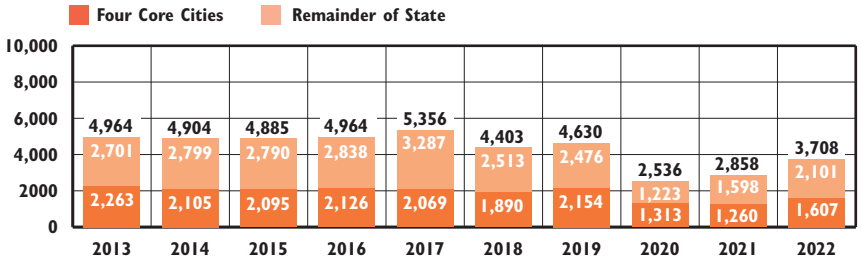
The Rhode Island Family Court has jurisdiction over children and youth under age 18 referred for wayward and delinquent offenses. When a police or school department refers a juvenile to Family Court, a petition is submitted accompanied by an incident report detailing the alleged violation of law.[2] During 2022, 2,084 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 1,534 youth during 2021. The number of offenses referred during 2022 (3,708) also increased, but remains drastically lower than in 2019 (4,630), prior to the COVID-19 pandemic. Of the juvenile offenses in 2022, 160 (4%) involved violent crimes.[3,4]

In 2022 in Rhode Island, 20% of juvenile offenses referred to Family Court involved youth from Providence, 23% involved youth from the other three core cities, and 57% 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 2022, 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, 2013-2022



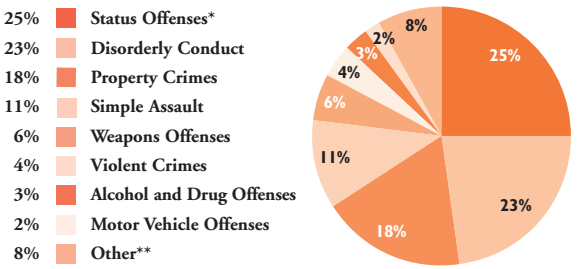
Source: Rhode Island Family Court, *2013-2022 Juvenile Offense Reports.*

◆ **The number of juvenile offenses has fallen by 25% since 2013, from 4,964 to 3,708 in 2022. Although the number of offenses in 2022 is reflective of a recent increase over the past two years, the number of offense referrals have remained lower than prior to the COVID-19 pandemic.[10,11]**

◆ **Youth of Color are disproportionately referred to the Family Court compared to their representation in the youth population. For example, in 2022, 24% of referred offenses involved Black youth who only make up 6% of the Rhode Island child population.[12,13]**

◆ **In 2022, 31% of offenses referred to the Family Court involved females and 69% males. In 2022, 19% of offenses referred to Family Court involved youth under the age of 14, 37% youth ages 14 to 15, 43% youth ages 16 to 17, and 1.5% youth of other or unknown age.[14]**

Juvenile Offenses, By Type of Offense, 2022



n=3,708

**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, *2022 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.[15] In 2022 in Rhode Island, 51% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing, up from 45% in 2021.[16]

◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2022, 862 youth were referred to the Truancy Court by schools, a significant increase from 214 in 2021 when many schools were still doing distance learning. In 2022, 72 youth who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication, similar to 2021, when there were 71 youth.[17]

◆ A community-based option that diverts youth from court involvement is the Juvenile Hearing Board (JHB). Comprised of volunteer community members, these Boards permit the diversion of juveniles 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. In 2022, there were 36 Juvenile Hearing Boards in Rhode Island. Three communities did not have Juvenile Hearing Boards (Little Compton, Richmond, and South Kingstown). Rhode Island Juvenile Hearing Boards reported hearing 362 cases in 2022.[18,19]

LGBTQ Youth in the Juvenile Justice Systems

◆ Many lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth experience family rejection, conflicts at home, and bullying and harassment in school due to their gender identity or sexual orientation. These factors increase LGBTQ youth's risk of Family Court involvement for status offenses (like running away), survival behavior (like engaging in commercial sexual activity), and safety-related truancy. LGBTQ youth are more likely to be subjected to profiling, detained for low-level offenses, and be victims of assault while in custody. Instituting protective policies and training for adults working in the juvenile justice system about the social, familial, and developmental challenges faced by LGBTQ youth could help keep them safe and support positive outcomes while they are in the community, in detention, or in correctional settings.[20,21]

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.[22]

◆ 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.[23,24]

◆ 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.[25,26]

◆ 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 2022, nine motions to waive jurisdiction to try juveniles as adults and seven certification motions were filed. Eight waiver motions were pending at the end of 2022, and two motions to certify were certified.[27,28,29]

(References are on page 185)

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.

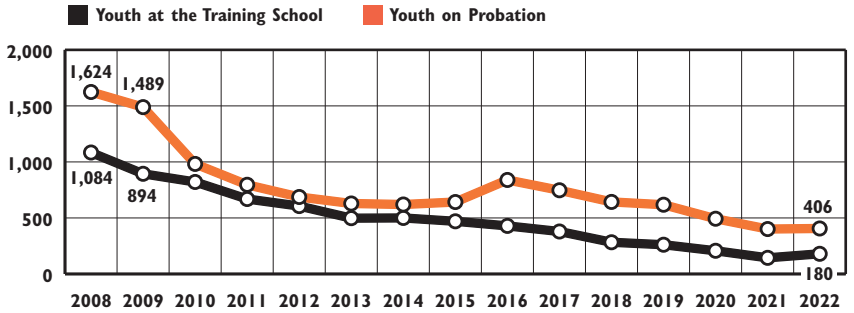
SIGNIFICANCE

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, 2022, 64 youth were in the care or custody of the Training School, 47 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 3, 2023, there were 289 youth on probation, up 10% from 262 youth on January 4, 2022.[12]

Youth in the Juvenile Justice System, Calendar Years 2008-2022



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2022. Some youth may have spent time at the Training School and on probation during any calendar year.

◆ **Between 2008 and 2022, the annual total number of youth at the Training School at any point during the year declined by 83% from 1,084 to 180. The steady 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 180 youth were at the Training School during 2022, up 25% from 144 during 2021.[15]**

◆ **Between 2008 and 2022, the annual total number of youth on probation during the year declined by 75% from 1,624 to 406. A total of 406 youth were on probation during 2022, similar to 401 youth on probation in 2021, and down 18% from 493 in 2020. Of the 401 youth on probation, 87% (354) were on probation at home, and 13% (52) 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.**

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, 2022	% OF YOUTH ON PROBATION, 2022
American Indian	<1%	2%	1%
Asian	3%	1%	<1%
Black	6%	24%	20%
Hispanic	27%	42%	37%
Multiracial	8%	6%	6%
Pacific Islander	<1%	1%	<1%
White	53%	24%	35%
Unknown	NA	1%	<1%
TOTAL	*209,785*	*180*	*406*

Sources: Rhode Island Child Population data by race are from the U.S. Census Bureau, 2020 Census. Youth at the Training School and on probation data are from the Rhode Island Department of Children, Youth and Families, RICHIST, 2022. 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 2022, non-Hispanic Black youth made up 24% of youth at the Training School and 20% of youth on probation, while making up only 6% of the total child population. Hispanic youth made up 42% of youth at the Training School and 37% 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]

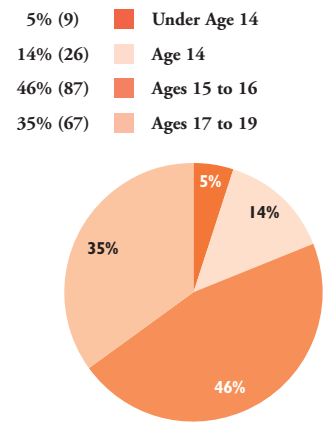
Youth in the Juvenile Justice System by Gender

◆ During 2022, 18% of the 180 youth at the Training School were girls and 82% were boys. Similarly, 13% of the 406 youth on probation were girls and 87% were boys.[21]

◆ During 2022, the number of girls who passed through the Training School nearly doubled from 19 in 2021 to 32.[22] 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. Effective programs for girls use a developmental approach that considers trauma history, gender, and culture.[23]

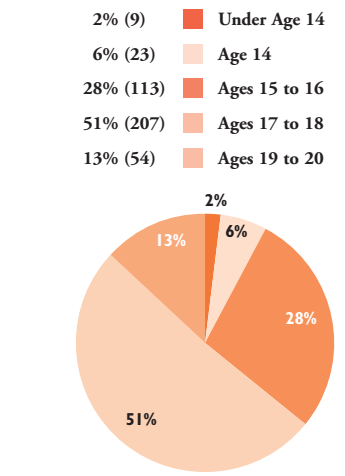
Youth in the Juvenile Justice System by Age

Youth at the Training School by Age, 2022



n = 189

Youth on Probation by Age, 2022

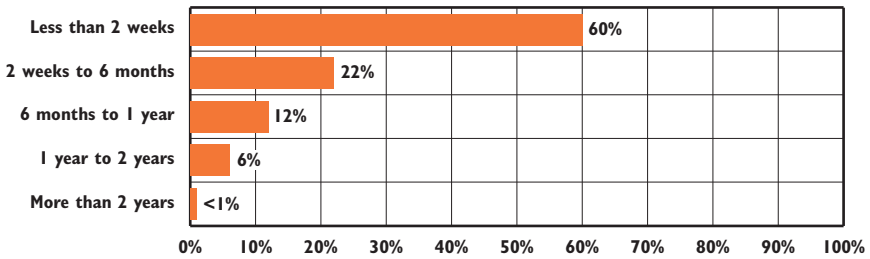


n = 406

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2022. Total number of youth at the Training School by age (189) is larger than the total number of youth at the Training School (180) 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, 2022



n=216

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2022. Total number of discharges (216) is larger than the total number of youth who passed through the Training School (180) due to some youth being discharged from the Training School more than once in 2022. 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 180 youth at the Training School during 2022, 76% (136) were admitted once, 19% (34) were admitted twice, and 6% (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 2022, 15% (27) of the 180 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 2022, 86 youth (48%) of the 180 youth at the Training School received mental health services at the Training School for psychiatric diagnoses other than conduct and adjustment disorders, including 31% (10) of female youth and 51% (76) of male youth. During 2022, 59 youth (33%) of the 180 youth at the Training School received substance abuse treatment services, including 19% (6) of female youth and 36% (53) of male youth. Of these, 42 (39 male and three female) received residential substance abuse treatment.[33]

Educational Services

◆ While the average age of youth at the Training School in 2022 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 84 youth ages 14 to 18 who received educational services at the Training School during the 2021-2022 academic year, 50% (42) received special education services based on Individualized Education Programs (IEPs).[36]

Educational Achievements

◆ During 2021-2022, 14 youth completed high school at the Training School (either graduated with a high school diploma or earned a GED). Four youth received post-secondary education services, 11 youth completed driver's education certification, landscape design, and/or barbering training. Sixty-nine youth completed a culinary program.[37]

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 216 discharges from the Training School during 2022, 31% resulted in stays of two days or less, 29% resulted in stays of three days to two weeks, and 40% resulted in stays of more than two weeks.[40]

Table 28. **Youth in the Juvenile Justice System, Rhode Island, 2022**

CITY/TOWN	TOTAL POPULATION AGES 13-18 2010	# YOUTH ON PROBATION	# OF PRE-ADJUDICATED YOUTH AT THE RITS	# OF ADJUDICATED YOUTH AT THE RITS	TOTAL # OF YOUTH AT THE RITS
Barrington	1,802	3	1	0	1
Bristol	1,780	2	0	0	0
Burrillville	1,319	5	2	1	3
Central Falls	1,859	23	15	2	16
Charlestown	554	3	0	0	0
Coventry	3,010	9	6	1	6
Cranston	6,184	14	2	3	4
Cumberland	2,746	5	3	0	3
East Greenwich	1,362	4	1	1	2
East Providence	3,243	8	1	2	3
Exeter	642	1	1	0	1
Foster	430	1	1	0	1
Glocester	878	0	0	0	0
Hopkinton	693	1	2	1	2
Jamestown	436	0	0	0	0
Johnston	2,025	4	0	0	0
Lincoln	1,851	6	0	1	1
Little Compton	228	0	0	0	0
Middletown	1,229	6	4	0	4
Narragansett	948	2	0	0	0
New Shoreham	50	0	0	0	0
Newport	1,604	11	5	1	5
North Kingstown	2,407	4	1	1	2
North Providence	2,027	7	3	0	3
North Smithfield	970	1	0	0	0
Pawtucket	5,514	54	13	11	17
Portsmouth	1,596	3	0	0	0
Providence	16,515	97	57	23	61
Richmond	637	0	0	0	0
Scituate	963	1	0	1	0
Smithfield	1,856	1	0	0	0
South Kingstown	3,540	6	0	1	0
Tiverton	1,115	1	0	0	0
Warren	675	7	2	0	2
Warwick	5,883	15	4	0	3
West Greenwich	568	0	0	0	0
West Warwick	1,891	9	1	0	1
Westerly	1,705	3	2	1	2
Woonsocket	3,112	40	16	5	20
Out-of-State	*NA*	*29*	*15*	*5*	*16*
Four Core Cities	*27,000*	*214*	*101*	*41*	*114*
Remainder of State	*58,847*	*143*	*42*	*15*	*50*
Rhode Island	*85,847*	*357*	*143*	*56*	*164*

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2022; and the U.S. Census Bureau, Census 2010.

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 2022 (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. One youth has an unknown address but is from Rhode Island and is therefore included in the Rhode Island total but not the core city or remainder of the state total. 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). Parental incarceration increases children's 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 1,467 parents incarcerated in Rhode Island on September 30, 2022 (including those awaiting trial), 93% (1,361) were fathers and 7% (106) 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 at some point in their lives.[9] These children often represent complex cases for child welfare agencies, involving balancing parental rights with the safety and well-being of the child.[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 1,467 parents incarcerated in Rhode Island on September 30, 2022 (including those awaiting trial), 40% were white, 30% were Black, 26% were Hispanic, and 3% were another race.[14]

Parents at the Rhode Island Adult Correctional Institutions (ACI), September 30, 2022

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	713	490	69%	1,163
Serving a Sentence	1,576	977	62%	2,334
TOTAL	*2,289*	*1,467*	*64%*	*3,497*

Source: Rhode Island Department of Corrections, September 30, 2022. **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 2,289 inmates awaiting trial or serving a sentence at the ACI on September 30, 2022 who answered the question on number of children, 1,467 inmates reported having 3,497 children. Thirty-nine percent of sentenced mothers and 11% of sentenced fathers had sentences that were six months or less.[15]**

◆ **Of the 56 sentenced mothers on September 30, 2022, 48% were serving a sentence for a violent offense, 34% for a nonviolent offense, 9% for a drug-related offense, and 4% for a sex-related offense. Of the 921 sentenced fathers, 51% were serving sentences for a violent offense, 19% for a nonviolent offense, 15% for a sex-related offense, 11% for a drug-related offense, and 5% for breaking and entering.[16]**

◆ **Thirty-five percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2022 had less than a high school diploma, 51% had a high school diploma or a GED, and 13% 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]**

Table 29.

Children of Incarcerated Parents, Rhode Island, September 30, 2022

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2020 POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	1	3	4,489	0.7
Bristol	5	14	2,887	4.8
Burrillville	8	18	3,229	5.6
Central Falls	35	86	6,411	13.4
Charlestown	1	1	1,161	0.9
Coventry	10	21	6,655	3.2
Cranston	55	126	15,744	8.0
Cumberland	7	16	7,550	2.1
East Greenwich	7	19	3,465	5.5
East Providence	17	38	7,886	4.8
Exeter	1	2	1,175	1.7
Foster	1	1	790	1.3
Glocester	1	5	1,896	2.6
Hopkinton	3	8	1,613	5.0
Jamestown	1	2	871	2.3
Johnston	13	29	5,119	5.7
Lincoln	2	4	4,640	0.9
Little Compton	1	4	568	7.0
Middletown	4	11	3,487	3.2
Narragansett	3	7	1,651	4.2
New Shoreham	0	0	189	0.0
Newport	13	25	3,660	6.8
North Kingstown	6	13	5,496	2.4
North Providence	15	42	5,802	7.2
North Smithfield	2	3	2,274	1.3
Pawtucket	78	193	16,455	11.7
Portsmouth	1	1	3,444	0.3
Providence	289	667	41,021	16.3
Richmond	4	9	1,627	5.5
Scituate	4	7	1,866	3.8
Smithfield	8	18	3,411	5.3
South Kingstown	5	10	4,339	2.3
Tiverton	3	8	2,723	2.9
Warren	4	7	1,826	3.8
Warwick	43	109	14,034	7.8
West Greenwich	2	4	1,251	3.2
West Warwick	28	53	5,787	9.2
Westerly	13	36	3,826	9.4
Woonsocket	74	196	9,467	20.7
Unknown Residence	*154*	*393*	*NA*	*NA*
*Out-of-State Residence***	*55*	*125*	*NA*	*NA*
Four Core Cities	*476*	*1,142*	*73,354*	*15.6*
Remainder of State	*292*	*674*	*136,431*	*4.9*
Rhode Island	*768*	*1,816*	*209,785*	*8.7*

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2022. 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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[2] Jackson, D. B., Testa, A., Semenza, D. C., & Vaughn, M. G. (2021). Parental incarceration, child adversity, and child health: A strategic comparison approach. *International Journal of Environmental Research and Public Health, 18*(7), 3384.

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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

An estimated 15.5 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 2021 (the most recent year for which full data are available), police reports indicate that children were present at 24% of domestic violence incidents resulting in arrests.[3]

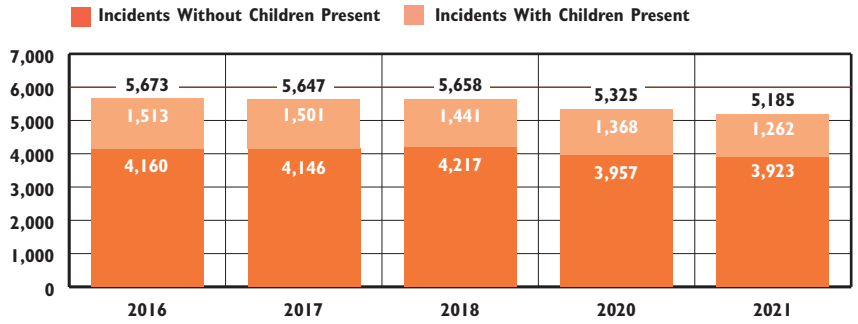
Children can be exposed to domestic violence in several ways. They may witness it directly (by seeing and/or hearing violent incidents), have their lives disrupted by the chaos of an unsteady and hostile environment, and/or may be used by the abusive parent to manipulate or gain control over the victim. 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, 2016-2018, 2020, 2021



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2016-2018, 2020, 2021.
Includes domestic violence reports resulting in an arrest by local police and Rhode Island State Police.

◆ **In Rhode Island in 2021, there were 5,185 domestic violence incidents that resulted in arrests, down 3% from 5,325 incidents in 2020. Children were reported present in 24% (1,262) of incidents in 2021.[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 2021, police reported that children saw the domestic violence incident in 945 arrests and children heard the incident in 1,050 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 2022, Rhode Island's domestic violence shelters provided services to 10,181 individuals, including 451 children. In 2022, 165 children and 178 adults spent a total of 27,694 nights in domestic violence shelters, 79 children and 57 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence). Ninety-one children and adults moved into permanent supportive housing, and 225 accessed Rapid Re-housing.[19,20]**

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]

Table 30. **Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2021**

CITY/TOWN	TOTAL # OF INCIDENTS RESULTING IN ARREST	TOTAL # OF INCIDENTS RESULTING IN ARREST WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	26	12	46%
Bristol	51	15	29%
Burrillville	67	19	28%
Central Falls	111	38	34%
Charlestown	25	5	20%
Coventry	121	34	28%
Cranston	272	57	21%
Cumberland	117	24	21%
East Greenwich	18	3	17%
East Providence	165	34	21%
Exeter*	NA	NA	NA
Foster	5	2	40%
Glocester	13	4	31%
Hopkinton	20	5	25%
Jamestown	5	1	20%
Johnston	139	25	18%
Lincoln	52	9	17%
Little Compton	4	1	25%
Middletown	72	13	18%
Narragansett	37	8	22%
New Shoreham	5	0	0%
Newport	150	27	18%
North Kingstown	73	15	21%
North Providence	124	37	30%
North Smithfield	77	20	26%
Pawtucket	744	178	24%
Portsmouth	106	31	29%
Providence	1,039	287	28%
Richmond	15	5	33%
Scituate	11	5	45%
Smithfield	56	12	21%
South Kingstown	73	24	33%
Tiverton	52	12	23%
Warren	51	10	20%
Warwick	363	87	24%
West Greenwich	10	2	20%
West Warwick	286	67	23%
Westerly	146	32	22%
Woonsocket	424	95	22%
Rhode Island State Police	*60*	*7*	*12%*
Four Core Cities	*2,318*	*598*	*26%*
Remainder of State	*2,807*	*657*	*23%*
Rhode Island	*5,185*	*1,262*	*24%*

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, 2021 and December 31, 2021.

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.

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

References

[1] Chamberlain, L. (2018). *Futures without violence: Updated comprehensive review of interventions for children exposed to domestic violence.* Retrieved from promising.futureswithoutviolence.org

[2] Berger, A., Wildsmith, E., Manlove, J., & Steward-Streng, N. (2012). *Relationship violence among young adult couples.* Retrieved from childtrends.org

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[4] National Domestic Violence Hotline. (n.d.). *Children as an abusive mechanism.* Retrieved from thehotline.org

[5,9] National Coalition Against Domestic Violence. (2023). *Domestic violence and children.* Retrieved from ncadv.org

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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

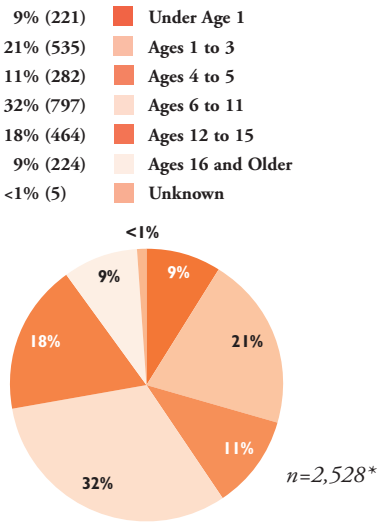
Children need love, affection, and nurturing from their parents and caregivers for healthy physical and emotional development. Experiencing child neglect or abuse can have lifelong consequences for a child's health, well-being, and relationships with others. Parents and caregivers are at increased risk 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 2020, DCYF established a referral line (1-888-RI-FAMLY) through the Support and Response Unit (SRU) that families in the community can call to access home and community-based services previously available only through DCYF involvement.[6]

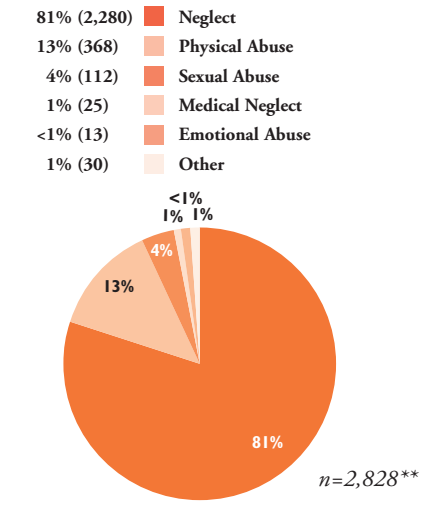
In 2022 in Rhode Island, there were 1,700 indicated investigations of child neglect and abuse involving 2,395 children. The rate of child neglect and abuse per 1,000 children under age 18 was almost twice as high in the four core cities (16.2 victims per 1,000 children) as in the remainder of the state (8.8 victims per 1,000 children). Forty-one 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, 2022

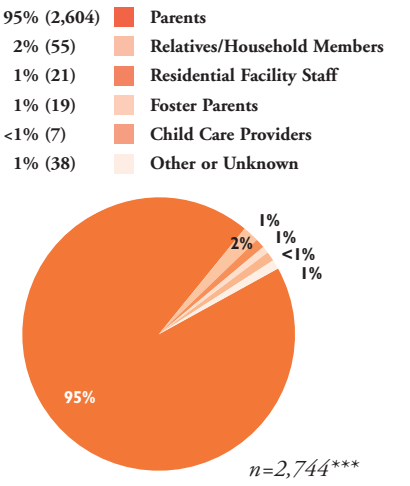
By Age of Victim*



By Type of Neglect/Abuse**



By Relationship of Perpetrator to Victims***



Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST), 2022. 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.*

****Perpetrators can abuse more than one child and can abuse a child more than once. This number is a duplicated count of perpetrators based on the number of neglect and abuse incidents. Under Rhode Island law, Child Protective Services can only investigate alleged perpetrators who are legally defined as caretakers to the victim(s), except in situations of child sexual abuse by another child.*

DCYF Child Protective Services (CPS) Hotline Calls for Reports of Neglect and/or Abuse, Investigations, * and Indicated Investigations, Rhode Island, 2013-2022

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
2013	13,905	50% (6,975)	2,294
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

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2013-2022.

**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 2022 in Rhode Island, the number of unduplicated child maltreatment reports decreased by 34%, the number of completed investigations decreased by 43%, and the number of indicated investigations decreased by 28%. In 2022, 37% of the 4,742 completed investigations were indicated investigations in which there is a "preponderance of evidence" that a child has been abused and/or neglected. The sharp decrease in reporting at the onset of the COVID-19 pandemic can be attributed to when school buildings were closed, however more recent declines are likely due to targeted, ongoing prevention efforts by DCYF focused on helping families before a CPS call is warranted.[8,9,10]**

◆ **Of the 14,417 maltreatment reports in 2022, 60% (8,692) 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, 2017-2021

YEAR	# OF EMERGENCY DEPARTMENT VISITS*	# OF HOSPITALIZATIONS*	# OF DEATHS**
2017	126	24	<5
2018	110	25	0
2019	85	38	<5
2020	100	98	<5
2021	76	105	0
TOTAL	*497*	*290*	<5

Source: Rhode Island Department of Health, 2017-2021.

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.

**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.*

◆ **Between 2017 and 2021, there were 497 emergency department visits, 290 hospitalizations, and <5 deaths of Rhode Island children under age 18 due to child neglect and/or abuse.[13] Nationally in 2021, 78% of child maltreatment deaths involved neglect and 43% involved physical abuse (because a victim may have suffered more than one type of maltreatment, these categories are not mutually exclusive).[14]**

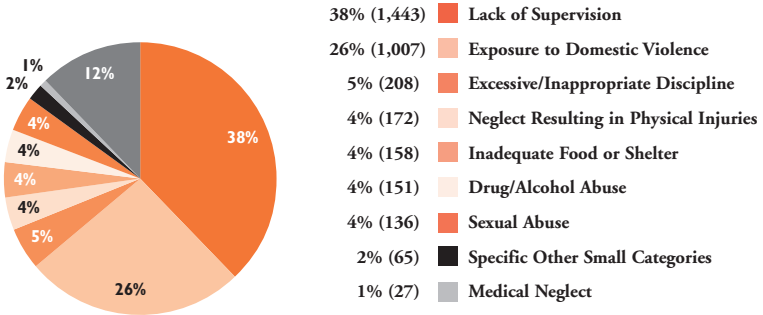
Child Neglect and Abuse in Rhode Island Communities

◆ **Many parents at risk of child neglect and abuse may lack experience with and knowledge of essential parenting skills and are struggling with a combination of social and economic issues. These families can benefit from programs that enhance social supports, parental resilience, and knowledge of parenting and child development.[15] Providing access to economic resources, housing, health care, child care, early childhood learning programs, and evidence-based home visiting programs to families can prevent the occurrence and recurrence of child neglect and abuse.[16,17]**

◆ **In 2022, Rhode Island had 11.4 child victims of neglect and abuse per 1,000 children. Woonsocket (28.5 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, 2022



*n=3,842**

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2022.

**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 3,842 indicated allegations (confirmed claims) of neglect of children under age 18 in Rhode Island in 2022, 38% 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 (26%) 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 (22), emotional abuse (9), emotional neglect (8), inappropriate restraint (8), tying/close confinement (7), abandonment (4), corporal punishment (4), and failure to thrive (3).[21]

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2022

◆ In Rhode Island in 2022, there were 136 indicated allegations (confirmed claims) of child sexual abuse and seven of these cases, were reported as school-based sexual molestation/exploitation. Some children were victims of sexual abuse more than once. There were 117 (86%) female victims and 19 (14%) male victims with confirmed allegations. Thirty-two percent of the female victims were under age 12, while 37% of the male 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 highly likely to have a developmental delay, 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.[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 2022, there were 679 children under age three who were victims of child neglect or abuse or involved with an indicated case. Of these, 179 (26%) were referred directly to EI for evaluation, 453 (67%) were instead referred to First Connections for a developmental screening, 31 (5%) were already referred or enrolled in EI, and 16 (2%) were not referred. Of the 245 infants and toddlers referred to EI for evaluation by DCYF or by First Connections, 140 (57%) were determined eligible for EI. Of the 679 children, there were 356 (52%) who did not receive a developmental screening or an evaluation even after referral. Of all 679 victims, 21% were determined eligible for EI.[26]

Table 31. **Indicated Investigations of Child Neglect and Abuse, Rhode Island, 2022**

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	6	1.3	10	2.2
Bristol	2,887	22	7.6	30	10.4
Burrillville	3,229	26	8.1	36	11.1
Central Falls	6,411	71	11.1	114	17.8
Charlestown	1,161	9	7.8	17	14.6
Coventry	6,655	43	6.5	78	11.7
Cranston	15,744	98	6.2	136	8.6
Cumberland	7,550	31	4.1	52	6.9
East Greenwich	3,465	7	2.0	7	2.0
East Providence	7,886	52	6.6	74	9.4
Exeter	1,175	6	5.1	14	11.9
Foster	790	3	3.8	7	8.9
Glocester	1,896	12	6.3	12	6.3
Hopkinton	1,613	9	5.6	8	5.0
Jamestown	871	2	2.3	3	3.4
Johnston	5,119	26	5.1	31	6.1
Lincoln	4,640	31	6.7	47	10.1
Little Compton	568	2	3.5	4	7.0
Middletown	3,487	15	4.3	11	3.2
Narragansett	1,651	15	9.1	20	12.1
New Shoreham	189	0	0.0	0	0.0
Newport	3,660	35	9.6	47	12.8
North Kingstown	5,496	27	4.9	21	3.8
North Providence	5,802	60	10.3	82	14.1
North Smithfield	2,274	8	3.5	16	7.0
Pawtucket	16,455	170	10.3	243	14.8
Portsmouth	3,444	12	3.5	13	3.8
Providence	41,021	377	9.2	563	13.7
Richmond	1,627	7	4.3	18	11.1
Scituate	1,866	10	5.4	15	8.0
Smithfield	3,411	11	3.2	26	7.6
South Kingstown	4,339	28	6.5	21	4.8
Tiverton	2,723	26	9.5	35	12.9
Warren	1,826	19	10.4	23	12.6
Warwick	14,034	93	6.6	120	8.6
West Greenwich	1,251	3	2.4	2	1.6
West Warwick	5,787	78	13.5	111	19.2
Westerly	3,826	52	13.6	58	15.2
Woonsocket	9,467	198	20.9	270	28.5
Unknown Residence	*NA*	*11*	*NA*	*0*	*NA*
Out of State	*NA*	*39*	*NA*	*NA*	*NA*
Four Core Cities	*73,354*	*816*	*11.1*	*1,190*	*16.2*
Remainder of State	*136,431*	*884*	*6.5*	*1,205*	*8.8*
Rhode Island	*209,785*	*1,700*	*8.1*	*2,395*	*11.4*

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 2022. 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.

Data cannot be compared to Factbooks prior to 2009. 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. Previous Factbooks used children under age 21 as the denominator and the indicated investigations as the numerator to calculate the rate of indicated investigations per 1,000 children.

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

References

[1,15,16] U.S. Department of Health and Human Services, Administration for Children and Families. (2019). *Strong & thriving families: 2019/2020 prevention resource guide.* Retrieved February 2, 2023, from www.childwelfare.gov

[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 February 6, 2023, from www.dcyf.ri.gov

[5,10] Rhode Island Department of Children, Youth and Families. (n.d.). *Program: Family Care Community Partnerships (FCCPs).* Retrieved February 7, 2023, from www.dcyf.ri.gov

(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.

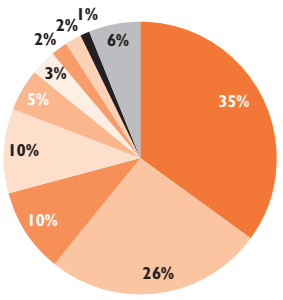
SIGNIFICANCE

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]

Rhode Island 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] Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than their peers.[5] For children in foster care, 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 to be suspended and are nearly three times more likely than their peers to be expelled from school. Appropriate supports and services can help ensure that youth 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 31, 2022



n=1,789

35%	(634)	Foster Care Home (relative)
26%	(468)	Foster Care Home (non-relative, private agency)
10%	(172)	Independent Living
10%	(171)	Residential Facility
5%	(94)	Group Home
3%	(47)	Rhode Island Training School for Youth
2%	(37)	Psychiatric or Medical Facilities*
2%	(35)	Relatives Caring for Children**
1%	(17)	Assessment and Stabilization Center***
6%	(114)	Other****

**Medical facilities data include medical hospitals (10) and psychiatric hospitals (27).*

***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 (78), runaway youth in DCYF care or those with unauthorized absences (25), prison (3), and other (8).*

Source: RI Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2022.
Percentages may not sum to 100% due to rounding.

- **As of December 31, 2022, there were 1,789 children under age 21 in the care of DCYF who were in out-of-home placements.[11]**

- **The total DCYF caseload on December 31, 2022 was 6,316, including 1,974 children living in their homes under DCYF supervision and 2,553 children living in adoption settings.[12]**

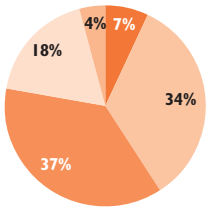
- **The total DCYF caseload also included 78 children in out-of-state placements/other agency custody, three serving a prison sentence, and eight youth in other placements.[13]**

- **On December 31, 2022, 265 children were living in a residential facility or group home, a slight increase from 258 children on December 31, 2021. The percentage of children in out-of-home placement who were in a relative foster care home slightly decreased from 37% (715) on December 31, 2021 to 35% (634) on December 31, 2022.[14,15]**

Children in Out-of-Home Placement, by Type of Setting, Age, and Race and Ethnicity, Rhode Island

In Foster Care Homes by Age

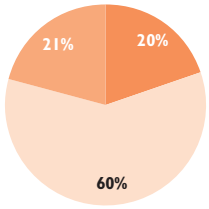
7% (74)	Under Age 1
34% (360)	Ages 1 to 5
37% (390)	Ages 6 to 13
18% (195)	Ages 14 to 17
4% (46)	Ages 18 and Over



n=1,065

In Group Homes and Residential Facilities by Age

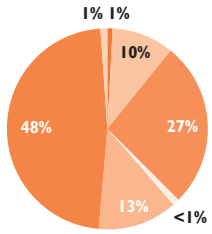
0% (0)	Under Age 1
0% (0)	Ages 1 to 5
20% (52)	Ages 6 to 13
60% (157)	Ages 14 to 17
21% (54)	Ages 18 and Over



n=263

In Foster Care Homes by Race and Ethnicity

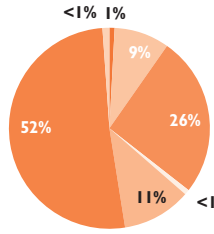
1% (6)	Asian
10% (109)	Black
27% (288)	Hispanic*
<1% (5)	American Indian and Alaska Native
13% (140)	Multiracial
48% (509)	White
1% (8)	Other or Unknown



n=1,065

In Group Homes and Residential Facilities by Race and Ethnicity

1% (2)	Asian
9% (24)	Black
26% (68)	Hispanic*
<1% (1)	American Indian and Alaska Native
11% (29)	Multiracial
52% (138)	White
<1% (1)	Other or Unknown



n=263

**Hispanic children may be of any of the race categories.*

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2022-2023. Pie charts show data for a single point-in-time: Foster Care Homes on February 28, 2023 and Group Homes and Residential Facilities on December 31,2022. Data may not match 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 that children can remain at home 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 time-limited services aimed at preventing 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 abuse treatment for parents and relatives caring for children. Rhode Island received approval from the federal Administration for Children & Families to begin implementing the *FFPSA* over five years starting in Federal Fiscal Year 2022.[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 31, 2022, of the 1,102 children in foster care placements in Rhode Island, 58% (634) 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, 2022, of the 263 children placed in groups homes and residential facilities, 80% (211) were ages 14 and older.[24]

◆ Black children in Rhode Island are one and a half times as likely to be in both foster care and congregate care placements. Multiracial children are also more than one and a half times as likely to be in foster care.[25,26]

(References are on page 186)

Permanency for Children in DCYF Care

DEFINITION

Permanency 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) during a 12-month period.

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 increasing caseworker training and retention efforts.[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 FY 2021 Entry Cohort, Children Who Achieved Permanency Within 12 Months, by Discharge Reason

DISCHARGE REASON	NUMBER	PERCENTAGE	MEDIAN DAYS IN PLACEMENT
Reunification with Parents	167	88%	231
Guardianship	12	6%	271
Adoption – Direct Consent	4	2%	314
Living with Relative(s)	3	2%	72
Adoption	4	2%	350
Total Number	*190*	*100%*	*240*

Source: *Permanency analytic report FY21 Entry Cohort* Rhode Island Department of Children, Youth and Families. *Data cannot be compared to Factbooks prior to 2018 because of differences in reporting methodology. Permanency includes reunification, guardianship, living with relative, adoption, and reunification.

◆ **Of the 770 Rhode Island children in the FY 2021 entry cohort, 25% (190) 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 190 children in the FY 2021 entry cohort who achieved permanency within 12 months, 57% were under age six, 21% were ages six to 11, and 22% were ages 12 and older. Fourteen percent of these children were Black, 29% of children were Hispanic (of any race), 13% were Multiracial or other, 43% were white, and 1% were of unknown race.[16]**

◆ **Among the 190 Rhode Island children in the FY 2021 cohort who achieved permanency within 12 months, 88% 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 190 children in the FY 2021 cohort who achieved permanency within 12 months, 6% achieved permanency through guardianship.[19,20]**

◆ **Of the 924 Rhode Island children in the FY 2020 entry cohort, 20% (181) exited foster care to permanency within 12 months of removal, and 34% (315) exited foster care to permanency in 13 to 24 months.[21]**

Voluntary Extension of Care (VEC)

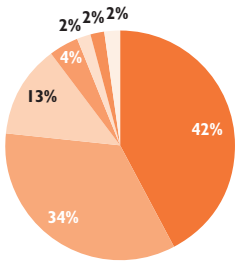
◆ In 2018, Rhode Island established the VEC program, allowing youth in foster care ages 18 to 21 the option of continuing to receive services. VEC helps older youth in care transition to adulthood by supporting them in making life decisions about housing, education, employment, health care, social services, and social activities while providing guidance in decision-making and when challenges arise. To remain enrolled, youth must meet education or employment requirements.[22]

◆ On November 30, 2022, 97 youth ages 18 to 21 were enrolled in VEC with approved court petitions. An additional six youth were in VEC case management and six were in transition to VEC. Of these 97 youth, 68% were female and 32% were male. Thirteen percent were age 18, 29% were age 19, 57% were age 20, and 1% were age 21. Seventeen percent were Black, 28% were Hispanic (of any race), 5% were Multiracial/Other, and 51% were white.[23]

◆ Of the 97 youth in VEC on November 30, 2022, 38% were continuing their education. Additionally, 56% had some form of employment, including 18 youth who were employed full time, and 31 who were employed part time. Forty-four percent were not employed.[24]

Housing for Youth in VEC

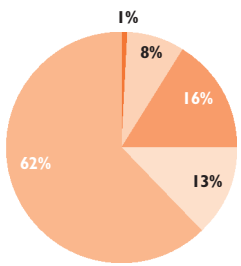
42% (41)	With Relative/Kin
34% (33)	Apartment Alone
13% (13)	Apartment with Others
4% (4)	Dormitory
2% (2)	Paid Independent Living
2% (2)	Homeless
2% (2)	Temporary Housing



n=97

Education for Youth in VEC

1% (1)	Enrolled in High School
8% (8)	Enrolled in GED
16% (15)	Full-time Post-Secondary
13% (13)	Part-time Post-Secondary
62% (60)	Not Currently Enrolled



n=97

Source: Rhode Island Department of Children, Youth and Families, November 30, 2022.

Effects of COVID-19 on Youth in VEC

◆ During the COVID-19 pandemic, youth were navigating the transition to adulthood with record unemployment, housing instability, and educational disruption, and that impact is still affecting outcomes for youth in care. In December 2020, the *Consolidated Appropriations Act (CAA)* was passed, which increased federal funding for extended foster care, education/training, and housing to support older youth in foster care during the ongoing pandemic. It also created a moratorium on youth aging out of foster care and required states to engage youth who may have left foster care. The *CAA* also provided funding to states to provide extended foster care through a youth's 26th year, funding which normally would have covered youth up to age 21 (or 23 in some states). These provisions were in effect until September 30, 2021. On October 1, 2021, Rhode Island extended eligibility to age 23 until September 20, 2022.[25,26,27]

Adoptions for Children in DCYF Care

◆ During calendar year 2022, 242 children in the care of DCYF were adopted in Rhode Island, up 91% from 2020. Of these children, 58% were under age six, 33% were ages six to 13, and 9% were age 14 or older. Thirteen percent were Black, 27% were Hispanic (of any race), 17% were Multiracial, less than 1% were Pacific Islander, and 42% were white.[28]

◆ On January 3, 2023, there were 159 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these children, 34% were under age six, 28% were ages six to 10, 35% were ages 11 to 15, and 3% were ages 16 and older. Nine percent were Black, 26% were Hispanic (of any race), 26% were Multiracial or other, and 40% were white.[29]

◆ Of the 159 children waiting to be adopted, 25% (39) were children of parents whose parental rights had been legally terminated.[30]

◆ Of the 315 Rhode Island children in the FY 2020 entry cohort who reached permanency in 13 to 24 months, 14% were adopted.[31]

References

[1,3,5] Casey Family Programs. (2018). *Strong families strategy brief: What impacts placement stability?* Retrieved from www.casey.org

[2] Wedeles, J. (n.d.). *Placement stability in child welfare.* Retrieved from www.oacas.org

(continued on page 186)

Education

My school Alphabet

by Yerick Martinez

Abc
School helps me.

Def
School lets me Spend time with my friends

Ghi
but when it comes
the learning
Math, English, and science, I hate to try.

Jkl
I know how to read I know how to write I know how to spot the difference between wrong and right

mno
I starting to see what school is offering me

Pqr
I know school is hard, but if you keep trying you will get far

Stuvwx
School helps me be the best.

Y and z
After I finish with school it will all just
be a memory.

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]

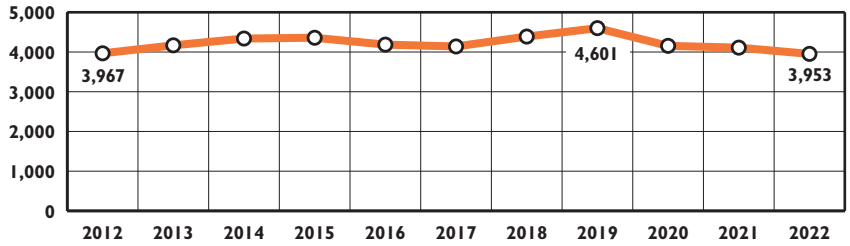
States are required to provide Early Intervention services to infants and toddlers with developmental delays and disabilities under Part C of the *Individuals with Disabilities Education Act (IDEA)*. States may also choose to serve children who are at risk of falling behind without early supports.[2]

In Rhode Island, children under age three are eligible for Early Intervention 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, parental substance abuse, significant parental health/mental health issues, etc.) to qualify through informed clinical opinion under the developmental delay category, if the circumstances impact child or family functioning.[3]

Approximately 17% of U.S. children ages three to 17 have developmental disabilities, with higher prevalence among children from low-income families and among boys. Nationally, less than a quarter of children with developmental delays and disabilities receive Early Intervention services before age three and most children with emotional, behavioral, and developmental conditions, do not receive services before age five.[4,5]

Early childhood developmental screenings are required and covered at pediatric health care visits for all children with RIte Care through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Routine developmental screening can identify children who may benefit from Early Intervention services.[6,7] In State Fiscal Year 2022, 62% of children under age three with RIte Care insurance had a developmental screening completed.[8]

Infants & Toddlers Receiving Early Intervention Services, Calendar Years 2012-2022, Rhode Island



Source: Rhode Island Executive Office of Health and Human Services. *For 2022, calendar year data was not available due to a data system upgrade, so state fiscal year data (July 2021 – June 2022) was used instead.

◆ **As of June 30, 2022, there were 1,921 infants and toddlers receiving Early Intervention (EI) services, 6% of the population under age three. The number of children enrolled was down 19% from 2,358 in June 2019.[9]**

◆ **The number of children receiving Early Intervention services in State Fiscal Year 2022 (3,953) was down 14% from 4,601 in Calendar Year 2019. In State Fiscal Year 2022, 1,994 children were discharged from EI. Of these, 281 (14%) met their developmental goals and no longer needed EI services, 815 (41%) turned age three and were transitioned to preschool special education, 209 (10%) turned age three and were determined not eligible for preschool special education, 155 (8%) turned age three and were in the process of eligibility determination for preschool special education, 446 (22%) were withdrawn when parents/guardian declined services or were unreachable, 85 (4%) were withdrawn when the family moved out of state, and three (<1%) died.[10]**

◆ **As of June 30, 2022, in Rhode Island, Early Intervention services for 1,082 children (56%) were paid for by public insurance (RIte Care and Medicaid), 827 children (43%) were paid for by private health insurance provider, and 12 children (1%) were uninsured with services covered by federal *IDEA Part C* funding.[11]**

◆ **Starting in November 2021, infants and toddlers referred to Early Intervention in Rhode Island have been placed on a statewide waiting list due to a staffing crisis in the program. From November 2022 to February 2023, the state transferred 1,171 infants and toddlers from the state waiting list to referral lists managed by Early Intervention agencies and removed 382 children when the family declined the referral or did not respond to outreach.[12,13,14,15]**

Table 32. **Infants and Toddlers Enrolled in Early Intervention (EI) by Eligibility Type, Rhode Island, 2022**

		STATE FISCAL YEAR 2021-2022 ENROLLMENT		JUNE 30, 2022 ENROLLMENT BY ELIGIBILITY				
CITY/TOWN	# OF CHILDREN UNDER AGE 3	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED IN EI	SINGLE ESTABLISHED CONDITION	MEASURED DEVELOPMENTAL DELAY	SIGNIFICANT CIRCUMSTANCES IMPACTING CHILD/FAMILY FUNCTION	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED IN EI
Barrington	366	50	14%	8	2	11	21	6%
Bristol	507	51	10%	4	7	17	28	6%
Burrillville	460	52	11%	3	13	14	30	7%
Central Falls	1,028	120	12%	10	16	29	55	5%
Charlestown	186	19	10%	1	6	3	10	5%
Coventry	940	100	11%	9	16	29	54	6%
Cranston	2,318	258	11%	14	37	64	115	5%
Cumberland	970	131	14%	6	22	40	68	7%
East Greenwich	299	57	19%	5	7	14	26	9%
East Providence	1,560	148	9%	8	10	49	67	4%
Exeter	166	10	6%	0	2	3	5	3%
Foster	113	12	11%	1	0	2	3	3%
Glocester	247	24	10%	1	6	7	14	6%
Hopkinton	258	30	12%	0	3	7	10	4%
Jamestown	85	7	8%	1	0	3	4	5%
Johnston	816	122	15%	12	15	27	54	7%
Lincoln	587	70	12%	6	14	22	42	7%
Little Compton	68	3	4%	0	0	2	2	3%
Middletown	502	69	14%	6	10	11	27	5%
Narragansett	271	17	6%	3	1	10	14	5%
New Shoreham	21	0	0%	0	0	0	0	0%
Newport	820	84	10%	11	12	17	40	5%
North Kingstown	728	80	11%	9	13	22	44	6%
North Providence	851	108	13%	7	11	34	52	6%
North Smithfield	290	30	10%	4	4	8	16	6%
Pawtucket	2,959	319	11%	25	28	86	139	5%
Portsmouth	429	68	16%	6	6	22	34	8%
Providence	7,609	935	12%	96	98	262	456	6%
Richmond	235	15	6%	0	0	3	3	1%
Scituate	193	39	20%	1	7	8	16	8%
Smithfield	402	51	13%	3	9	18	30	7%
South Kingstown	640	79	12%	4	10	17	31	5%
Tiverton	398	44	11%	3	12	9	24	6%
Warren	296	25	8%	5	2	7	14	5%
Warwick	2,322	249	11%	23	34	63	120	5%
West Greenwich	178	29	16%	1	3	13	17	10%
West Warwick	1,044	137	13%	8	26	34	68	7%
Westerly	726	62	9%	13	3	11	27	4%
Woonsocket	1,900	249	13%	16	68	57	141	7%
Four Core Cities	*13,496*	*1,623*	*12%*	*147*	*210*	*434*	*791*	*6%*
Remainder of State	*20,292*	*2,330*	*11%*	*186*	*323*	*621*	*1,130*	*6%*
Rhode Island	*33,788*	*3,953*	*12%*	*333*	*533*	*1,055*	*1,921*	*6%*

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, Early Intervention enrollment, State Fiscal Year 2022 and June 30, 2022 enrollment (point-in-time). In previous factbooks, calendar year data has been reported, but data was not available for calendar year 2022 due to a data system upgrade so state fiscal year data was used instead. On June 30, 2022, there were 17 children who were eligible for Early Intervention under the developmental delay category but didn't have specific information about measured delay or significant circumstances. We count them in the "significant circumstances" category.

The denominator is the number of children under age three, according to Census 2010, Summary File 1. Census 2020 data on the number of children by age by city/town of residence will not be available until September 2023.

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

References

[1,2] 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.

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(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

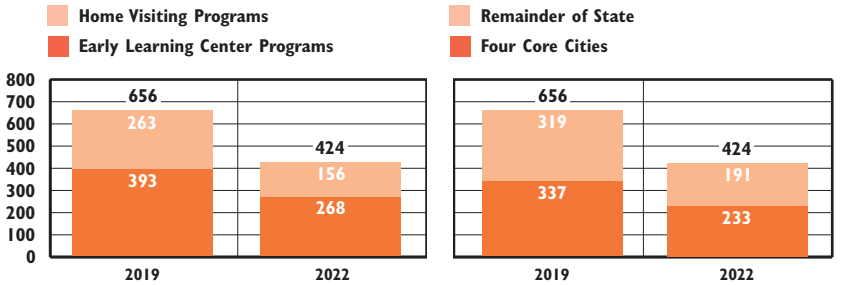
Early Head Start is an intensive, comprehensive early childhood program serving low-income children birth to age three, pregnant women, and their families. Early Head Start programs serve families with the greatest needs, including families living in or near poverty and families receiving Supplemental 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]

Pregnant women enrolled in Early Head Start are assessed for risks to a successful pregnancy. Individualized plans are developed to support prenatal health, promote healthy behaviors, and prepare for the baby's arrival. After the baby is born, families participate by enrolling in either a center-based or a home-based program. Home-based programs use weekly home visits and twice-monthly group meetings to support child development. Children in center-based models attend a center-based early care and education program and families receive at least two home visits per year. Some provide a combination of home-based and center-based services.[4,5]

Federal funding for Early Head Start-Child Care Partnerships layers Early Head Start resources on top of the child care subsidy program to provide comprehensive and continuous services to low-income infants, toddlers, and their families.[6]

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 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.[7,8]

Early Head Start Enrollment, 2019 and 2022



Source: Rhode Island Early Head Start program reports to Rhode Island KIDS COUNT, October 2019 and 2022.

◆ **As of October 2022 in Rhode Island, there were 424 individuals (412 infants and toddlers and 12 pregnant women) enrolled in Early Head Start, down 35% from 656 individuals in 2019. An estimated 3% of the infants and toddlers in low-income families in Rhode Island were enrolled.[9,10]**

◆ **Of the 424 children and pregnant women enrolled in Early Head Start in 2022, 268 (63%) were participating in a home visiting program and 156 (37%) were enrolled in a licensed early learning center. Three percent of Early Head Start clients were pregnant women, 18% were infants under age one, 32% were age one, 43% were age two, and 4% were age three.[11]**

◆ **In 2022, Rhode Island Early Head Start programs served children with high needs including: 49 infants and toddlers with developmental delays or disabilities (12% of all children enrolled), 11 children who were in foster care, and six 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.[12,13]**

◆ **As of October 2022, 22% of the children enrolled in Early Head Start were also participating in the Child Care Assistance Program (CCAP) through the Early Head Start-Child Care Partnership and to provide wrap-around hours for working parents.[14,15]**

Table 33.

Children Ages Birth to Three and Pregnant Women Enrolled in Early Head Start, Rhode Island, 2022

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	366	6%	23	0	0	0	0%
Bristol	507	29%	145	0	0	0	0%
Burrillville	460	32%	147	2	2	4	3%
Central Falls	1,028	96%	982	34	16	50	5%
Charlestown	186	17%	32	0	0	0	0%
Coventry	940	28%	267	3	0	3	1%
Cranston	2,318	39%	898	4	18	22	2%
Cumberland	970	18%	177	1	0	1	1%
East Greenwich	299	7%	21	0	3	3	14%
East Providence	1,560	47%	727	1	8	9	1%
Exeter	166	14%	23	0	0	0	0%
Foster	113	31%	35	0	0	0	0%
Glocester	247	13%	33	0	2	2	6%
Hopkinton	258	17%	45	2	0	2	4%
Jamestown	85	7%	6	0	0	0	0%
Johnston	816	43%	349	9	4	13	4%
Lincoln	587	25%	146	0	0	0	0%
Little Compton	68	12%	8	0	0	0	0%
Middletown	502	34%	170	1	2	3	2%
Narragansett	271	14%	37	0	0	0	0%
New Shoreham	21	12%	2	0	0	0	0%
Newport	820	63%	516	9	14	23	4%
North Kingstown	728	22%	157	2	1	3	2%
North Providence	851	40%	336	13	5	18	5%
North Smithfield	290	18%	52	0	1	1	2%
Pawtucket	2,959	61%	1,816	20	4	24	1%
Portsmouth	429	13%	58	0	1	1	2%
Providence	7,609	77%	5,885	120	28	148	3%
Richmond	235	17%	41	0	0	0	0%
Scituate	193	14%	26	0	0	0	0%
Smithfield	402	14%	57	0	1	1	2%
South Kingstown	640	17%	111	5	7	12	11%
Tiverton	398	22%	86	1	0	1	1%
Warren	296	29%	85	2	1	3	4%
Warwick	2,322	34%	800	31	16	47	6%
West Greenwich	178	14%	25	0	0	0	0%
West Warwick	1,044	51%	533	6	10	16	3%
Westerly	726	32%	231	2	1	3	1%
Woonsocket	1,900	77%	1,460	0	11	11	1%
Four Core Cities	*13,496*	*75%*	*10,139*	*174*	*59*	*233*	*2%*
Remainder of State	*20,292*	*29%*	*5,843*	*94*	*97*	*191*	*3%*
Rhode Island	*33,788*	*45%*	*15,269*	*268*	*156*	*424*	*3%*

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled as of October 2022. 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 2010, Summary File 1 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, 2022-2023 school year.

Due to changes in methodology, the percentage of children enrolled in Early Head Start should not be compared with previous Factbooks.

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

References

[1] U.S. Department of Health and Human Services, Administration for Children and Families, Head Start Early Childhood Learning & Knowledge Center. (2020). *Early Head Start programs.* Retrieved March 30, 2023, from eclkc.ohs.acf.hhs.gov

[2] U.S. Department of Health and Human Services, Administration for Children and Families, Head Start Early Childhood Learning and Knowledge Center. (n.d.). *Eligibility: Determining need and meeting expectations.* Retrieved March 30, 2023, from eclkc.ohs.acf.hhs.gov

[3,7] Shaffner, M. & Cole, P. (2021). *Early Head Start: An essential support for pregnant women, infants, and toddlers.* Washington, DC: Zero to Three.

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[5] 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 30, 2023, from eclkc.ohs.acf.hhs.gov

(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. Licensed centers include child care programs, preschools, nursery schools, and center-based Head Start and Early Head Start programs.

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]

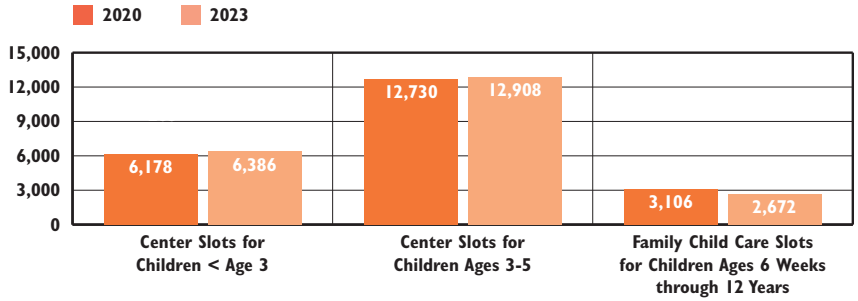
However, for many families, high-quality child care is not affordable or available. Nationally, 83% of parents report that finding quality, affordable child care in their area is a serious problem, and nearly three in four parents report that child care issues negatively impacted their career. Families 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 2017 and 2021, 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 and effective educators.[5] In 2021 in Rhode Island, the median wage was $13.26/hour for a child care educator and $14.08 for a preschool teacher.[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] In 2021, there were four children seriously injured, 12 children who were maltreated, and zero children who died in a licensed child care program in Rhode Island.[8]

Licensed Early Learning Program Capacity, Rhode Island, 2020 and 2023



Source: Rhode Island Department of Human Services, 2020 and 2023.

- **In January 2023, there were 6,386 slots for infants and toddlers (37% for infants less than 18 months and 63% for toddlers ages 18 months through 2 years) and 12,908 slots for preschoolers (ages 3 through 5) in licensed centers. The number of infant/toddler slots is up 3% and the number of preschool slots is up 1% since January 2020 (pre-pandemic).[9]**

- **In January 2023, there were 2,672 slots for children ages 6 weeks to 12 years in licensed family child care homes, down 14% since January 2020 (pre-pandemic).[10]**

- **The number of available spaces for children cannot be determined from licensed capacity data. Staffing shortages caused by low compensation in the child care and early learning field are common nationally, causing classroom closures and reduced operating capacity.[11]**

- **Nationally in October 2022, 67% of child care programs reported they were experiencing a staffing shortage. Among those, 45% reported they are serving fewer children and 37% reported a longer waiting list.[12]**

- **As of January 2023, 75% of licensed family child care providers and 69% 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.[13]**

- **In addition to licensed programs operated by community-based agencies and family child care providers, there are 55 traditional public schools, one public charter school, and one state-operated school in Rhode Island that have preschool classrooms.[14]**

Licensed Capacity of Early Learning Programs

Table 34.

Capacity of Licensed Early Learning Programs, Rhode Island, January 2023

CITY/TOWN	# OF LICENSED CENTERS	# OF CENTER SLOTS FOR INFANTS < AGE 18 MONTHS	# OF CENTER SLOTS FOR TODDLERS AGES 18 MONTHS THROUGH < 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	10	58	95	391	5	32	576
Bristol	4	29	32	68	4	24	153
Burrillville	4	21	26	86	1	6	139
Central Falls	3	31	47	209	13	87	374
Charlestown	4	8	6	92	0	0	106
Coventry	7	52	87	233	3	20	392
Cranston	27	245	288	1,139	45	303	1,975
Cumberland	6	24	55	306	9	76	461
East Greenwich	14	170	297	599	0	0	1,066
East Providence	16	39	118	548	1	6	711
Exeter	2	12	12	52	0	0	76
Foster	1	8	11	18	0	0	37
Glocester	4	32	43	100	0	0	175
Hopkinton	3	0	0	63	1	8	71
Jamestown	1	8	22	34	1	8	72
Johnston	20	201	257	545	9	65	1,068
Lincoln	5	48	87	206	6	36	377
Little Compton	1	0	0	20	0	0	20
Middletown	11	91	137	407	1	6	641
Narragansett	2	0	12	60	1	6	78
New Shoreham	1	0	10	12	0	0	22
Newport	3	14	41	145	1	8	208
North Kingstown	7	41	66	326	3	16	449
North Providence	9	38	71	265	7	46	420
North Smithfield	1	0	8	30	4	40	78
Pawtucket	15	125	292	743	24	160	1,320
Portsmouth	5	32	55	151	1	12	250
Providence	52	250	530	2,289	228	1,531	4,600
Richmond	0	0	0	0	1	12	12
Scituate	2	24	59	127	0	0	210
Smithfield	9	125	218	503	1	8	854
South Kingstown	13	101	172	390	4	30	693
Tiverton	4	24	36	142	1	8	210
Warren	5	32	48	201	1	6	287
Warwick	22	330	517	1,171	5	34	2,052
West Greenwich	3	16	30	89	0	0	135
West Warwick	5	50	97	269	4	26	442
Westerly	7	42	61	282	1	6	391
Woonsocket	12	24	98	597	6	46	765
Four Core Cities	*82*	*430*	*967*	*3,838*	*271*	*1,824*	*7,059*
Remainder of State	*238*	*1,915*	*3,074*	*9,070*	*121*	*848*	*14,907*
Rhode Island	*320*	*2,345*	*4,041*	*12,908*	*392*	*2,672*	*21,966*

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 2023.

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

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[6] U.S. Bureau of Labor Statistics. (2022). *May 2021 State occupational employment and wage estimates, Rhode Island.* Retrieved April 2, 2022, 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. (2022). *Office of child care: Aggregated data report (2021).* Retrieved April 2, 2023, from www.dhs.ri.gov

[9,10,13] Rhode Island Department of Human Services, child care licensing data, January 2020 and January 2023.

(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]

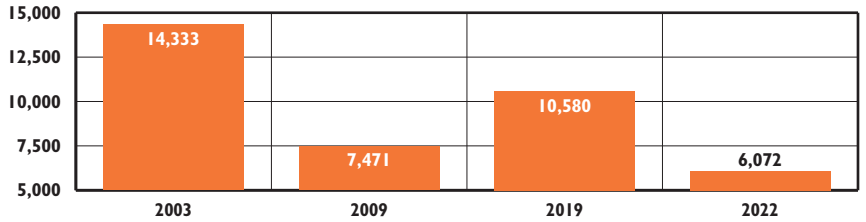
Child care is the biggest living expense in most family budgets. In Rhode Island, nine out of 10 families cannot afford the average cost of child care for one infant.[2] A 2019 Rhode Island study of families with children under age six found that affordable child care was consistently reported as the 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 $167,000 to afford the average annual cost for one preschooler at a licensed center in 2021.[4,5]

Subsidy payment rates for child care providers should meet or exceed the federal benchmark established to ensure low-income families have equal access to the child care market and to promote access to quality care. 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 disproportionally 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 2021, the median hourly wage was $13.26 for a child care educator and $14.08 for a preschool educator, in the same range or lower than fast food workers.[10]

Child Care Subsidies, Rhode Island, Selected Years 2003, 2009, 2019, 2022



Source: Rhode Island Department of Human Services, December 2003 - December 2022.

◆ **In December 2022, there were 6,072 child care subsidies in Rhode Island, a historic low and down 43% from 2019 (pre-pandemic) and 58% from the 2003 peak. In 2022, 77% of child care subsidies were for care in a licensed child care center, 23% for care by a licensed family child care home, and less than 1% for care by a license-exempt provider.[11]**

◆ **As of December 2022, 22% of children participating in CCAP were enrolled in programs with high-quality BrightStars ratings (four or five stars), up from 16% in 2019 and 10% in December 2018. Preschool-age children were more likely to be enrolled in a high-quality program (27%) than infants and toddlers (21%) or school-age children (19%).[12]**

◆ **In December 2022, more than half (52%) of subsidies were used by families with incomes at or below the federal poverty level (FPL) and only 3% 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 17% were used by families receiving cash assistance. Another 9% 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

Table 35.

Child Care Subsidies, Rhode Island, December 2022

CITY/TOWN	SUBSIDY USE BY CHILD RESIDENCE* UNDER AGE 3	AGES 3-5	AGES 6-12+	TOTAL CHILD CARE SUBSIDIES	SUBSIDY USE BY PROGRAM LOCATION CENTER	FAMILY CHILD CARE	LICENSE EXEMPT	TOTAL CHILD CARE SUBSIDIES
Barrington	2	10	9	21	28	0	0	28
Bristol	5	5	7	17	15	0	0	15
Burrillville	7	8	14	29	34	0	0	34
Central Falls	51	67	95	213	151	65	0	216
Charlestown	3	1	1	5	3	0	0	3
Coventry	18	41	28	87	88	0	1	89
Cranston	95	128	154	377	365	172	0	537
Cumberland	13	27	40	80	111	7	0	118
East Greenwich	4	5	5	14	52	0	0	52
East Providence	48	84	89	221	238	7	0	245
Exeter	1	1	0	2	3	0	0	3
Foster	0	0	1	1	3	0	0	3
Glocester	1	4	1	6	16	0	0	16
Hopkinton	2	1	0	3	3	0	0	3
Jamestown	1	1	0	2	1	0	0	1
Johnston	31	36	32	99	225	36	0	261
Lincoln	14	20	30	64	59	6	0	65
Little Compton	0	0	0	0	0	0	0	0
Middletown	12	23	19	54	101	0	0	101
Narragansett	6	3	2	11	1	0	0	1
New Shoreham	0	0	0	0	0	0	0	0
Newport	27	47	76	150	118	0	7	125
North Kingstown	13	20	22	55	39	0	0	39
North Providence	22	37	21	80	90	4	0	94
North Smithfield	2	7	7	16	27	0	0	27
Pawtucket	155	238	239	632	561	54	0	615
Portsmouth	1	3	1	5	7	0	0	7
Providence	531	699	879	2,109	1,119	1,013	0	2,132
Richmond	5	4	2	11	1	0	0	1
Scituate	3	1	2	6	2	0	0	2
Smithfield	8	12	8	28	28	0	0	28
South Kingstown	6	16	8	30	57	9	0	66
Tiverton	2	5	5	12	10	3	0	13
Warren	9	7	11	27	29	1	0	30
Warwick	62	92	108	262	416	11	0	427
West Greenwich	4	1	0	5	4	0	0	4
West Warwick	55	76	79	210	190	2	0	192
Westerly	9	14	15	38	48	0	0	48
Woonsocket	91	172	217	480	412	12	0	424
DCYF	*193*	*218*	*102*	*513*	*NA*	*NA*	*NA*	*NA*
Undetermined Address	*1*	*1*	*4*	*6*	*NA*	*NA*	*NA*	*NA*
Out-Of-State	*NA*	*NA*	*NA*	*NA*	*7*	*0*	*0*	*7*
Four Core Cities	*828*	*1,176*	*1,430*	*3,434*	*2,243*	*1,144*	*0*	*3,387*
Remainder of State	*491*	*740*	*797*	*2,028*	*2,412*	*258*	*8*	*2,678*
Rhode Island	*1,513*	*2,135*	*2,333*	*5,981*	*4,662*	*1,402*	*8*	*6,072*

Source of Data for Table/Methodology

Rhode Island Department of Human Services, December 2022.

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]

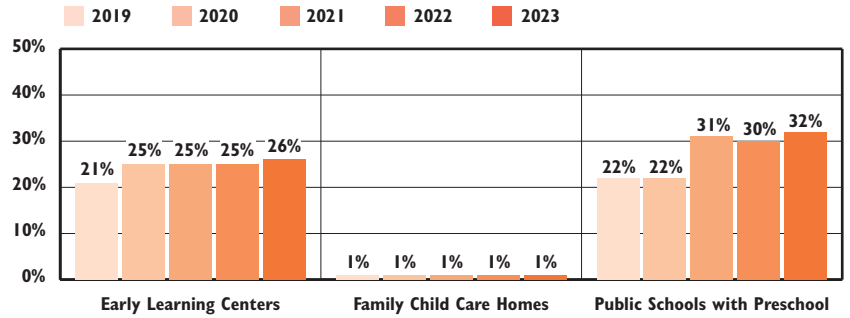
Research has shown that parents strongly prefer high-quality programs and particularly value teachers' educational achievement, however many families cannot afford the cost of higher quality programs and/or don't have enough information about which programs meet recommended quality standards.[3]

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 document and improve the quality of early learning and child care 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 (e.g., enhanced reimbursement rates or quality bonuses).[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 set and 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. Star ratings are posted on a public website to inform family decision making when selecting a program.[10,11]

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, 2019-2023



Source: RI Association for the Education of Young Children, Rhode Island Department of Human Services, Rhode Island Department of Education, and RI Early Care and Education Data System (ECEDS), January 2019 – January 2023.

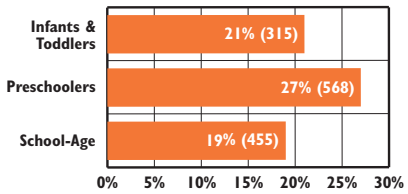
- **As of January 2023, 261 (82%) licensed child care centers, 326 (83%) licensed family child care homes, and 27 (47%) public schools with preschool classrooms had a BrightStars rating. Eighty-four (26%) licensed early learning centers, four (1%) licensed family child care homes, and 18 (32%) public schools had met the benchmarks for a high-quality rating of four or five stars.[12]**

- **Since 2019, the percentage of early learning centers with a high-quality rating has grown from 21% to 26% and the percentage of public schools serving preschoolers that have a high-quality rating has increased from 22% to 32%.[13]**

- **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 33% vs. 30% for public schools).[14]**

- **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.[15]**

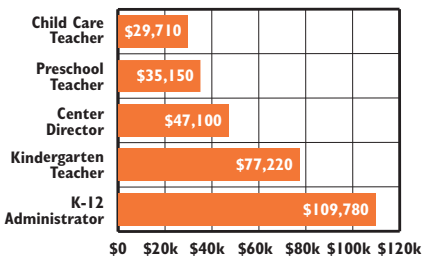
CCAP Children Enrolled in High-Quality Programs (4 or 5 Stars) by Age, December 2022



Source: Rhode Island Rhode Island Department of Human Services, December 2022.

◆ **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 (21%) or school-age children (19%).**[16]

Average Annual Salary, Rhode Island, 2021



Source: U.S. Bureau of Labor Statistics. (2022). *May 2021 State occupational employment and wage estimates, Rhode Island.* Retrieved April 2, 2022, 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.**[17]

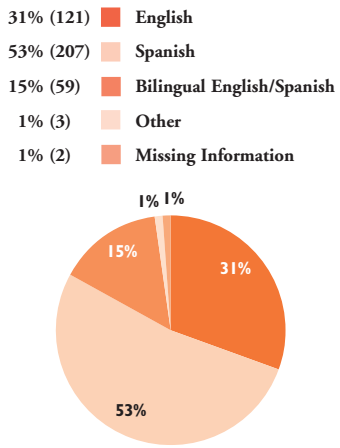
Table 36.

Licensed Child Care Centers and Preschools Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2023

CITY/TOWN	LICENSED PROGRAMS	PROGRAMS THAT ACCEPT CCAP	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY 4 STARS	HIGH-QUALITY 5 STARS	% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
Barrington	10	3	5	3	1	0	1	0	50%	10%
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	3	0	1	0	0	0	3	100%	75%
Coventry	7	7	0	1	2	1	2	1	100%	43%
Cranston	27	18	5	8	7	4	2	1	81%	11%
Cumberland	6	4	2	1	1	0	2	0	67%	33%
East Greenwich	14	7	5	1	3	2	2	1	64%	21%
East Providence	16	10	3	4	5	0	3	1	81%	25%
Exeter	2	2	0	0	1	0	1	0	100%	50%
Foster	1	0	0	0	0	1	0	0	100%	0%
Glocester	4	3	1	0	2	0	0	1	75%	25%
Hopkinton	3	1	0	1	2	0	0	0	100%	0%
Jamestown	1	1	0	0	0	1	0	0	100%	0%
Johnston	20	17	2	6	9	1	2	0	90%	10%
Lincoln	5	5	0	1	3	0	0	1	100%	20%
Little Compton	1	0	1	0	0	0	0	0	0%	0%
Middletown	11	5	4	3	0	1	3	0	64%	27%
Narragansett	2	1	1	0	1	0	0	0	50%	0%
New Shoreham	1	1	1	0	0	0	0	0	0%	0%
Newport	3	2	1	0	1	0	1	0	67%	33%
North Kingstown	7	5	1	0	2	1	3	0	86%	43%
North Providence	9	6	1	3	2	0	1	2	89%	33%
North Smithfield	1	0	1	0	0	0	0	0	0%	0%
Pawtucket	15	10	0	7	2	2	3	1	100%	27%
Portsmouth	5	2	4	1	0	0	0	0	20%	0%
Providence	52	37	8	9	12	6	10	7	85%	33%
Richmond	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Scituate	2	2	0	1	1	0	0	0	100%	0%
Smithfield	9	6	1	3	3	1	1	0	89%	11%
South Kingstown	13	8	4	2	1	2	3	1	69%	31%
Tiverton	4	2	1	1	1	0	1	0	75%	25%
Warren	5	2	2	1	0	0	2	0	60%	40%
Warwick	22	18	0	5	6	4	7	0	100%	32%
West Greenwich	3	2	0	1	2	0	0	0	100%	0%
West Warwick	5	4	1	0	1	2	0	1	80%	20%
Westerly	7	5	2	0	2	0	3	0	71%	43%
Woonsocket	12	12	0	2	1	1	3	5	100%	67%
Four Core Cities	*82*	*62*	*8*	*18*	*15*	*11*	*17*	*13*	*90%*	*37%*
Remainder of State	*238*	*157*	*51*	*53*	*59*	*21*	*40*	*14*	*79%*	*23%*
Rhode Island	*320*	*219*	*59*	*71*	*74*	*32*	*57*	*27*	*82%*	*26%*

High-Quality Early Learning Programs

Licensed Family Child Care Programs by Preferred Language, Rhode Island, 2023



n=392

Source: Rhode Island Department of Human Services, Licensed family child care providers, 2023.

◆ In 2023, Of the 392 licensed family child care providers in Rhode Island, 31% spoke English, 53% spoke Spanish, 15% were bilingual in Spanish and English, 1% spoke another language (Portuguese or Creole), and 1% had missing information.[18]

◆ As of December 2022, of the 1,589 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.[19]

Table 37.

Licensed Family Child Care Homes Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2023

CITY/TOWN	LICENSED PROGRAMS	PROGRAMS THAT ACCEPT CCAP	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY 4 STARS	HIGH-QUALITY 5 STARS	% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
Barrington	5	1	3	2	0	0	0	0	40%	0%
Bristol	4	0	2	2	0	0	0	0	50%	0%
Burrillville	1	1	0	1	0	0	0	0	100%	0%
Central Falls	13	13	0	11	2	0	0	0	100%	0%
Charlestown	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Coventry	3	1	2	1	0	0	0	0	33%	0%
Cranston	45	34	6	24	15	0	0	0	87%	0%
Cumberland	9	3	6	3	0	0	0	0	33%	0%
East Greenwich	0	0	NA	NA	NA	NA	NA	NA	NA	NA
East Providence	1	1	0	1	0	0	0	0	100%	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	9	8	1	6	2	0	0	0	89%	0%
Lincoln	6	1	3	3	0	0	0	0	50%	0%
Little Compton	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Middletown	1	0	0	1	0	0	0	0	100%	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	3	0	2	1	0	0	0	0	33%	0%
North Providence	7	6	0	7	0	0	0	0	100%	0%
North Smithfield	4	1	2	1	0	0	1	0	50%	25%
Pawtucket	24	21	1	14	8	1	0	0	96%	0%
Portsmouth	1	0	1	0	0	0	0	0	0%	0%
Providence	228	189	27	118	76	4	2	1	88%	1%
Richmond	1	0	0	1	0	0	0	0	100%	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	4	2	2	1	1	0	0	0	50%	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	1	3	2	0	0	0	0	40%	0%
West Greenwich	0	0	NA	NA	NA	NA	NA	NA	NA	NA
West Warwick	4	2	0	4	0	0	0	0	100%	0%
Westerly	1	1	0	1	0	0	0	0	100%	0%
Woonsocket	6	5	1	4	1	0	0	0	83%	0%
Four Core Cities	*271*	*228*	*29*	*147*	*87*	*5*	*2*	*1*	*89%*	*1%*
Remainder of State	*121*	*66*	*37*	*65*	*18*	*0*	*1*	*0*	*69%*	*1%*
Rhode Island	*392*	*294*	*66*	*212*	*105*	*5*	*3*	*1*	*83%*	*1%*

Table 38.

Public Schools with Preschool Classrooms Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2023

DISTRICT	SCHOOLS WITH PRESCHOOL CLASSROOMS	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY 4 STARS	HIGH-QUALITY 5 STARS	% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
Barrington	1	1	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	1	0	0	0	0	0	0%	0%
Coventry	1	0	0	0	0	0	1	100%	100%
Cranston	5	2	0	0	0	2	1	60%	60%
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	1	1	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	1	0	0	1	0	0	0	100%	0%
Little Compton	1	1	0	0	0	0	0	0%	0%
Middletown	1	1	0	0	0	0	0	0%	0%
Narragansett	1	1	0	0	0	0	0	0%	0%
New Shoreham	0	NA	NA	NA	NA	NA	NA	NA	NA
Newport	1	1	0	0	0	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	3	1	1	1	86%	29%
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	2	2	0	0	0	0	0	0%	0%
Warwick	2	2	0	0	0	0	0	0%	0%
West Warwick	2	2	0	0	0	0	0	0%	0%
Westerly	1	0	0	0	0	1	0	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*	*3*	*1*	*2*	*3*	*67%*	*33%*
Remainder of State	*40*	*24*	*0*	*3*	*1*	*8*	*4*	*40%*	*30%*
Rhode Island	*57*	*30*	*1*	*6*	*2*	*11*	*7*	*47%*	*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 2023. Data on public schools are from the Rhode Island Department of Education, January 2023. Data on BrightStars quality ratings are from the Rhode Island Association for the Education of Young Children, January 2023.

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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[6] Phillips, D., Austin, L. J. E., & Whitebook, M. (2016). The early care and education workforce. *The Future of Children, 26*(2), 139-158.

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[10] Rhode Island Association for the Education of Young Children. (n.d.). *BrightStars RI: Connecting quality child care FAQ's.* Retrieved April 2, 2023, from www.brightstars.org

[11] *Request for proposals: Rhode Island Pre-K Programs 2020-2021.* Retrieved March 1, 2020, from www.ride.ri.gov

(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]

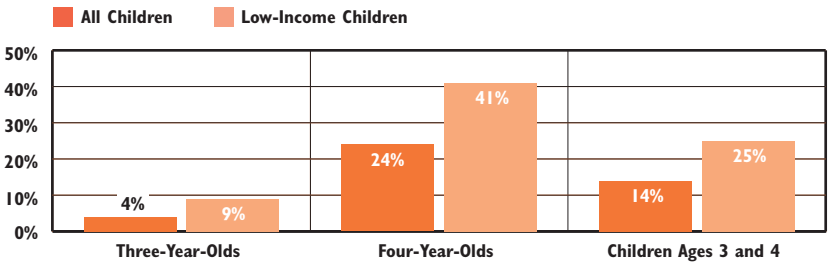
Decades of research have shown that high-quality preschool programs help children gain academic and social-emotional skills prior to school entry and can produce positive outcomes that last well into the school years, including reduced need for special education services and improved high school graduation 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 2021, 44 states and Washington, DC operated state Pre-K programs, serving 29% of four-year-olds and 5% of three-year-olds across the U.S.[7] The RI Pre-K program was launched in 2009 and serves children who are selected through a state-managed lottery. RI Pre-K is delivered by public schools, Head Start agencies, and child care programs that meet the same 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]

Head Start and RI Pre-K are an important part of a strong statewide early learning system that starts at birth and continues through third grade, including high-quality child care and nurturing early elementary classrooms.[10]

Percentage of Children Ages 3 and 4 Enrolled in Head Start and/or RI Pre-K, Rhode Island, 2022-2023



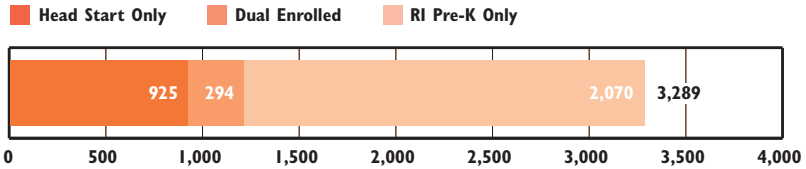
Source: Rhode Island KIDS COUNT calculations using October 2022 enrollment in Head Start and RI Pre-K as numerator and Census 2010 population of children ages 3 and 4 as denominator with low-income population estimated using the % of children receiving free or reduced-price lunch.

◆ **As of October 2022, there were 3,289 children ages three and four enrolled in Head Start, RI Pre-K, or both during the two years before kindergarten, reaching approximately 14% of all children and 25% of low-income children.[11]**

◆ **Of the total, 925 children were enrolled in Head Start only, 2,070 children were enrolled in RI Pre-K only, and 294 were dually enrolled in both Head Start and RI Pre-K with braided funding.[12]**

◆ **In the four core cities, approximately 26% of low-income children and 22% 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 22% and 9%, respectively.[13]**

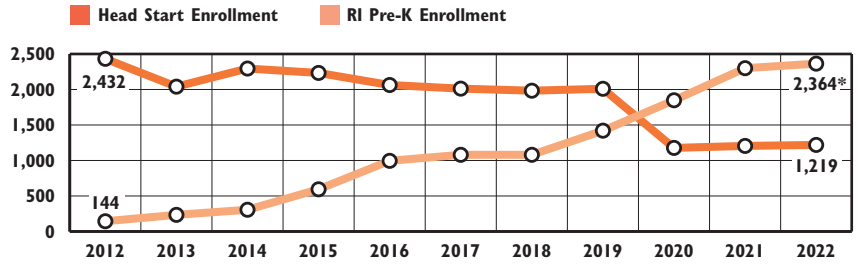
Number of Children Ages 3 and 4 Enrolled in Head Start, RI Pre-K, or Both, Rhode Island, 2022



Source: Rhode Island Head Start programs and Rhode Island Department of Education, October 2022 enrollment.

Children Enrolled in Head Start or RI Pre-K

Head Start and RI Pre-K Enrollment, 2012-2022



Sources: Head Start program reports to Rhode Island KIDS COUNT, 2012-2022. RI Pre-K enrollment for 2012 to 2014 from National Institute for Early Education Research, *The State of Preschool 2013, 2014, 2015.* RI Pre-K enrollment for 2015 to 2022 from Rhode Island Department of Education. *Some children are dually enrolled in Head Start and RI Pre-K -- 140 in 2019, 176 in 2020, 253 in 2021, and 294 in 2022.

◆ **In October 2022, there were 1,219 children enrolled in Head Start, down 39% from 2019 and down 50% from 2012. Of these, 294 (24%) were dually enrolled in RI Pre-K.[14]**

◆ **Of the 1,219 children enrolled in Head Start, 497 (41%) were age three and 722 (59%) were age four at the start of the school year. Eighty-two percent of children enrolled in Head Start were enrolled in a classroom that operated for at least six hours per day.[15]**

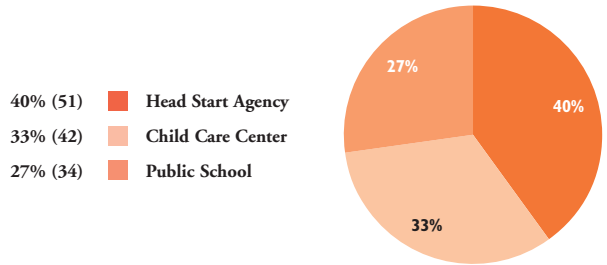
◆ **Inability to hire and retain qualified Head Start teachers due to noncompetitive wages caused the closure of 30 Head Start classrooms as well as reduced enrollment in 14 Head Start classrooms in the 2022-2023 school year, despite a waiting list of 237 eligible children.[16]**

◆ **Nationally, 20% of Head Start and Early Head Start classrooms are closed and there is an estimated waiting list of over 100,000 children. Inadequate compensation for Head Start teachers is the primary reason for the closures and wait lists.[17]**

◆ **In October 2022, there were 2,364 children enrolled in RI Pre-K, up 66% from 2019. Of these, 294 (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. Less than 1% were age 3, all of whom were dually enrolled in Head Start.[19]**

◆ **Of the 2,364 children enrolled in RI Pre-K, 1,781 (75%) were low-income and 583 (25%) were higher-income.[20]**

RI Pre-K Classrooms by Setting, Rhode Island, 2022



n = 127

Source: Rhode Island Department of Education, October 2022.

◆ **As of the 2022-2023 school year, there were 127 RI Pre-K classrooms with 51 (40%) operated by Head Start agencies, 42 (33%) operated by child care centers, and 34 (27%) operated by public schools.[21]**

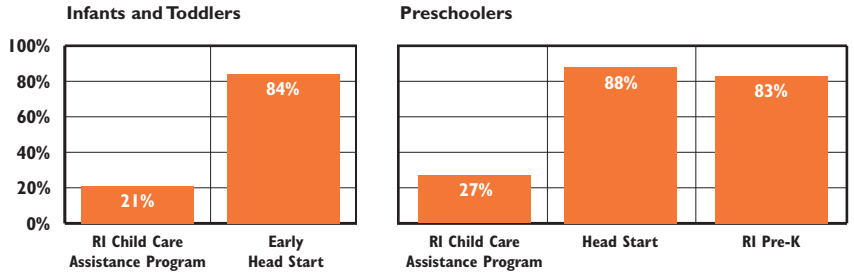
◆ **Children are selected to participate in RI Pre-K through a lottery, with outreach to recruit children from low-income and moderate-income families, children who are differently abled, children who are Multilingual Learners, children who are involved with the child welfare system, and children who are experiencing homelessness.[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, 2022



Sources: Rhode Island Head Start Programs, 2022. Rhode Island Department of Education, 2022. Rhode Island Department of Human Services, 2022.

◆ 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.[27]

◆ In 2021, 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 2022, 88% of children enrolled in Head Start and 83% 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 2022, 84% of infants and toddlers enrolled in Early Head Start were in a program that had achieved a high-quality BrightStars rating of four or five stars. In comparison, only 21% of 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 with High Needs

◆ Of the 1,219 children enrolled in Head Start as of October 2022, 115 (9%) children enrolled in Head Start had developmental delays or disabilities and received special education services through their local school districts. Also, in October 2022, 27 (2%) were in foster care and 24 (2%) were homeless.[34]

◆ In 2020-2021, Head Start programs in Rhode Island were serving 37% of Black children, 44% of Hispanic children, and 40% of white children who lived in poverty.[35]

◆ In 2020-2021, 31% of children enrolled in Head Start programs in Rhode Island spoke a language other than English at home, with 24% speaking Spanish.[36]

◆ Of the 2,364 children enrolled in RI Pre-K in October 2022, 283 (12%) children in RI Pre-K had a developmental delay or disability and received special education services through their local school districts. Also, in October 2022, 43 (2%) were in foster care and 21 (1%) were homeless.[37]

◆ Of the 2,364 children enrolled in RI Pre-K in October 2022, 82 (3%) were Asian/Pacific Islander, 384 (16%) were Black, 792 (34%) were Hispanic/Latino, 382 (16%) were Multiracial, 9 (less than 1%) were Native American, and 715 (30%) were white.[38]

Public Preschool Contributes to a Strong, Equitable Birth to Five System

◆ Including Head Start, child care centers, and family child care homes in public preschool expansion and leveraging the national Head Start model and expanding Head Start and Early Head Start programs to serve more families would help build an equitable birth to five system.

◆ Increasing investments to sustain, expand, and improve programs for infants and toddlers as preschool expands is vital to a strong birth to five system.

◆ States should provide equitable and competitive compensation to early childhood educators serving children from birth through age five, regardless of setting.[39]

Table 39.

Children Enrolled in Head Start and/or RI Pre-K, Rhode Island, 2022

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	369	6%	23	0	0	0	1	2	0	13%	1%
Bristol	401	29%	115	5	0	0	3	8	3	14%	5%
Burrillville	321	32%	102	4	0	6	0	0	0	10%	3%
Central Falls	699	96%	668	6	0	21	0	136	14	24%	25%
Charlestown	153	17%	27	1	0	0	1	1	0	11%	2%
Coventry	734	28%	208	9	0	1	16	26	32	25%	11%
Cranston	1,684	39%	652	45	0	26	35	90	99	30%	18%
Cumberland	810	18%	148	1	0	5	0	3	0	6%	1%
East Greenwich	277	7%	20	0	0	0	0	2	0	10%	1%
East Providence	982	47%	457	19	0	12	3	112	100	32%	25%
Exeter	105	14%	15	2	1	1	1	0	0	34%	5%
Foster	99	31%	31	0	0	0	0	0	0	0%	0%
Glocester	191	13%	25	1	0	2	0	0	0	12%	2%
Hopkinton	167	17%	29	3	0	0	1	0	0	14%	2%
Jamestown	102	7%	7	0	0	0	0	1	0	15%	1%
Johnston	528	43%	226	9	0	15	0	15	14	17%	10%
Lincoln	412	25%	103	2	0	2	0	8	5	12%	4%
Little Compton	49	12%	6	0	0	0	0	0	0	0%	0%
Middletown	431	34%	146	6	0	4	10	10	6	21%	8%
Narragansett	210	14%	28	0	0	0	0	2	0	7%	1%
New Shoreham	15	12%	2	0	0	0	0	0	0	0%	0%
Newport	514	63%	324	23	0	10	9	20	4	19%	13%
North Kingstown	593	22%	128	4	0	7	1	4	9	12%	4%
North Providence	575	40%	227	11	1	9	12	9	3	18%	8%
North Smithfield	218	18%	39	0	0	1	0	2	0	8%	1%
Pawtucket	2,053	61%	1,260	30	0	64	9	106	53	17%	13%
Portsmouth	359	13%	48	1	0	3	0	3	0	14%	2%
Providence	4,743	77%	3,669	155	1	179	20	660	105	28%	24%
Richmond	190	17%	33	1	0	3	0	0	0	12%	2%
Scituate	197	14%	27	0	0	0	0	0	0	0%	0%
Smithfield	343	14%	49	3	0	5	0	2	0	21%	3%
South Kingstown	504	17%	87	2	5	4	8	0	0	22%	4%
Tiverton	287	22%	62	7	0	4	0	0	0	18%	4%
Warren	240	29%	69	9	0	2	14	10	6	51%	17%
Warwick	1,579	34%	544	16	0	4	45	44	52	20%	10%
West Greenwich	115	14%	16	1	0	0	1	0	0	12%	2%
West Warwick	703	51%	359	24	0	7	40	16	16	24%	15%
Westerly	490	32%	156	11	2	2	8	4	4	17%	6%
Woonsocket	1,218	77%	936	76	0	29	56	181	58	37%	33%
Four Core Cities	*8,713*	*75%*	*6,546*	*267*	*1*	*293*	*85*	*1,083*	*230*	*26%*	*22%*
Remainder of State	*14,947*	*29%*	*4,304*	*220*	*9*	*135*	*209*	*394*	*353*	*22%*	*9%*
Rhode Island	*23,660*	*45%*	*10,692*	*487*	*10*	*428*	*294*	*1,477*	*583*	*25%*	*14%*

Source of Data for Table/Methodology

Rhode Island Head Start Programs, children enrolled as of October 2022, by child residence. Rhode Island Department of Education, children enrolled in RI Pre-K as of October 2022, by child residence.

The estimated number of children age four is from Census 2010, 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.

[5,27,35,36] 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. (2022). *The state of preschool 2021: State preschool yearbook.* New Brunswick, NJ: National Institute for Early Education Research.

[8] *Rhode Island Prekindergarten Education Act*, Rhode Island General Laws, 16-87.

[9,22] *Request for proposal (RFP) – Bid# 7535368: Evaluate quality of Rhode Island Pre-Kindergarten Program.* (2013). Providence, RI: State of Rhode Island Department of Administration, Division of Purchases.

(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

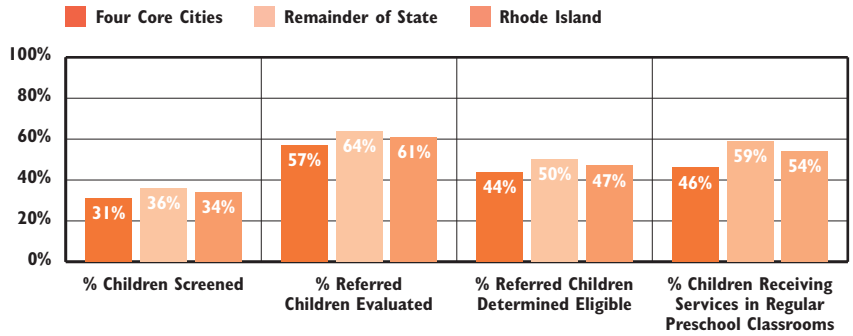
Preschool special education is an important component of the early care and education system, providing specially-designed instruction so each child can meet learning standards. The federal *Individuals with Disabilities Education Act (IDEA)* specifies that children ages three to five with disabilities, 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 2021-2022 school year in Rhode Island, districts completed developmental screenings for only 34% of children ages three to five, up from 23% 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 (31%) than children in the remainder of the state (36%). Of the children who were referred for evaluation based on positive screens in 2021-2022, 61% were evaluated and 47% were determined eligible for special education. Children in the four core cities were less likely to be evaluated (57%) or determined eligible (44%) than children in the remainder of the state (64% and 50% respectively).[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 2022



Source: Rhode Island Department of Education, 2021-2022 Child Outreach data and June 2022 Special Education Census. Percent children determined eligible is of those children referred for evaluation from Child Outreach screening.

◆ **In June 2022, there were 2,920 children ages three to five receiving preschool special education services (8% of all preschool children), up from 2,597 in 2021 but down from 3,156 in 2019 (pre-pandemic). Children in the four core cities were just as likely to receive preschool special education services (8%) as children in the remainder of the state (8%).[10,11]**

◆ **Preschool children with disabilities who attend high-quality preschool with typically developing children and receive special education services in inclusive settings have improved outcomes.[12] In June 2022 in Rhode Island, 54% of preschool-age children received special education 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 (59%).[13]**

◆ **More than four in 10 children receiving preschool special education services in Rhode Island receive services outside of inclusive preschool programs, with 13% enrolled in a separate special education preschool class or school, 22% receiving services through "walk-in" visits to a service provider, 10% enrolled in a preschool setting but receiving special education services in another location, and <1% in a home or hospital.[14]**

◆ **In June 2022, 47% (1,375) of the 2,920 children receiving preschool special education services in Rhode Island qualified under the developmental delay category, 43% (1,258) had an identified speech/language disability, 6% (176) were diagnosed with autism, and 4% (111) had another diagnosed disability.[15]**

Children Receiving Preschool Special Education Services

Table 40. **Children Ages 3 to 5 Receiving Special Education Services, Rhode Island, 2022**

SCHOOL DISTRICT	# OF CHILDREN AGES 3-5	DEVELOPMENTAL SCREENING EVALUATION, AND ELIGIBILITY, 2021-2022 SCHOOL YEAR				PRESCHOOL SPECIAL EDUCATION BY SETTING JUNE 2022				
		% POPULATION SCREENED	# REFERRED FOR EVALUATION	# EVALUATED	# DETERMINED ELIGIBLE	% IN INCLUSIVE EARLY CHILDHOOD CLASS	% IN SELF-CONTAINED SETTING	% IN OTHER SETTING	TOTAL # RECEIVING SERVICES	% RECEIVING SERVICES
Barrington+	630	46%	10	7	7	62%	0%	38%	45	7%
Bristol Warren+	714	23%	48	26	17	64%	4%	32%	50	7%
Burrillville	452	37%	18	17	16	60%	2%	37%	43	10%
Central Falls+	1,045	38%	82	67	47	64%	17%	19%	139	13%
Chariho	666	51%	33	31	25	37%	1%	62%	90	14%
Coventry+	1,058	38%	27	19	18	49%	1%	50%	98	9%
Cranston+	2,635	31%	77	33	20	49%	8%	43%	186	7%
Cumberland	1,312	31%	40	24	16	64%	13%	23%	109	8%
East Greenwich+	604	40%	11	10	8	100%	0%	0%	38	6%
East Providence+	1,460	29%	51	19	16	81%	9%	10%	105	7%
Exeter-West Greenwich	386	42%	8	7	6	46%	0%	54%	28	7%
Foster	102	NA	NA	NA	NA	73%	0%	27%	11	11%
Glocester	238	NA	NA	NA	NA	29%	0%	71%	28	12%
Jamestown	126	62%	7	6	4	60%	0%	40%	*	4%
Johnston+	894	35%	26	21	20	74%	0%	26%	89	10%
Lincoln	720	48%	64	45	40	80%	3%	18%	80	11%
Little Compton	66	35%	8	7	6	50%	0%	50%	*	3%
Middletown	813	23%	38	18	16	46%	8%	46%	37	5%
Narragansett	192	48%	3	2	2	88%	0%	12%	26	14%
New Shoreham	26	44%	0	0	0	NA	NA	NA	0	0%
Newport+	1,029	33%	36	21	14	53%	11%	36%	47	5%
North Kingstown	863	56%	33	27	21	65%	0%	35%	68	8%
North Providence+	1,003	35%	42	25	18	48%	14%	38%	73	7%
North Smithfield	345	43%	8	7	5	43%	0%	57%	28	8%
Pawtucket+	2,997	30%	179	97	64	28%	50%	22%	215	7%
Portsmouth	591	34%	24	15	9	53%	0%	48%	40	7%
Providence+	7,746	30%	587	297	240	44%	15%	41%	529	7%
Scituate	270	NA	NA	NA	NA	40%	0%	60%	25	9%
Smithfield	546	57%	27	15	7	71%	0%	29%	45	8%
South Kingstown+	620	56%	20	17	15	62%	0%	38%	42	7%
Tiverton	420	30%	34	14	10	58%	15%	27%	26	6%
Warwick	2,264	24%	53	31	27	43%	39%	17%	180	8%
West Warwick+	1,034	34%	56	39	34	53%	28%	19%	120	12%
Westerly+	589	50%	39	32	21	82%	0%	18%	68	12%
Woonsocket+	1,914	32%	122	96	76	60%	3%	37%	196	10%
Charter Schools+	*NA*	*NA*	*NA*	*NA*	*NA*	*100%*	*0%*	*0%*	*	*NA*
RI School for the Deaf	*NA*	*NA*	*NA*	*NA*	*NA*	*0%*	*100%*	*0%*	*	*NA*
Four Core Cities	*13,702*	*31%*	*970*	*557*	*427*	*46%*	*20%*	*34%*	*1,079*	*8%*
Remainder of State	*22,668*	*36%*	*861*	*553*	*431*	*59%*	*9%*	*32%*	*1,832*	*8%*
Rhode Island	*36,370*	*34%*	*1,831*	*1,110*	*858*	*54%*	*13%*	*33%*	*2,920*	*8%*

Sources of Data for Table/Methodology

Rhode Island Department of Education (RIDE), June 2022 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.

2021-2022 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 screeded 35% of their population, referred 20 children for evaluations, completed evaluations for 18 children, and determined 13 children eligible for preschool special education services in 2021-2022.

+ Districts implementing Itinerant Early Childhood Special Education, delivering services in community-based early childhood classrooms.

*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 2021-2022 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.

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 188)

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]

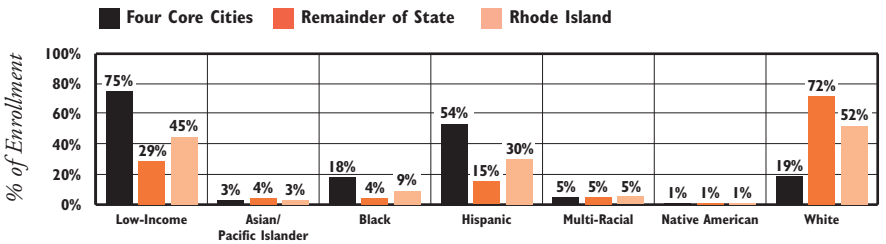
On October 1, 2022, there were 137,452 students enrolled in Rhode Island public schools in preschool through grade 12, a decrease of 4% from 142,481 on October 1, 2012. Of these students, 27% (37,067) were attending schools in the four core cities (communities with the highest child poverty rates), 63% (87,166) were attending schools in the remaining districts, and 10% (13,219) attended charter schools, state-operated schools, or the Urban Collaborative Accelerated Project (UCAP).[2,3] There were an additional 14,994 Rhode Island students attending private and parochial schools (including out-of-state schools), and 2,039 students were home-schooled.[4]

As of October 1, 2022, there were 58,966 students in grades K-5; 30,833 in grades 6-8; and 44,533 in grades 9-12. There were 3,120 children enrolled in preschool classrooms in Rhode Island public schools.[5] During the 2022-2023 school year, 2,364 children were enrolled in RI Pre-K (294 of whom were also dually enrolled in Head Start) in 34 public school classrooms and 93 community-based center classrooms.[6]

In October 2022, 52% of Rhode Island public school students were white, 29% were Hispanic, 9% were Black, 5% were Multi-Racial, 3% were Asian/Pacific Islander, and 1% were Native American. In March 2023, 45% 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 2021-2022 school year, 16% of Rhode Island public school students were receiving special education services and 12% were Multilingual Learners/English Learners.[8,9]

Rhode Island Public School Enrollment by Low-Income Status, Race and Ethnicity, October 1, 2022

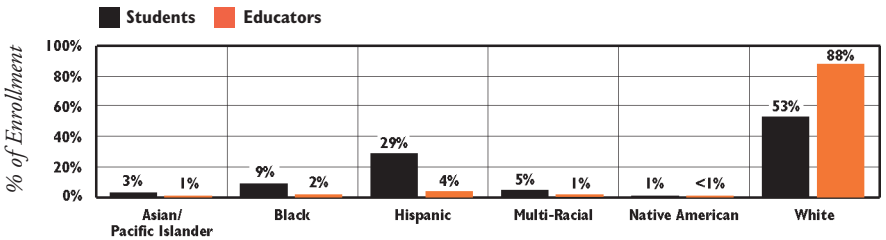


Source: Rhode Island Department of Education, October 1, 2022.

◆ **On October 1, 2022, 81% of students enrolled in the four core cities were Students of Color, compared with 28% in the remainder of state, and 75% of students enrolled in the four core cities were low-income, compared with 29% 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, 2021



Source: Rhode Island Department of Education, State Report Card, 2021-2022 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 2021, 88% (12,473) of Rhode Island public school educators identified as white, 4% (568) as Hispanic, 2% (309) as Black, 1% (136) as Asian/Pacific Islander, 1% (144) as Multi-Racial, and less than 1% (27) as Native American.[12]**

Table 41. **Rhode Island Public School Enrollment by Grade and Demographic Groups, October 1, 2022**

	ENROLLMENT BY GRADE LEVEL*				ENROLLMENT BY DEMOGRAPHIC GROUPS							
SCHOOL DISTRICT	PRE-SCHOOL	ELEMENTARY	MIDDLE	HIGH	% LOW-INCOME^	% ASIAN PACIFIC ISLANDER+	% BLACK	% HISPANIC**	% MULTI-RACIAL	% NATIVE AMERICAN	% WHITE	TOTAL ENROLLMENT
Barrington	45	1,415	796	1,149	6%	8%	2%	6%	6%	<1%	78%	3,405
Bristol Warren	61	1,255	653	919	29%	1%	1%	7%	6%	<1%	84%	2,888
Burrillville	47	860	488	675	32%	1%	1%	6%	3%	0%	89%	2,070
Central Falls	192	1,006	557	841	96%	1%	17%	49%	3%	9%	21%	2,596
Chariho	98	1,236	666	1,102	17%	1%	1%	4%	4%	1%	89%	3,102
Coventry	129	1,814	983	1,341	28%	2%	2%	7%	3%	<1%	86%	4,267
Cranston	145	4,228	2,344	3,508	39%	9%	5%	34%	6%	1%	45%	10,225
Cumberland	127	2,109	1,072	1,476	18%	5%	4%	14%	4%	<1%	73%	4,784
East Greenwich	46	1,123	628	746	7%	8%	1%	7%	5%	<1%	78%	2,543
East Providence	236	2,136	1,162	1,738	47%	2%	11%	15%	10%	1%	61%	5,272
Exeter-West Greenwich	69	644	368	469	14%	2%	1%	5%	2%	<1%	90%	1,550
Foster	22	199	0	0	31%	0%	0%	5%	1%	0%	94%	221
Foster-Glocester	0	0	427	932	13%	1%	1%	5%	3%	<1%	91%	1,359
Glocester	6	571	0	0	13%	0%	1%	4%	4%	0%	91%	577
Jamestown	24	254	137	3	7%	1%	0%	1%	4%	0%	94%	418
Johnston	122	1,416	769	837	43%	4%	6%	29%	2%	<1%	59%	3,144
Lincoln	87	1,425	780	989	25%	4%	6%	10%	4%	<1%	76%	3,281
Little Compton	10	118	72	1	12%	0%	0%	1%	3%	0%	94%	201
Middletown	26	882	472	591	34%	5%	5%	15%	8%	<1%	66%	1,971
Narragansett	64	351	229	484	14%	1%	1%	4%	6%	<1%	87%	1,128
New Shoreham	0	64	32	35	12%	0%	1%	21%	2%	0%	76%	131
Newport	32	809	415	650	63%	2%	11%	38%	13%	3%	34%	1,906
North Kingstown	97	1,520	812	1,413	22%	2%	2%	8%	6%	1%	81%	3,842
North Providence	78	1,501	815	1,122	40%	4%	14%	27%	6%	<1%	49%	3,516
North Smithfield	27	674	382	535	18%	2%	2%	11%	4%	<1%	82%	1,618
Pawtucket	290	3,636	1,919	2,211	61%	1%	29%	34%	7%	1%	28%	8,056
Portsmouth	31	883	461	808	13%	2%	2%	7%	5%	<1%	84%	2,183
Providence	406	8,796	4,580	6,943	77%	4%	15%	68%	4%	1%	8%	20,725
Scituate	18	537	265	374	14%	1%	1%	3%	1%	0%	95%	1,194
Smithfield	52	1,044	540	779	14%	2%	2%	9%	4%	<1%	83%	2,415
South Kingstown	61	1,044	602	802	17%	2%	2%	7%	6%	2%	81%	2,509
Tiverton	32	732	386	484	22%	2%	2%	5%	4%	<1%	87%	1,634
Warwick	190	3,535	1,844	2,436	34%	4%	3%	15%	6%	<1%	72%	8,005
West Warwick	73	1,556	818	1,064	51%	3%	5%	20%	5%	1%	66%	3,511
Westerly	60	958	539	739	32%	2%	1%	9%	7%	1%	79%	2,296
Woonsocket	86	2,651	1,219	1,734	77%	5%	12%	32%	7%	<1%	44%	5,690
Charter Schools	*24*	*5,955*	*2,459*	*2,884*	*69%*	*2%*	*17%*	*61%*	*4%*	*1%*	*16%*	*11,322*
State-Operated Schools	*7*	*29*	*11*	*1,719*	*61%*	*2%*	*19%*	*50%*	*3%*	*1%*	*26%*	*1,766*
UCAP	*0*	*0*	*131*	*0*	*68%*	*1%*	*19%*	*63%*	*4%*	*0%*	*14%*	*131*
Four Core Cities	*974*	*16,089*	*8,275*	*11,729*	*75%*	*3%*	*18%*	*54%*	*5%*	*1%*	*19%*	*37,067*
Remainder of State	*2,115*	*36,893*	*19,957*	*28,201*	*29%*	*4%*	*4%*	*15%*	*5%*	*1%*	*72%*	*87,166*
Rhode Island	*3,120*	*58,966*	*30,833*	*44,533*	*45%*	*3%*	*9%*	*29%*	*5%*	*1%*	*52%*	*137,452*

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in preschool through grade 12 as of October 1, 2022.

^Rhode Island Department of Education, March 14, 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, 40% operated by Head Start agencies, 33% operated by child care programs, and 27% 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, DCYF, 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, The Village Green Virtual Public Charter School, and YouthBuild Preparatory Academy.

UCAP is the Urban Collaborative Accelerated Program.

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

(Continued with references on page 188)

Children Enrolled in Kindergarten

DEFINITION

Children enrolled in kindergarten compiles selected data about children enrolled in public kindergarten in Rhode Island.

SIGNIFICANCE

As of 2016-2017, every public school district in Rhode Island is required to offer full-day kindergarten.[1] Children benefit academically from participating in full-day kindergarten.[2]

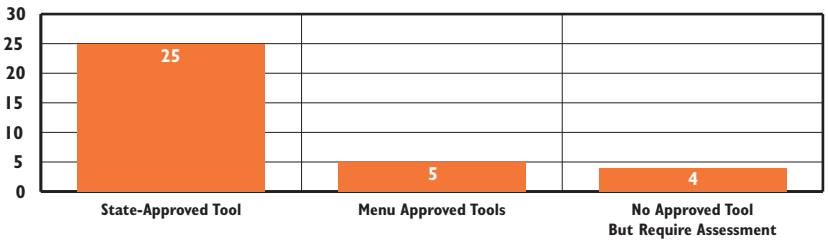
The transition to kindergarten is an important point in a child's educational experience, marking either the start of their formal education or the transition between preschool, which is not universally available or guaranteed as part of most states' public education systems, to the early elementary grades. During kindergarten and the early elementary grades, families establish patterns of engagement with their child's school and children learn important social-emotional, literacy, and math skills that establish a foundation for future learning.[3,4]

As of October 2020, approximately 50% of four-year-olds and 30% of three-year-olds in the U.S. participated in private or public preschool before kindergarten.[5] Children from higher-income families are more likely to be enrolled in preschool than children from lower-income families. There is strong evidence that high-quality preschool immediately improves children's language, literacy, and math skills. Preschool participation is also associated with longer-term positive outcomes such as reduced grade retention and need for special education, improved high school graduation rates, and reduced criminal activity.[6]

High-quality and developmentally appropriate instruction in kindergarten and the early elementary grades helps sustain the positive impacts of preschool and addresses knowledge and skill deficits among children who have not had high-quality early learning opportunities.[7]

Kindergarten and early elementary grade teachers need specialized training in child development, reading instruction, the foundations of math, social-emotional skill building, how to incorporate play and hands-on learning into classroom instruction, and working with diverse groups of children and families. Strategies that support high-quality early grade instruction include requiring pre-K-Grade 3 teaching certificates, incorporating early childhood education training into elementary principal certification, and aligning quality improvement efforts from early childhood through third grade.[8]

States Requiring Kindergarten Entry Assessments, 2021



Source: Yun, C., Melnick, H., & Wechsler, M. (2021). *High-quality early childhood assessment: Learning from states' use of kindergarten entry assessments.* Washington, DC: Learning Policy Institute.

◆ **Kindergarten entry assessments are an organized way to learn what children know and are able to do across all domains of development when they enter kindergarten. The information is used to improve the transition to kindergarten, guide instruction for individual children, and inform policymakers about early learning needs. These assessments should not be used for high-stakes decisions, such as delaying children's entry into kindergarten.[9,10]**

◆ **As of August 2021, 34 states require an assessment to track skills and knowledge at kindergarten entry. Rhode Island has not yet implemented a statewide tool.[11]**

◆ **Kindergarten teachers can share information about children's strengths and challenges gathered through kindergarten entry assessments to engage parents as partners in the education process.[12]**

Public School Kindergarten Enrollment

◆ **On October 1, 2022, there were 9,432 children enrolled in public kindergarten in Rhode Island, an increase of 5% from the 8,948 children enrolled in 2020, but still lower than pre-pandemic numbers (10,038 in 2019). National reports indicate that kindergarten enrollment dropped in 2020 due to school disruptions caused by the COVID-19 pandemic.[13,14,15]**

◆ **There were 8,375 kindergarteners in traditional public schools (up 4% from 2020), 1,046 in public charter schools (up 17% from 2020), and 11 in a state-operated school (Rhode Island School for the Deaf). All were enrolled in full-day classrooms.[16,17]**

Young Multilingual Learners/English Learners

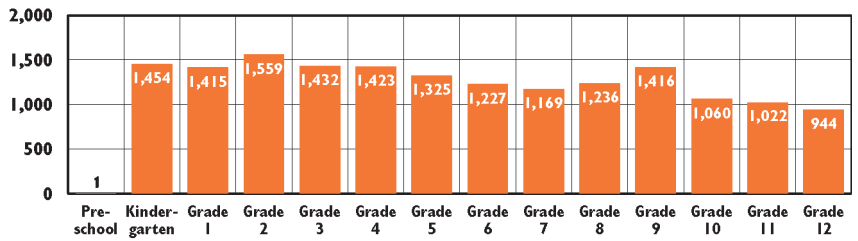
◆ Language learning is most effective and efficient during the early childhood years, between birth and age eight. Infants and young children learn new languages faster and with more competence than older children and adults.[18]

◆ Being bilingual or multilingual has several advantages, including expanded economic and social opportunities and higher-level executive function skills (cognitive flexibility and inhibitory control) that contribute to academic success. Being bilingual or multilingual also may help delay or prevent the onset of cognitive problems associated with aging.[19]

◆ Both bilingual and multilingual education and English immersion programs can effectively promote English language acquisition and proficiency. Bilingual dual education has the added advantage of supporting the development of a child's native language, encouraging fluency in both languages.[20]

◆ In Rhode Island, students in kindergarten through fourth grade are more likely to be a Multilingual Learner/English Learner (MLL/EL) than older students. In 2021-2022, 5,860 children in grades K-3 (15% of all children in grades K-3 in Rhode Island) were MLL/ELs. Only one child in a public school preschool classroom in Rhode Island (less than 1% of the 3,120 children enrolled in public school preschool classrooms) was identified as an MLL/EL. Of the 1,454 kindergarteners who were MLL/ELs, 39% were enrolled in the Providence Public Schools, 19% were in one of the other three core city public school districts, and 21% were in a public charter school.[21]

Multilingual Learners/English Learners by Grade Level, Rhode Island, 2020-2021 School Year



Source: Rhode Island Department of Education, 2021-2022.

Kindergartners and School Suspensions

◆ Children who are suspended early in their school years are more likely to be suspended again in future years. Students who are suspended are almost ten times more likely to experience academic failure, have negative attitudes toward school, drop out of high school, and become incarcerated.[22]

◆ Early suspensions are more likely when teachers believe the resources and supports available to them are inadequate to meet the needs of children with challenging behaviors. Large class sizes, inadequate child-teacher ratios, and lack of school resources to help teachers manage challenging behaviors are associated with increased suspensions. Early childhood mental health consultation is an intervention that works with teachers and families to reduce children's challenging behaviors, improve child-adult relationships, and prevent early suspensions.[23]

◆ In 2021-2022 in Rhode Island, there were 65 kindergartners who were suspended at least one day, 35% of whom had a developmental delay or disability. Kindergartners experienced 121 disciplinary actions, with 109 out-of-school suspensions and 12 in-school suspensions. These students were suspended for a total of 134 days.[24]

◆ Compared to the 2019-2020 school year, the number of kindergartners who were suspended in 2021-2022 remained essentially unchanged (66 kindergarteners in 2019-2020), but the number of suspensions increased by 11% and the number of days kindergartners were suspended decreased by 6%.[25,26]

◆ As of 2018, approximately 16 states and Washington D.C. limit the use of suspension in the early grades.[27]

References

[1] Rhode Island General Law 16-99-3.

[2,3] Auck, A., & Atchison, B. (2016). *50-state comparison: K-3 quality.* Denver, CO: Education Commission of the States.

[4,8] Atchison, B., Diffey, L., & Workman, E. (2016). *K-3 policymakers' guide to action: Making the early years count.* Denver, CO: Education Commission of the States.

[5] U.S. Census Bureau, Current Population Survey, School enrollment supplement, Table 2-1, October 2020.

[6,7] Yoshikawa, H., Weiland, C., & Brooks-Gunn, J. (2016). When does preschool matter? *The Future of Children, 26*(2), 21-35.

(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 2017 and 2021, 78% 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]

During the COVID-19 pandemic, out-of-school time programs served as meal sites, connected families with community resources, and provided remote enrichment programs to children.[7]

Students Served by 21st Century Community Learning Centers by Grade Span, Rhode Island, 2021-2022 School Year

SCHOOL DISTRICT	GRADES PK-3	GRADES 4-5	GRADES 6-8	GRADES 9-12	TOTAL
Cranston	159	71	116	0	346
East Providence	61	32	124	0	217
Newport	118	84	140	153	495
Pawtucket	518	303	6	0	827
Providence	210	154	509	399	1,272
West Warwick	46	19	0	0	65
Woonsocket	237	120	132	204	693
Charter Schools	*134*	*81*	*68*	*103*	*386*
State-Operated Schools	*0*	*0*	*0*	*11*	*11*
UCAP	*NA*	*NA*	*74*	*0*	*74*
Rhode Island	*1,483*	*864*	*1,169*	*870*	*4,386*

Source: RI Department of Education, Office of Student, Community and Academic Supports, 2021-2022 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. UCAP is the Urban Collaborative Accelerated Program.

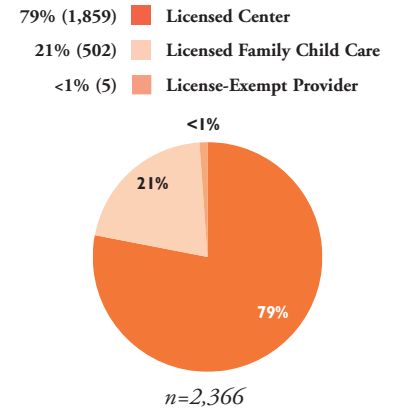
◆ **In the 2021-2022 school year in Rhode Island, 21st Century Community Learning Center grantees served 4,386 children and youth. Of these, 34% were in grades PK-3, 20% were in grades 4-5, 27% were in grades 6-8, and 20% were in grades 9-12.[8]**

◆ **During the summer of 2021, 1,573 Rhode Island children entering grades Pre-K through 12 participated in 21st Century Community Learning Center programs; 576 (37%) entering grades PK-3, 352 (22%) entering grades 4-5, 326 (21%) entering grades 6-8, and 319 (20%) 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 2022, 590 children/youth participated (442 (75%) were ages 6 through 12 and 148 (25%) were ages 13 through 18).[10]**

◆ **Nationwide, data on the 21st Century Community Learning Center program show that 75% of students served are Children of Color, 66% of children/youth participate in the Free or Reduced Price Lunch Program, and 13% of children/youth are Multilingual Learners. Programs typically operate for 13.8 hours per week and 32 weeks per year, and the average annual cost per regular attendee is $1,495.[11]**

School-Age Child Care Subsidies by Type of Setting, Rhode Island, 2022



n=2,366

Source: Rhode Island Department of Human Services, December 2022.

◆ **In January 2023 in Rhode Island, there were 11,681 slots for school-age children in licensed centers. Of these, 68% were in independently licensed school-age programs and 32% were in licensed early childhood centers. In addition, there were 392 family child care homes licensed to serve school-age children.[12]**

◆ **In January 2023 in Rhode Island, of the 95 independently licensed school-age programs, 80 (84%) were participating in BrightStars, Rhode Island's Quality Rating and Improvement System. Of the 95 licensed programs, 16% had no rating, 23% had a one- star, 21% had a two- star, 25% had a three-star, 12% had a four-star, and 3% had a five-star rating.[13]**

Table 42. **Licensed School-Age Child Care Center Slots for Children Ages Six to 12, Rhode Island, January 2023**

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	2,038	83	138	221
Bristol	1,421	0	150	150
Burrillville	1,456	0	247	247
Central Falls	2,045	138	0	138
Charlestown	616	0	0	0
Coventry	3,142	122	89	211
Cranston	6,331	377	383	760
Cumberland	2,976	0	803	803
East Greenwich	1,482	105	80	185
East Providence	3,395	105	588	693
Exeter	480	0	125	125
Foster	369	26	0	26
Glocester	809	38	0	38
Hopkinton	741	0	0	0
Jamestown	429	0	0	0
Johnston	2,119	168	0	168
Lincoln	1,900	52	545	597
Little Compton	299	0	26	26
Middletown	1,442	0	132	132
Narragansett	856	40	180	220
New Shoreham	73	0	0	0
Newport	1,399	70	78	148
North Kingstown	2,581	71	100	171
North Providence	2,073	37	360	397
North Smithfield	1,002	0	130	130
Pawtucket	6,015	291	616	907
Portsmouth	1,622	34	0	34
Providence	15,342	1,141	1,574	2,715
Richmond	777	0	52	52
Scituate	935	66	0	66
Smithfield	1,445	59	37	96
South Kingstown	2,199	69	50	119
Tiverton	1,201	36	75	111
Warren	770	26	60	86
Warwick	6,195	217	760	977
West Greenwich	624	0	0	0
West Warwick	2,155	154	123	277
Westerly	1,850	72	40	112
Woonsocket	3,653	110	433	543
Four Core Cities	*27,055*	*1,680*	*2,623*	*4,303*
Remainder of State	*59,202*	*2,027*	*5,351*	*7,378*
Rhode Island	*86,257*	*3,707*	*7,974*	*11,681*

Source of Data for Table/Methodology

Number of children ages six to 12 years is from the U.S. Census Bureau, Census 2010 Summary File 1.

Rhode Island Department of Human Services, number of licensed child care center slots and programs for school-age children, January 2023. 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.

References

[1] Mahoney, J. L., Parente, M. E., & Zigler, E. F. (2009). Afterschool programs in America: Origins, growth, popularity, and politics. *Journal of Youth Development, 4*(3).

[2] McCombs, J., Whitaker, A., & Yoo, P. (2017). *The value of out-of-school time programs.* Santa Monica, CA: RAND Corporation.

[3] Smith, E. P., Witherspoon, D. P., & Osgood, D. W. (2017). Positive youth development among diverse racial-ethnic children: Quality afterschool contexts as developmental assets. *Child Development, 88*(4), 1063-1078.

[4] U.S. Census Bureau, American Community Survey, 2017-2021. Table DP03.

[5] *State of out of school learning programs in Rhode Island 2019.* Providence, RI: Rhode Island Afterschool Network. Retrieved April 20, 2022, from www.uwri.org

[6] Mahoney, J. L., Parente, M. E., & Zigler, E. F. (2010). After-school program participation and children's development. In J. Meece & J. S. Eccles (Eds.), *Handbook of research on schools, schooling, and human development* (pp. 379-397). New York, NY: Routledge.

[7,11] Afterschool Alliance. (2022). *21st Century Community Learning Centers: Inspiring learning, supporting families, earning results.* Retrieved April 2, 2023, from www.afterschoolalliance.org

[8,9] Rhode Island Department of Education, Office of Student, Community and Academic Supports, 21st Century Community Learning Center enrollment 2021-2022.

(continued on page 188)

Multilingual Learners/English Learners

DEFINITION

Multilingual Learners/English Learners is the percentage of all public-school children (preschool through grade 12) who are receiving Multilingual Learner/English Learner services in Rhode Island public schools.

SIGNIFICANCE

The population of Multilingual Learner/English Learner (MLL/EL) students in the U.S. has been growing over the last two decades. MLL/EL students must acquire English language proficiency while acquiring content area knowledge in a second language.[1,2] Nationally and in Rhode Island, MLL/EL students have lower rates of math and reading achievement than non-MLL/EL students.[3,4]

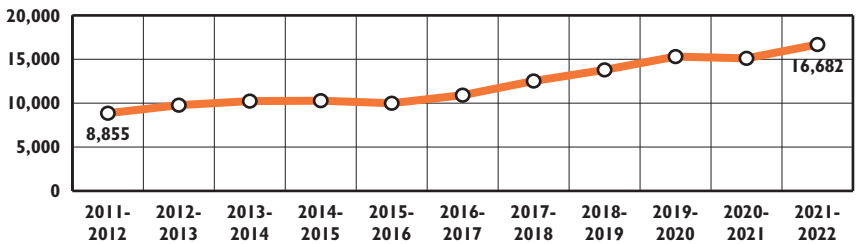
Nationally, the majority of MLL/EL students are born in the U.S., are racially, ethnically, and culturally diverse, and have at least one immigrant parent. MLL/EL students are more likely to live in low-income households and are more likely to attend high-poverty schools and have limited access to services needed to improve English proficiency.[5] They may also experience discrimination, stigma, and stress related to different cultural expectations and English language proficiency status.[6,7] Students in families with limited English proficiency also have a harder time accessing health care and other social services.[8]

In the 2021-2022 school year in Rhode Island, MLL/EL students were 12% (16,682) of total students, and 35% (5,861) of all MLL/EL students in Rhode Island were in grades preschool to grade three. Of all MLL/EL students, 76% were enrolled in free or reduced-price lunch programs, and 66% lived in the four core cities.[9,10] MLL/EL students spoke 111 different languages. The majority (81%) spoke Spanish, 5% spoke a creole language, 2% spoke Portuguese, 1% spoke Arabic, 1% spoke Chinese, and 9% spoke other or multiple languages.[11]

Dual language programs can improve English reading proficiency, decrease dropout rates, increase the likelihood of going to college, and improve economic outcomes for MLL/EL students.[12] During the 2021-2022 school year, bilingual and two-way/dual language programs were offered in the Central Falls, Pawtucket, and Providence school districts and at the Rhode Island School for the Deaf and International Charter School.[13]

In 2016, the Rhode Island General Assembly established a pilot categorical program to provide additional support for the costs associated with educating MLL/EL students.[14] In 2017, the Rhode Island General Assembly made this categorical fund permanent. This fund is designed to support high-quality, research-based services.[15]

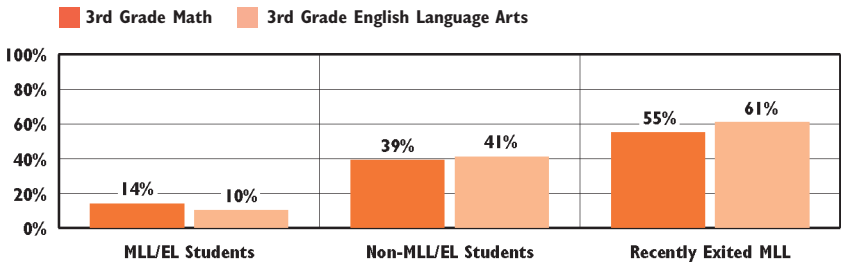
Multilingual Learners/English Learners, Rhode Island, 2011-2012 Through 2021–2022 School Years



Source: Rhode Island Department of Education, 2011-2012 through 2021-2022 school years.

◆ **The number of MLL/EL students in Rhode Island has nearly doubled (increased by 88%) from the 2011-2012 to 2021-2022 school years.[16]**

Multilingual/English Learners Meeting Expectations in Math and English Language Arts, Rhode Island, 2022



Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, October 2022.

◆ **In Rhode Island, MLL/EL 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.[17]**

◆ **Successful MLL/EL programs have highly-qualified and culturally competent teachers.[18] In October 2022, 3% (361) 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/English Learner Students, Rhode Island, 2021-2022

SCHOOL DISTRICT	TOTAL # OF STUDENTS	NUMBER OF MULTILINGUAL LEARNER/ENGLISH LEARNER STUDENTS				% OF TOTAL DISTRICT
		ELEMENTARY (GRADES PRE-K-5)	MIDDLE (GRADES 6-8)	HIGH (GRADES 9-12)	TOTAL # OF MLL/EL STUDENTS	
Barrington	3,366	56	*	11	76	2%
Bristol Warren	2,909	35	14	11	60	2%
Burrillville	2,099	*	*	*	11	1%
Central Falls	2,690	540	294	413	1,247	46%
Chariho	3,128	12	*	*	14	<1%
Coventry	4,280	16	*	*	28	1%
Cranston	10,253	537	212	228	977	10%
Cumberland	4,676	134	26	27	188	4%
East Greenwich	2,534	16	*	*	27	1%
East Providence	4,951	127	52	70	249	5%
Exeter-West Greenwich	1,521	*	*	*	12	1%
Foster	215	0	NA	NA	0	0%
Foster-Glocester	1,381	NA	0	0	0	0%
Glocester	560	0	NA	NA	0	0%
Jamestown	435	*	*	0	*	1%
Johnston	3,063	146	52	40	238	8%
Lincoln	3,239	30	17	16	63	2%
Little Compton	198	0	0	0	0	0%
Middletown	2,042	121	30	39	191	9%
Narragansett	1,212	*	*	0	*	<1%
New Shoreham	129	*	*	*	16	12%
Newport	1,963	166	56	116	339	17%
North Kingstown	3,845	47	17	20	84	2%
North Providence	3,458	185	71	54	310	9%
North Smithfield	1,592	16	*	*	21	1%
Pawtucket	8,099	705	341	395	1,441	18%
Portsmouth	2,218	12	*	*	19	1%
Providence	21,774	3,576	1,797	2,230	7,603	35%
Scituate	1,190	*	0	*	*	<1%
Smithfield	2,405	13	*	*	25	1%
South Kingstown	2,589	26	*	*	41	2%
Tiverton	1,666	*	*	*	*	<1%
Warwick	8,099	123	34	36	193	2%
West Warwick	3,502	46	29	25	100	3%
Westerly	2,345	46	11	13	70	3%
Woonsocket	5,606	387	174	225	786	14%
Charter Schools	*10,519*	*1,459*	*326*	*297*	*2,082*	*20%*
State-Operated Schools	*1,821*	*	*	*126*	*135*	*7%*
UCAP	*127*	*NA*	*18*	*NA*	*18*	*14%*
Four Core Cities	*38,169*	*5,208*	*2,606*	*3,264*	*11,078*	*29%*
Remainder of State	*87,062*	*1,938*	*676*	*754*	*3,369*	*4%*
Rhode Island	*137,697*	*8,608*	*3,632*	*4,442*	*16,682*	*12%*

Sources of Data for Table/Methodology

Rhode Island Department Education, 2021-2022 school year. Total number of Multilingual Learner/English Learner students is the number of students in each district who were actively enrolled in English Learner programs in the 2021-2022 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/English 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 High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Paul Cuffee Charter School, 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, Rhode Island Nurses Institute Middle College Charter School, RISE Prep Mayoral Academy, Segue Institute for Learning, Sheila C. "Skip" Nowell Leadership Academy, SouthSide Charter School, Trinity Academy for the Performing Arts, and The Village Green Virtual Public Charter School. State-operated schools include William M. Davies Jr. Career & Technical High School, DCYF Schools, Metropolitan Regional Career and Technical Center, and Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

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

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(continued 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]

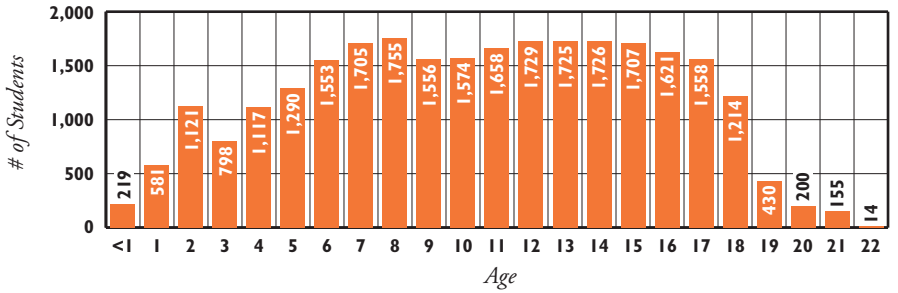
The federal *Individuals with Disabilities Education Act (IDEA)* guarantees a free appropriate public education to every child with a disability. Prior to passage of the original 1975 federal law, many children with disabilities were excluded from public school. Since passage, outcomes for children with 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]

In Rhode Island, students with disabilities are much less likely to meet or exceed expectations on the *Rhode Island Comprehensive Assessment System (RICAS)*. In 2022, only 10% of third graders with a disability met or exceeded expectations in ELA and 12% in math, compared with 42% 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 2022 was 66% for students receiving special education services, compared to 87% for students not receiving these services. Some students enrolled in special education may take additional time to graduate.[9]

Students Ages Birth to 22 Receiving Early Intervention and Special Education Services, Rhode Island, June 2022



Source: Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, Early Intervention enrollment, June 30, 2022. Rhode Island Department of Education, Office of Diverse Learners, Special Education Census, June 30, 2022. Includes parentally-placed students.

◆ **As of June 2022, there were 22,165 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 disorder, 11% had an autism spectrum disorder, 8% had a developmental delay, 7% had an emotional disturbance, 4% had an intellectual disability, and 3% had other disabilities.[10]**

◆ **Students in core city school districts were more likely to be receiving special education services (18%) than those enrolled in the remainder of the state (16%), public charter schools (13%) or state-operated public schools (13%).[11]**

◆ **As of June 2022, 72% of students ages six to 22 receiving special education services in Rhode Island 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, 2% were parentally placed in a private school, and <1% were in a residential facility, a correctional facility, were home-bound, or were hospitalized.[12]**

◆ **Of students ages six to 22 receiving special education services in June 2022, 66% were boys, 34% girls, <1% identified as another gender, and 2% were Asian, 10% Black, 29% Hispanic, 1% Native American, <1% Native Hawaiian or Pacific Islander, 6% Two or more races, and 52% white. The majority were low-income (55% receiving free or reduced-price lunch) and 13% were Multilingual Learners/English Learners.[13]**

Table 44.

K-12 Students Receiving Special Education Services by Primary Disability, Rhode Island, 2022

SCHOOL DISTRICT	TOTAL # OF STUDENTS	AUTISM SPECTRUM DISORDER	DEVELOP-MENTAL DELAY	EMOTIONAL DISTURBANCE	HEALTH IMPAIRMENT	INTELLECTUAL DISABILITY	LEARNING DISABILITY	SPEECH/ LANGUAGE IMPAIRMENT	OTHER	TOTAL STUDENTS WITH DISABILITIES	% STUDENTS IN SPECIAL EDUCATION
Barrington	3,342	55	*	51	93	*	105	43	15	380	11%
Bristol Warren	2,890	53	16	22	70	16	175	116	*	479	17%
Burrillville	2,073	43	20	17	49	18	162	30	*	348	17%
Central Falls	2,556	42	83	13	75	28	200	25	18	484	19%
Chariho	3,080	63	44	21	84	*	165	36	16	437	14%
Coventry	4,224	96	42	61	142	40	219	76	15	691	16%
Cranston	10,163	209	76	94	368	47	591	119	36	1,540	15%
Cumberland	4,605	123	40	42	60	26	239	95	52	677	15%
East Greenwich	2,503	50	37	*	77	13	85	29	*	299	12%
East Providence	4,902	117	82	89	203	39	301	101	20	952	19%
Exeter-West Greenwich	1,484	35	15	*	38	*	59	17	*	180	12%
Foster	208	*	0	0	*	0	*	11	*	29	14%
Foster-Glocester	1,381	16	0	*	26	*	52	*	*	118	9%
Glocester	557	*	*	*	12	0	14	34	*	77	14%
Jamestown	425	*	*	*	23	*	24	12	0	82	19%
Johnston	2,963	69	57	20	117	26	216	45	24	574	19%
Lincoln	3,192	85	36	43	78	12	186	53	12	505	16%
Little Compton	193	*	*	0	11	*	18	*	0	41	21%
Middletown	2,031	39	42	39	82	18	109	37	14	380	19%
Narragansett	1,134	15	*	*	33	*	66	19	*	156	14%
New Shoreham	129	*	*	*	*	0	*	*	0	21	16%
Newport	1,944	52	20	31	24	28	147	23	11	336	17%
North Kingstown	3,794	54	34	31	90	*	165	92	14	488	13%
North Providence	3,417	82	44	45	80	26	237	94	21	629	18%
North Smithfield	1,575	23	24	14	32	*	104	27	*	236	15%
Pawtucket	7,972	145	161	73	296	47	629	127	30	1,508	19%
Portsmouth	2,204	37	19	21	83	*	89	54	13	324	15%
Providence	21,438	284	310	226	608	189	1,314	435	109	3,475	16%
Scituate	1,183	15	*	*	29	*	66	29	*	159	13%
Smithfield	2,347	58	20	14	65	*	123	31	11	330	14%
South Kingstown	2,559	48	13	16	97	16	110	36	11	347	14%
Tiverton	1,648	38	27	24	55	13	96	26	*	287	17%
Warwick	7,970	184	173	85	277	55	474	123	33	1,404	18%
West Warwick	3,466	90	74	76	141	35	223	70	12	721	21%
Westerly	2,305	48	57	26	85	*	90	44	17	376	16%
Woonsocket	5,573	165	114	130	343	79	415	176	28	1,450	26%
Charter Schools	*10,495*	*79*	*110*	*57*	*258*	*25*	*567*	*266*	*19*	*1,381*	*13%*
State-Operated Schools	*1,810*	*	*	*22*	*47*	*	*67*	*11*	*70*	*227*	*13%*
UCAP	*127*	*0*	*0*	*	*	*0*	*13*	*0*	*	*21*	*17%*
Department of Corrections	*NA*	*0*	*0*	*	*	*0*	*	*0*	*0*	*16*	*NA*
Four Core Cities	*37,539*	*636*	*668*	*442*	*1,322*	*343*	*2,558*	*763*	*185*	*6,917*	*18%*
Remainder of State	*85,891*	*1,821*	*1,050*	*917*	*2,637*	*514*	*4,722*	*1,532*	*410*	*13,603*	*16%*
Rhode Island	*135,862*	*2,544*	*1,829*	*1,450*	*4,272*	*883*	*7,930*	*2,572*	*685*	*22,165*	*16%*

Source of Data for Table/Methodology

Rhode Island Department of Education (RIDE), Office for Diverse Learners, Special Education Census June 30, 2022. 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 2021-2022 school year provided by RIDE.

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.

NA indicates that no data are available.

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.

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

(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]

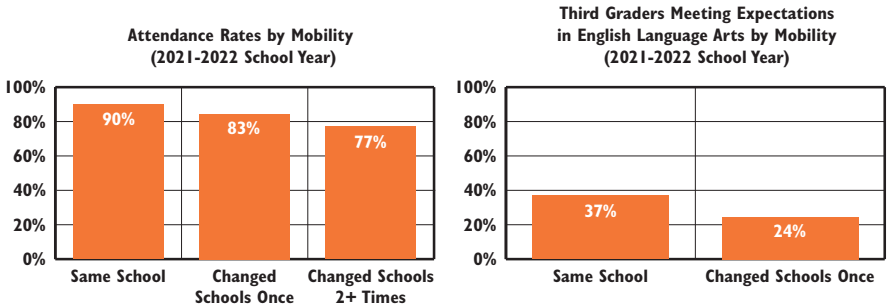
Regardless of income status and ethnicity, mobility can negatively affect student achievement. However, low-income children and Children of Color are more likely to be mobile and experience greater negative impacts on their academic achievement than higher-income and white students. Students receiving 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 moving due to 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 2017 and 2021 in Rhode Island, 9% of children ages five to 17 changed residence at least once during the previous year, 73% of whom moved within Rhode Island and 27% 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 2017 and 2021, 18% of Rhode Islanders living below the poverty line moved, compared with 9% of higher-income residents.[13]

School Mobility and Education Outcomes in Rhode Island



Source: Rhode Island Department of Education, 2021-2022 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 90% attendance rate, compared with 83% for those who changed schools once and 77% for those who changed schools two or more times during the 2021-2022 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 2021-2022 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 24% 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 81% in the 2021-2022 school year, compared with a stability rate of 91% 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 13% in the 2021-2022 school year. The four core cities had a higher mobility rate (20%) than districts in the remainder of the state (10%).[21]

- During the 2021-2022 school year, Rhode Island elementary schools (12%) and middle schools (12%) had lower mobility rates than high schools (16%).[22]

Table 45. **Student Mobility and Stability Rates by District, Rhode Island, 2021-2022 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	3,403	3,286	58	62	97%	4%
Bristol Warren	3,022	2,787	101	143	92%	8%
Burrillville	2,163	2,000	77	90	92%	8%
Central Falls	2,923	2,272	312	356	78%	23%
Chariho	3,301	2,900	159	251	88%	12%
Coventry	4,470	4,045	174	273	90%	10%
Cranston	10,861	9,609	593	725	88%	12%
Cumberland	4,877	4,421	198	274	91%	10%
East Greenwich	2,554	2,455	52	49	96%	4%
East Providence	5,118	4,694	192	247	92%	9%
Exeter-West Greenwich	1,538	1,441	44	53	94%	6%
Foster	212	204	*	*	96%	4%
Foster-Glocester	1,430	1,357	23	51	95%	5%
Glocester	578	540	24	16	93%	7%
Jamestown	444	407	18	22	92%	9%
Johnston	3,114	2,834	142	147	91%	9%
Lincoln	3,308	3,085	101	127	93%	7%
Little Compton	209	190	*	14	91%	10%
Middletown	2,178	1,896	115	174	87%	13%
Narragansett	1,167	1,091	31	49	93%	7%
New Shoreham	134	126	*	*	94%	7%
Newport	2,141	1,769	185	217	83%	19%
North Kingstown	3,947	3,665	122	170	93%	7%
North Providence	3,605	3,240	189	184	90%	10%
North Smithfield	1,644	1,527	56	68	93%	8%
Pawtucket	8,875	7,202	843	894	81%	20%
Portsmouth	2,319	2,127	89	108	92%	8%
Providence	23,886	19,456	2,503	2,263	81%	20%
Scituate	1,220	1,156	28	36	95%	5%
Smithfield	2,408	2,295	59	59	95%	5%
South Kingstown	2,668	2,481	85	112	93%	7%
Tiverton	1,717	1,590	64	71	93%	8%
Warwick	8,538	7,542	407	636	88%	12%
West Warwick	3,844	3,215	290	379	84%	17%
Westerly	2,415	2,200	103	130	91%	10%
Woonsocket	6,200	5,136	442	676	83%	18%
Charter Schools	*10,995*	*10,113*	*395*	*515*	*92%*	*8%*
State-Operated Schools	*1,991*	*1,703*	*133*	*204*	*86%*	*17%*
UCAP	*157*	*101*	*43*	*16*	*64%*	*38%*
Four Core Cities	*41,884*	*34,066*	*4,100*	*4,189*	*81%*	*20%*
Remainder of State	*90,547*	*82,175*	*3,791*	*4,948*	*91%*	*10%*
Rhode Island	*145,574*	*128,158*	*8,462*	*9,872*	*88%*	*13%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2021-2022 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, 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, DCYF Schools, Metropolitan Regional Career and Technical High School, and the Rhode Island School for the Deaf.

UCAP is the Urban Collaborative Accelerated Program.

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

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(continued on page 189)

Third-Grade Reading Skills

DEFINITION

Third-grade reading skills is the percentage of third-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 successfully reach this milestone struggle in the later grades and are four times more likely to drop out of high school than their proficient peers.[1] Interventions for students who struggle with reading are more successful when implemented early. When intervention is delayed until after third grade, most children never catch up to their grade level peers. Successful reading supports are culturally relevant, as well as fun.[2,3,4]

Literacy begins long before children encounter school instruction in writing and reading. Physical and social-emotional health, family supports, literacy-rich home environments (including telling stories and reading aloud) and parents who provide early cognitive development activities (including speaking to young children frequently) contribute to literacy development, reading achievement, and success in school.[5,6]

High-quality preschool and Pre-K programs can boost language and literacy skills and have the greatest impact on children living in low-income families.[7] Programs targeting the development of social-emotional and behavioral skills improve children's school readiness and academic achievement. Children who participate in high-quality Pre-K programs score higher on future reading and math assessments, are more likely to become proficient readers in the primary grades, and have higher graduation rates.[8,9]

Policymakers can increase third-grade 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 high-quality summer learning programs; and addressing chronic early absence.[10,11]

4th-Grade *NAEP* Reading Proficiency

	2011	2022
RI	35%	34%
US	32%	32%
National Rank*		*14th*
New England Rank**		*4h*

**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

The *National Assessment of Educational Progress (NAEP)* measures proficiency nationally and across states every other year for grades 4 and 8.

Third Graders Meeting Expectations on the *RICAS* English Language Arts Assessment, Rhode Island, 2022

SUBGROUP	
Female Students	39%
Male Students	34%
Multilingual Learners/English Learners	10%
Non-English Learners	41%
Students Receiving Special Education Services	10%
Students Not Receiving Special Education Services	42%
Low-Income Students	20%
Higher-Income Students	51%
Asian Students+	52%
Black Students	22%
Hispanic Students	19%
Native American Students	12%
White Students	48%
Homeless Students	10%
Students in Foster Care	17%
ALL STUDENTS	*37%*

Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2021-2022. Low-income status is determined by eligibility for the free or reduced-price lunch program. +Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

◆ **In Rhode Island in 2022, 37% of third graders met expectations on the *Rhode Island Comprehensive Assessment System (RICAS)*, English language arts assessment. Twenty percent of low-income third graders met expectations, compared with 51% of higher-income third graders. There were also large disparities by race and ethnicity as well as by language status and disability status. Ten percent of third graders who were identified as homeless met expectations in English language arts, compared to 37% of third graders who were not identified as homeless.[12]**

◆ **In 2022, 17% of third graders who were in foster care met expectations in English language arts compared to 37% of students who were not in foster care.[13]**

◆ **In the U.S., 75% of teachers working with early readers used some methods not backed by research to teach reading. Evidence-based instructional techniques can help children acquire proficiency in reading.[14]**

COVID-19 and Grade-Level Reading

- School closures and the combination of distance learning and hybrid models resulted in lost instruction time, especially among low-income students, Multilingual Learners, students with disabilities, and Black and Latino students.[15,16,17]

- Assessments and early-warning systems can help identify students most at risk for learning loss.[18]

- *The American Rescue Plan Act (ARPA)* of 2021 provided funding to states and school districts to reopen schools safely, maximize in-person instruction, and address the impact of the pandemic on students, families, and educators. At least 20% of funds must be for evidence-based interventions that respond to students' social, emotional, and academic needs and address the disproportionate impact of COVID-19 on Students of Color, students from low-income families, students with disabilities, Multilingual Learners, students experiencing homelessness, and students in foster care.[19]

- It is critical for students to continue to be instructed in grade level content that is scaffolded with supports. Using materials below grade level can reinforce low expectations and exacerbate disparities in grade level reading.[20]

Table 46.

Third-Grade Reading Skills, Rhode Island, 2021 & 2022

SCHOOL DISTRICT	# OF THIRD GRADERS TESTED 2022	% MEETING EXPECTATIONS 2021	% MEETING EXPECTATIONS 2022
Barrington	236	69%	69%
Bristol Warren	214	58%	49%
Burrillville	148	30%	30%
Central Falls	153	14%	7%
Chariho	206	59%	54%
Coventry	290	57%	40%
Cranston	731	39%	41%
Cumberland	345	62%	57%
East Greenwich	174	76%	64%
East Providence	325	39%	40%
Exeter-West Greenwich	103	50%	47%
Foster	29	50%	28%
Glocester	94	73%	65%
Jamestown	55	82%	76%
Johnston	232	38%	35%
Lincoln	224	49%	53%
Little Compton	19	78%	74%
Middletown	137	48%	39%
Narragansett	60	71%	75%
New Shoreham	10	45%	40%
Newport	116	27%	21%
North Kingstown	260	65%	57%
North Providence	225	36%	28%
North Smithfield	106	53%	56%
Pawtucket	609	25%	26%
Portsmouth	159	54%	56%
Providence	1,611	19%	16%
Scituate	87	59%	61%
Smithfield	164	67%	53%
South Kingstown	199	60%	49%
Tiverton	107	62%	59%
Warwick	578	46%	38%
West Warwick	251	26%	22%
Westerly	156	42%	46%
Woonsocket	405	16%	19%
Charter Schools	*840*	*36%*	*29%*
Four Core Cities	*2,778*	*19%*	*18%*
Remainder of State	*6,043*	*51%*	*46%*
Rhode Island	*9,661*	*40%*	*37%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Comprehensive Assessment System (RICAS)*, 2020-2021 and 2021-2022 school years and are rounded to the nearest percentage point.

The *RICAS* test was not administered in 2020 due to COVID-19.

Due to the adoption of a new assessment tool by RIDE in 2018, Third-Grade Reading Skills cannot be compared with Factbooks prior to 2018.

% meeting expectations are the third-grade 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 2022, 99% of students were tested. Response rates vary by district.

2022 *RICAS* data for independent charter schools include Achievement First Rhode Island, 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, and SouthSide Charter School. Charter schools included in total differ by year, depending on the schools serving that grade level on the year of the test. Charter schools are not included in the four core cities and remainder of state 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)

Eighth-Grade Reading Skills

DEFINITION

Eighth-grade reading skills is the percentage of eighth-grade students who met expectations for reading in English language arts on the *Rhode Island Comprehensive Assessment System (RICAS)* test.

SIGNIFICANCE

Strong reading skills are essential for a student's academic success.[1] Reading skills also are a powerful indicator of a student's ability to contribute to, participate in, and succeed in the workforce and the community.[2] Literacy demands change and intensify quickly in grades four through 12, as students are expected to comprehend, synthesize, and analyze increasingly complex texts across academic disciplines. Even after mastering basic literacy skills, adolescents need ongoing support and instruction to develop advanced literacy skills required to succeed in middle and high school, such as applying critical thinking skills and drawing conclusions based on evidence.[3]

Reading difficulties can persist over time with long-term consequences for youth. Adolescents who struggle to read are more likely to drop out of high school, to have lower wages, and to rely on public assistance than their peers with higher levels of literacy.[4] These problems are exacerbated for Multilingual Learners/English Learners and low-income students, who are more likely to have low English literacy skills.[5]

Nationally, there has been limited progress in improving literacy skills among middle school students.[6] Students who are struggling with reading may have distinct difficulties and require different interventions to address them.[7] Pervasive low levels of adolescent literacy are best addressed in the classroom through instructional changes, and not through supplementary programs.[8]

Intensive individualized instruction can help improve adolescent literacy among struggling readers.[9] Successful adolescent literacy programs include ongoing teacher support and training in literacy strategy, incorporating culturally relevant literacy instruction in content area classes, explicit instruction in reading comprehension, collaborative learning, and using student assessments effectively.[10,11]

8th-Grade *NAEP* Reading Proficiency

	2011	2022
RI	33%	31%
US	32%	29%
National Rank*	*28th*	*16th*
New England Rank**	*6th*	*5th*

**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

The *National Assessment of Educational Progress (NAEP)* measures proficiency nationally and across states every other year for grades four and eight.

Eighth Graders Meeting Expectations on the *RICAS* English Language Arts Assessment, Rhode Island, 2022

SUBGROUP	2022
Female Students	35%
Male Students	23%
*Multilingual Learners	<5%
Non-English Learners	33%
*Students Receiving Special Education Services	<5%
Students Not Receiving Special Education Services	33%
Low-Income Students	14%
Higher-Income Students	41%
Asian Students+	43%
Black Students	15%
Hispanic Students	16%
Native American Students	7%
White Students	38%
Homeless Students	16%
Students in Foster Care	8%
ALL STUDENTS	*29%*

Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2021-2022. 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 2022, 14% of low-income eighth graders met expectations in English language arts on the *Rhode Island Comprehensive Assessment System (RICAS)*, compared with 41% of higher-income eighth graders. There were also large disparities by race and ethnicity.[12]**

◆ **Less than 5% of Multilingual Learners and students receiving special education services met expectations in English language arts.[13]**

◆ **In 2022, 8% of eighth graders who were in foster care met expectations in English language arts compared to 29% of students who were not in foster care. Sixteen percent of students identified as homeless met expectations in English language arts.[14]**

Table 47.

Eighth-Grade Reading Skills, Rhode Island, 2021 & 2022

SCHOOL DISTRICT	# EIGHTH GRADERS TESTED 2022	% MEETING EXPECTATIONS IN 2021	% MEETING EXPECTATIONS IN 2022
Barrington	275	70%	71%
Bristol Warren	233	34%	43%
Burrillville	166	26%	24%
Central Falls	197	6%	5%
Chariho	245	36%	34%
Coventry	315	33%	25%
Cranston	809	28%	30%
Cumberland	337	49%	49%
East Greenwich	184	50%	71%
East Providence	377	20%	20%
Exeter-West Greenwich	120	41%	45%
Foster-Glocester	149	33%	40%
Jamestown	47	59%	51%
Johnston	250	24%	34%
Lincoln	255	40%	49%
Little Compton	23	52%	57%
Middletown	131	23%	39%
Narragansett	78	32%	40%
New Shoreham	10	*	20%
Newport	125	17%	15%
North Kingstown	271	51%	51%
North Providence	274	41%	43%
North Smithfield	131	56%	52%
Pawtucket	688	13%	17%
Portsmouth	171	43%	46%
Providence	1,705	12%	13%
Scituate	84	46%	42%
Smithfield	187	40%	36%
South Kingstown	190	48%	40%
Tiverton	128	45%	23%
Warwick	651	21%	21%
West Warwick	249	14%	17%
Westerly	188	34%	51%
Woonsocket	364	13%	12%
Charter Schools	*659*	*24%*	*19%*
Urban Collaborative	*77*	*5%*	*<5%*
Four Core Cities	*2,954*	*12%*	*13%*
Remainder of State	*6,584*	*37%*	*37%*
Rhode Island	*10,274*	*29%*	*29%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Comprehensive Assessment System (RICAS)*,2020-2021 and 2021-2022 school years and are rounded to the nearest percentage point.

Due to the adoption of a new assessment tool by RIDE in 2018, Eighth-Grade Reading Skills cannot be compared with Factbooks prior to 2018.

% meeting expectations are the eighth-grade 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. Multilingual Learners/English Learners in the U.S. for less than one year are exempt from the English language arts assessment.

2022 *RICAS* data for independent charter 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, The Learning Community, Segue Institute for Learning, 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. Four core cities and remainder of state calculations do not include charter schools or UCAP.

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

Data is not reported for DCYF schools or 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.

*Data was not reported for New Shoreham in 2021 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 recent 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, 2022

SUBGROUP	THIRD GRADE	EIGHTH GRADE
Female Students	33%	20%
Male Students	37%	22%
*Multilingual Learners/English Learners	14%	<5%
Non-English Learners	39%	24%
*Students Receiving Special Education Services	12%	<5%
Students Not Receiving Special Education Services	40%	24%
Low-Income Students	18%	8%
Higher-Income Students	50%	31%
Asian Students+	56%	37%
Black Students	23%	7%
Hispanic/Latino Students	18%	9%
Native American Students	14%	6%
White Students	46%	29%
*Homeless Students	11%	<5%
Students in Foster Care	9%	6%
ALL STUDENTS	*35%*	*21%*

Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2021-2022. 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 then increased to 35% in 2022, while for eighth graders it declined from 24% in 2019 to 16% in 2021 and then increased to 21% in 2022.[17,18,19]**

◆ **In Rhode Island in the 2021-2022 school year, 18% of low-income third graders met expectations in math, compared with 50% of higher-income third graders. There also were large gaps by race and ethnicity, with 56% of Asian and 46% of white third graders meeting expectations, compared with 23% of Black, 18% of Hispanic, and 14% of Native American students. This large gap is also seen in eighth-grade results, with 37% of Asian and 29% of white eighth graders meeting expectations, compared with 7% of Black, 9% of Hispanic, and 6% Native American students.[20]**

◆ **In 2022, 9% of third graders in foster care met expectations in math and 6% of eighth graders who were in foster care met expectations in math.[21]**

Table 48.

Third & Eighth Grade Students Meeting Expectations in Math, Rhode Island, 2021-2022

SCHOOL DISTRICT	# OF THIRD GRADERS TESTED	% OF THIRD GRADERS MEETING EXPECTATIONS	# OF EIGHTH GRADERS TESTED	% OF EIGHTH GRADERS MEETING EXPECTATIONS
Barrington	240	71%	277	60%
Bristol Warren	213	42%	233	33%
Burrillville	149	37%	164	7%
Central Falls	160	6%	189	<5%
Chariho	207	52%	246	38%
Coventry	292	48%	316	25%
Cranston	733	30%	816	13%
Cumberland	345	64%	339	44%
East Greenwich	174	62%	182	65%
East Providence	325	40%	376	10%
Exeter-West Greenwich	104	51%	121	28%
Foster	29	21%	NA	NA
Foster-Glocester	NA	NA	147	27%
Glocester	94	62%	NA	NA
Jamestown	55	73%	47	55%
Johnston	233	33%	247	17%
Lincoln	223	53%	254	47%
Little Compton	19	79%	23	30%
Middletown	141	36%	142	35%
Narragansett	61	77%	73	44%
New Shoreham	10	20%	10	20%
Newport	119	20%	127	<5%
North Kingstown	260	60%	269	40%
North Providence	229	23%	279	27%
North Smithfield	108	56%	132	44%
Pawtucket	618	29%	698	7%
Portsmouth	162	48%	171	40%
Providence	1,644	17%	1,697	6%
Scituate	88	63%	84	30%
Smithfield	164	49%	188	39%
South Kingstown	198	48%	190	26%
Tiverton	107	66%	127	25%
Warwick	580	30%	648	12%
West Warwick	254	6%	246	13%
Westerly	156	35%	190	27%
Woonsocket	417	17%	366	6%
Charter Schools	*845*	*31%*	*652*	*16%*
UCAP	*NA*	*NA*	*77*	*<5%*
Four Core Cities	*2,839*	*19%*	*2,950*	*6%*
Remainder of State	*6,075*	*43%*	*6,595*	*28%*
Rhode Island	*9,759*	*35%*	*10,274*	*21%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Comprehensive Assessment System (RICAS)*, 2021-2022 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. Due to low participation rates, *Rhode Island Comprehensive Assessment System (RICAS)*, 2020-2021 math scores cannot be compared to previous years.

% 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.

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 and the remainder of state calculations.

NA indicates that the school district does not serve students at that grade level.

(Continued with references on page 189)

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

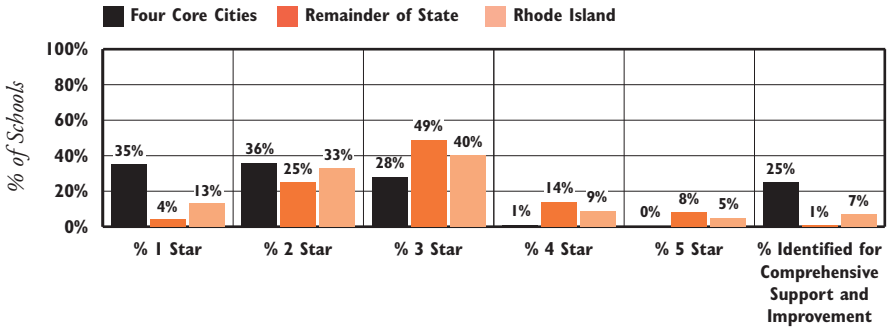
Research on school improvement efforts shows that schools can be improved through comprehensive, whole-school reforms. Critical elements of successful school improvement efforts include targeting resources to support the lowest performing schools, giving building leaders more autonomy around spending 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, 2021-2022 School Year



Source: Rhode Island Department of Education, School, and District Report Cards, 2021-2022 school year.

◆ **The U.S. Department of Education waived Rhode Island's accountability system for the 2019-2020 and 2020-2021 school years due to the COVID-19 pandemic. As a result there were no new star ratings for either of these school years.[10]**

◆ **In the 2021-2022 school year, 7% 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 162 schools were identified as needing Additional Targeted Support and Improvement. Of these 162 schools, 118 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]**

Table 49.

Schools Identified for Intervention, 2021-2022 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	6	0	0	0	0	0	0%	0	0%
Bristol Warren	6	0	3	3	0	0	4	67%	0	0%
Burrillville	4	0	0	3	1	0	2	50%	0	0%
Central Falls	5	0	0	1	0	4	5	100%	2	40%
Chariho	7	0	2	4	0	1	3	43%	1	14%
Coventry	7	1	0	6	0	0	5	71%	0	0%
Cranston	22	0	0	10	11	1	12	55%	0	0%
Cumberland	8	1	3	2	2	0	1	13%	0	0%
East Greenwich	4	1	2	1	0	0	1	25%	0	0%
East Providence	10	0	0	6	2	2	7	70%	0	0%
Exeter-West Greenwich	3	0	1	2	0	0	1	33%	0	0%
Foster	1	0	0	1	0	0	0	0%	0	0%
Foster-Glocester	2	0	0	2	0	0	0	0%	0	0%
Glocester	2	1	0	1	0	0	1	50%	0	0%
Jamestown	2	0	1	1	0	0	1	50%	0	0%
Johnston	6	0	0	3	3	0	4	67%	0	0%
Lincoln	6	1	1	3	1	0	2	33%	0	0%
Little Compton	1	0	0	1	0	0	0	0%	0	0%
Middletown	5	0	0	4	1	0	2	40%	0	0%
Narragansett	3	0	1	2	0	0	1	33%	0	0%
New Shoreham	1	0	0	0	1	0	0	0%	0	0%
Newport	3	0	0	0	3	0	3	100%	0	0%
North Kingstown	8	1	3	2	2	0	4	50%	0	0%
North Providence	8	0	0	1	6	1	4	50%	0	0%
North Smithfield	3	0	0	3	0	0	2	67%	0	0%
Pawtucket	16	0	0	9	5	2	12	75%	1	6%
Portsmouth	4	0	2	2	0	0	0	0%	0	0%
Providence	39	0	1	7	14	17	33	85%	13	33%
Scituate	5	1	0	4	0	0	0	0%	0	0%
Smithfield	5	0	3	1	1	0	3	60%	0	0%
South Kingstown	7	1	1	4	1	0	1	14%	0	0%
Tiverton	5	0	1	3	1	0	1	20%	0	0%
Warwick	17	0	1	9	6	1	12	71%	0	0%
West Warwick	5	0	0	1	3	1	4	80%	0	0%
Westerly	5	0	0	4	1	0	0	0%	0	0%
Woonsocket	9	0	0	2	6	1	9	100%	1	11%
Charter Schools	*34*	*0*	*1*	*8*	*20*	*5*	*19*	*56%*	*2*	*6%*
State-Operated Schools	*4*	*0*	*0*	*0*	*3*	*1*	*2*	*50%*	*0*	*0%*
UCAP	*1*	*0*	*0*	*0*	*0*	*1*	*1*	*100%*	*1*	*100%*
Four Core Cities	*69*	*0*	*1*	*19*	*25*	*24*	*59*	*86%*	*17*	*25%*
Remainder of State	*181*	*14*	*25*	*89*	*46*	*7*	*81*	*45%*	*1*	*1%*
Rhode Island	*289*	*14*	*27*	*116*	*94*	*38*	*162*	*56%*	*21*	*7%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education, 2021-2022 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].

[3,5,7,8] Rhode Island Department of Education. (2018). *Rhode Island's Every Student Succeeds Act state plan.*

(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

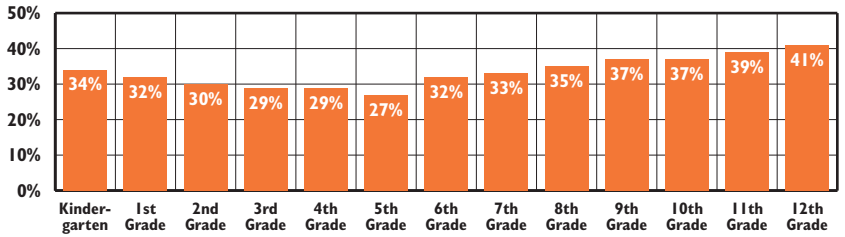
Students who are absent from school miss opportunities to learn and develop the important academic and social-emotional skills and approaches to learning that are part of the K-3 experience and critical for ongoing school success. Children who are chronically absent in kindergarten show lower assessment scores in math, reading, and general knowledge in first grade. 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.[1,2] 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.[3]

Nationally in the 2017-2018 school year, 12% of all elementary school students were chronically absent.[4] In the early grades, children from families living in poverty are much more likely to be chronically absent than higher-income children. In the U.S., one in five (21%) poor kindergartners was chronically absent, compared to less than one in 10 (8%) of their higher-income peers.[5] The rate of chronic absence is twice as high for students experiencing homelessness as it is for the general student population.[6] 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.[7]

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.[8,9]

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.[10,11,12]

Chronic Absence Rates in Rhode Island by Grade, 2021-2022 School Year



Source: Rhode Island Department of Education, 2021-2022 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 2021-2022 school year, 34% of Rhode Island kindergarten students, 32% of first graders, 30% of second graders, and 29% of third graders were chronically absent (i.e., absent 18 days or more). Thirty-one 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 2021-2022 school year, the average daily attendance rate for K-3 students in Rhode Island's four core cities was 88%, but 47% 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, raising awareness about the problem of chronic absence, encouraging parents to send their children to school every day in the early grades, developing a community response that involves mentoring outside of school, and recognizing and rewarding good attendance.[16,17,18]**

◆ **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.[19,20]**

Table 50. **Chronic Early Absence Rates, Grades K-3, Rhode Island, 2021-2022 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	19	919	95%	32%	38%	19%	10%
Bristol Warren	41	820	92%	19%	32%	21%	27%
Burrillville	29	576	94%	28%	35%	22%	15%
Central Falls	91	736	90%	18%	25%	20%	37%
Chariho	41	843	92%	17%	33%	26%	24%
Coventry	44	1,182	93%	27%	35%	20%	19%
Cranston	170	2,823	93%	30%	31%	19%	20%
Cumberland	86	1,344	95%	41%	35%	14%	10%
East Greenwich	13	712	94%	30%	39%	19%	12%
East Providence	85	1,377	94%	32%	33%	20%	16%
Exeter-West Greenwich	19	413	93%	21%	34%	21%	25%
Foster	*	136	95%	35%	38%	16%	11%
Glocester	16	379	94%	35%	37%	16%	11%
Jamestown	*	179	95%	39%	37%	15%	10%
Johnston	54	931	93%	25%	36%	20%	18%
Lincoln	38	945	93%	27%	32%	20%	21%
Little Compton	11	73	94%	29%	37%	20%	14%
Middletown	57	606	93%	27%	31%	20%	22%
Narragansett	11	235	95%	34%	34%	22%	10%
New Shoreham	*	46	91%	2%	21%	40%	36%
Newport	55	562	90%	16%	24%	22%	38%
North Kingstown	38	1,017	94%	33%	34%	17%	16%
North Providence	64	969	91%	20%	27%	22%	31%
North Smithfield	13	415	94%	29%	36%	21%	15%
Pawtucket	273	2,411	90%	22%	25%	21%	33%
Portsmouth	38	578	96%	47%	37%	12%	4%
Providence	720	6,047	87%	14%	21%	18%	48%
Scituate	*	359	94%	31%	33%	22%	15%
Smithfield	19	671	94%	26%	41%	19%	14%
South Kingstown	39	705	93%	24%	35%	24%	18%
Tiverton	19	489	93%	26%	30%	25%	19%
Warwick	202	2,356	90%	12%	24%	25%	39%
West Warwick	85	1,087	87%	9%	17%	23%	51%
Westerly	43	633	93%	22%	33%	23%	23%
Woonsocket	195	1,770	88%	17%	23%	18%	41%
Charter Schools	*148*	*3,710*	*90%*	*12%*	*23%*	*22%*	*43%*
RI School for the Deaf	*	*20*	*87%*	*10%*	*10%*	*19%*	*62%*
Four Core Cities	*1,279*	*10,964*	*88%*	*16%*	*22%*	*19%*	*43%*
Remainder of State	*1,366*	*24,462*	*93%*	*26%*	*32%*	*20%*	*22%*
Rhode Island	*2,794*	*39,156*	*91%*	*22%*	*28%*	*20%*	*30%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2021-2022 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 2,794 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.

[2,11] 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]

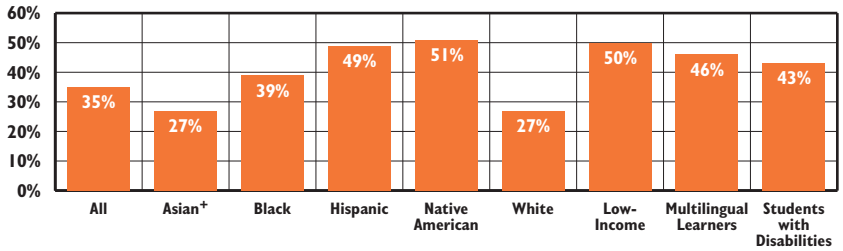
Students miss school for a variety of reasons, including physical and mental health conditions, substance abuse, lack of access to health care, unstable housing, child welfare or juvenile justice involvement, work or family responsibilities, and lack of affordable or reliable transportation. Students 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 2021-2022 school year in Rhode Island, 48% of middle school students and 43% 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]

Forty-nine percent of Rhode Island's low-income middle and high school students were chronically absent in 2021-2022, compared with 24% of higher-income students. Middle and high school students receiving special education services (43%) were more likely than their peers not receiving these services (35%) to be chronically absent. Seventy six percent of absences by middle and high school students were unexcused absences.[10]

K-12 Chronic Absence Rates in Rhode Island by Student Subgroup, 2021-2022 School Year*



Source: Rhode Island Department of Education, 2021-2022 school year. *The definition of absence may differ from prior years due to the COVID-19 pandemic. +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 2021-2022 school year, Native American (51%), Hispanic (49%), and Black (39%) K-12 students had higher rates of chronic absence than Asian (27%) and white (27%) students. Rates were also higher for Multilingual Learners (46%), low-income students (50%), and students with disabilities (43%) than for all students (35%).[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 2021-2022 school year in Rhode Island, 13.3% of teachers were chronically absent.[15]**

Chronic Absence, Middle School and High School

Table 51.

Chronic Absence and Attendance Rates, Middle and High School, Rhode Island, 2021-2022 School Year**

	MIDDLE SCHOOL (GRADES 6-8)					HIGH SCHOOL (GRADES 9-12)				
SCHOOL DISTRICT	# 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	21	803	95%	17%	9%	19	1,124	95%	16%	10%
Bristol Warren	32	688	90%	22%	35%	39	942	89%	15%	32%
Burrillville	24	504	92%	25%	23%	35	672	92%	20%	22%
Central Falls	75	760	88%	19%	47%	136	863	82%	14%	56%
Chariho	27	923	91%	27%	29%	141	1,109	90%	21%	29%
Coventry	44	980	93%	16%	21%	146	1,405	90%	19%	27%
Cranston	147	2,351	93%	18%	19%	348	3,462	92%	14%	24%
Cumberland	49	1,051	95%	13%	13%	125	1,480	91%	18%	27%
East Greenwich	*	612	94%	15%	16%	17	788	94%	18%	16%
East Providence	42	1,152	92%	18%	28%	63	1,629	86%	16%	42%
Exeter-West Greenwich	*	240	92%	23%	28%	18	469	92%	17%	26%
Foster-Glocester	16	444	95%	15%	13%	28	942	92%	18%	23%
Jamestown	11	192	96%	10%	5%	NA	NA	NA	0%	0%
Johnston	32	789	91%	19%	31%	49	769	89%	21%	42%
Lincoln	25	803	93%	15%	20%	33	995	92%	12%	24%
Little Compton	*	70	94%	13%	16%	NA	NA	NA	0%	0%
Middletown	28	461	82%	12%	50%	44	643	88%	23%	40%
Narragansett	*	317	94%	19%	13%	10	512	92%	23%	27%
New Shoreham	*	30	89%	33%	40%	*	34	91%	29%	35%
Newport	60	558	89%	20%	40%	81	663	87%	15%	45%
North Kingstown	32	827	94%	11%	16%	81	1,459	93%	13%	17%
North Providence	40	810	92%	18%	31%	79	1,122	90%	18%	33%
North Smithfield	14	517	94%	20%	15%	33	531	93%	17%	18%
Pawtucket	218	1,966	90%	17%	34%	345	2,229	84%	14%	46%
Portsmouth	29	643	95%	17%	8%	34	826	92%	16%	21%
Providence	610	5,191	85%	16%	54%	919	6,973	76%	11%	64%
Scituate	10	256	94%	20%	12%	14	388	93%	21%	18%
Smithfield	17	543	93%	22%	20%	25	785	93%	18%	22%
South Kingstown	27	791	93%	19%	18%	42	863	92%	19%	22%
Tiverton	14	515	92%	19%	26%	29	514	91%	21%	27%
Warwick	100	1,887	88%	21%	45%	244	2,458	85%	17%	50%
West Warwick	95	1,077	88%	20%	46%	177	1,026	87%	17%	41%
Westerly	37	733	93%	21%	20%	33	759	94%	17%	17%
Woonsocket	150	1,283	85%	16%	55%	197	1,686	80%	14%	59%
Charter Schools	*94*	*2,670*	*89%*	*20%*	*35%*	*238*	*2702*	*89%*	*11%*	*65%*
State-Operated Schools	*20*	*11*	*93%*	*20%*	*35%*	*179*	*1,754*	*89%*	*18%*	*43%*
UCAP	*33*	*124*	*73%*	*10%*	*83%*	*NA*	*NA*	*NA*	*NA*	*NA*
Four Core Cities	*1,053*	*9,200*	*86%*	*17%*	*49%*	*2,702*	*238*	*79%*	*12%*	*59%*
Remainder of State	*990*	*21,576*	*96%*	*18%*	*25%*	*885*	*39,886*	*91%*	*18%*	*25%*
Rhode Island	*2,190*	*33,581*	*90%*	*18%*	*33%*	*4,004*	*44,580*	*87%*	*16%*	*38%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2021-2022 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 2,190 Rhode Island middle school students and 4,004 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.

*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.

(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 2021-2022 school year, 7% (1,358) involved elementary school students (kindergarten-5th grade), 42% (7,648) involved middle school students (6th-8th grades), and 50% (9,225) involved high school students (9th-12th grades). For elementary school students, 76% of disciplinary actions were out-of-school suspensions. Kindergarteners received 121 disciplinary actions, including 109 out-of-school suspensions.[12]

Out-of-School Suspensions by Infraction, Rhode Island, 2021-2022

TYPE OF INFRACTION*	#	%	TYPE OF INFRACTION	#	%
Fighting	2,048	22%	Obscene/Abusive Language	426	4%
Insubordination/Disrespect	1,641	17%	Weapon Possession	278	3%
Disorderly Conduct	1,370	14%	Arson/Larceny/Robbery/Vandalism	235	2%
Assault of Student or Teacher	1,259	13%	Electronic Devices/Technology	127	1%
Alcohol/Drug/Tobacco Offenses	1,231	13%	Other Offenses	79	1%
Harassment/Intimidation/Threat	817	9%	Attendance Offenses	0	0%
			Total	*9,511*	

Source: Rhode Island Department of Education, 2021-2022 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 2021-2022 school year, the number of out-of-school suspensions was back up to close to 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, 2021-2022

	% OF STUDENTS ENROLLED	% OF SUSPENSIONS
Students Receiving Special Education Services	16%	30%
Asian/Pacific Islander Students+	3%	1%
Black Students	9%	12%
Hispanic Students	29%	32%
Multiracial Students	5%	8%
Native American Students	1%	1%
White Students	53%	45%

Source: Rhode Island Department of Education, 2021-2022 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 2020-2021 school year, Rhode Island students receiving special education services represented 16% of the student population but represented 30% of suspensions. Historically, Students of Color are more likely to be suspended than their white peers.[16]**

Table 52.

Disciplinary Actions, Rhode Island School Districts, 2021-2022

SCHOOL DISTRICT	TOTAL # OF STUDENTS ENROLLED	TOTAL # OF STUDENTS SUSPENDED IN-SCHOOL	TOTAL # OF STUDENTS SUSPENDED OUT-OF-SCHOOL	OUT-OF-SCHOOL SUSPENSIONS PER 100 STUDENTS	TOTAL DISCIPLINARY ACTIONS	ACTIONS PER 100 STUDENTS
Barrington	3,366	24	*	<1	25	1
Bristol Warren	2,909	331	242	8	573	20
Burrillville	2,099	28	180	9	208	10
Central Falls	2,690	*	223	8	224	8
Chariho	3,128	83	67	2	150	5
Coventry	4,280	913	225	5	1,138	27
Cranston	10,253	620	642	6	1,262	12
Cumberland	4,676	449	205	4	654	14
East Greenwich	2,534	39	21	1	60	2
East Providence	4,951	*	564	11	566	11
Exeter-West Greenwich	1,521	16	23	2	39	3
Foster	215	0	*	2	*	2
Foster-Glocester	1,381	144	46	3	190	14
Glocester	560	*	0	0	*	<1
Jamestown	435	*	0	0	*	<1
Johnston	3,063	130	159	5	289	9
Lincoln	3,239	*	150	5	151	5
Little Compton	198	*	*	3	*	4
Middletown	2,042	160	84	4	244	12
Narragansett	1,212	76	73	6	149	12
New Shoreham	129	*	*	1	*	3
Newport	1,963	0	275	14	275	14
North Kingstown	3,845	305	160	4	465	12
North Providence	3,458	898	240	7	1,138	33
North Smithfield	1,592	67	122	8	189	12
Pawtucket	8,099	*	767	9	776	10
Portsmouth	2,218	29	41	2	70	3
Providence	21,774	153	1,790	8	1,943	9
Scituate	1,190	*	18	2	27	2
Smithfield	2,405	88	91	4	179	7
South Kingstown	2,589	128	94	4	222	9
Tiverton	1,666	20	114	7	134	8
Warwick	8,099	475	568	7	1,043	13
West Warwick	3,502	509	390	11	899	26
Westerly	2,345	76	147	6	223	10
Woonsocket	5,606	2,760	1,064	19	3,824	68
Charter Schools	*10,519*	*167*	*576*	*5*	*743*	*7*
State-Operated Schools	*1,821*	*	*122*	*7*	*124*	*7*
UCAP	*127*	*0*	*16*	*13*	*16*	*13*
Four Core Cities	*38,169*	*2,923*	*3,844*	*10*	*6,767*	*18*
Remainder of State	*87,062*	*5,628*	*4,964*	*3*	*10,592*	*12*
Rhode Island	*137,697*	*8,720*	*9,511*	*7*	*18,231*	*13*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2021-2022 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. UCAP is the Urban Collaborative Accelerated Program.

(References are 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 2021, 12% of Rhode Island children lived in households headed by a non-high school graduate, similar to 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]

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2022

	COHORT SIZE	DROPOUT RATE	% COMPLETED GED	% OF STUDENTS STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Female Students	5,405	7%	1%	5%	87%
Male Students	5,906	12%	1%	7%	80%
Multilingual/English Learners	1,216	24%	<1%	9%	68%
Students Receiving Special Education Services	1,794	14%	2%	18%	66%
Students Not Receiving Special Education Services	9,527	9%	1%	4%	87%
Low-Income Students	5,992	14%	1%	8%	76%
Higher-Income Students	5,329	4%	1%	3%	92%
Students in Foster Care	66	29%	3%	17%	52%
Homeless Students	207	24%	2%	10%	64%
Asian Students+	336	2%	0%	5%	92%
Black Students	1,055	12%	<1%	8%	80%
Hispanic Students	3,151	14%	1%	8%	77%
Native American	99	27%	0%	4%	69%
White Students	6,220	7%	1%	4%	87%
ALL STUDENTS	*11,321*	*10%*	*1%*	*6%*	*83%*

Source: Rhode Island Department of Education, Class of 2022. 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 2022 was 83%, up from 77% for the Class of 2012. 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.[9,10]**

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 11,344 Rhode Island students who enrolled in ninth grade in the Fall of 2016, 9,529 (84%) graduated in four years in 2020, 227 (2%) graduated in five years in 2021, and 50 (<1%) graduated in six years in 2022. Of the 234 students who graduated in five years in 2021, 100 (43%) were students receiving special education services and 57 (24%) were Multilingual Learners.[11]**

Table 53.

High School Graduation Rates, Rhode Island, Class of 2022

SCHOOL DISTRICT	# OF STUDENTS IN COHORT	FOUR-YEAR COHORT RATES: DROPOUT RATE	% COMPLETED GED	% STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Barrington	239	<1%	<1%	3%	96%
Bristol Warren	222	7%	0%	4%	89%
Burrillville	162	8%	1%	4%	87%
Central Falls	236	31%	0%	10%	59%
Chariho	282	6%	2%	5%	87%
Coventry	371	9%	1%	3%	86%
Cranston	925	8%	<1%	8%	84%
Cumberland	361	4%	1%	4%	91%
East Greenwich	205	1%	0%	2%	96%
East Providence	375	9%	1%	7%	83%
Exeter-West Greenwich	125	2%	0%	6%	92%
Foster-Glocester	234	5%	1%	2%	93%
Johnston	182	9%	3%	10%	77%
Lincoln	256	7%	2%	1%	90%
Middletown	175	7%	0%	4%	89%
Narragansett	129	5%	2%	1%	92%
Newport	180	14%	3%	3%	80%
North Kingstown	382	4%	4%	2%	90%
North Providence	299	8%	3%	3%	86%
North Smithfield	138	2%	1%	6%	91%
Pawtucket	559	19%	1%	11%	69%
Portsmouth	214	4%	1%	1%	94%
Providence	1,859	14%	<1%	7%	78%
Scituate	92	3%	1%	3%	92%
Smithfield	184	2%	1%	3%	95%
South Kingstown	237	3%	1%	4%	92%
Tiverton	123	2%	1%	3%	94%
Warwick	651	10%	2%	5%	82%
West Warwick	224	10%	1%	4%	84%
Westerly	193	3%	5%	3%	90%
Woonsocket	435	27%	1%	9%	64%
Beacon Charter School	*58*	*10%*	*3%*	*5%*	*81%*
Blackstone Academy	*83*	*0%*	*1%*	*10%*	*89%*
Blackstone Valley Prep Mayoral Academy	*79*	*1%*	*0%*	*3%*	*96%*
Charette Charter School	*42*	*2%*	*0%*	*14%*	*83%*
Paul Cuffee Charter School	*71*	*3%*	*1%*	*11%*	*85%*
The Greene School	*45*	*0%*	*0%*	*2%*	*98%*
Highlander Charter School	*56*	*9%*	*2%*	*23%*	*66%*
RI Nurses Institute Middle College	*51*	*10%*	*2%*	*8%*	*80%*
Sheila C. "Skip" Nowell Leadership Academy	*60*	*45%*	*0%*	*32%*	*23%*
Trinity Academy for the Performing Arts	*25*	*0%*	*0%*	*0%*	*100%*
Village Green Virtual Public Charter School	*57*	*0%*	*0%*	*2%*	*98%*
William M.Davies Jr. Career & Technical High School	*198*	*7%*	*1%*	*6%*	*86%*
Metropolitan Regional Career and Technical Center	*224*	*4%*	*0%*	*1%*	*95%*
Four Core Cities	*3,089*	*18%*	*18%*	*0%*	*73%*
Remainder of State	*8,231*	*6%*	*1%*	*5%*	*87%*
Rhode Island	*11,320*	*10%*	*1%*	*6%*	*83%*

Source of Data for Table/Methodology

Rhode Island Department of Education, Class of 2022.

The 2022 four-year cohort graduation rate is the number of students who graduate in four years or fewer divided by the total number of students in the cohort. The cohort is calculated as the number of first-time entering ninth graders in 2018-2019 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.

Students from Little Compton attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

Rhode Island School for the Deaf, DCYF, 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

[1] U.S. Census Bureau, American Community Survey, 2017-2021. Table S2301.

[2] U.S. Census Bureau, American Community Survey, 2017-2021. Table S2001

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

[4] Fiester, L. (2013). *Early warning confirmed: a research update on third-grade reading.* Baltimore, MD: The Annie E. Casey Foundation.

[5,7] DePaoli, J. L., Balfanz, R., Bridgeland, J., Atwell, M., & Ingram, E. S. (2017). *Building a grad nation: Progress and challenge in raising high school graduation rates.*

(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 2017 and 2021 in Rhode Island, adults with high school diplomas were three times 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 $38,638, compared to $60,216 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 and improve college access 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 strategically to students with the greatest needs.[4]

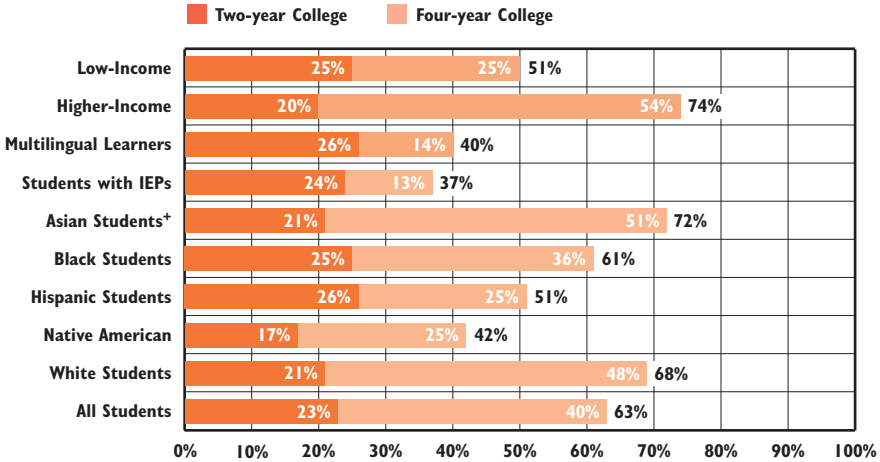
Students who participate in AP courses or dual or concurrent enrollment courses are likely to attend and succeed in college.[5,6] In Rhode Island, in the 2020-2021 school year, 11% of high school students took an AP test and 49% passed the exam. In the Class of 2021, 33% of students took a dual or concurrent enrollment course and 94% earned college credits.[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 2022, 92% of 11th graders completed the SAT. Statewide, 47% of 11th graders met expectations in English language arts and 25% met expectations in math.[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] During the 2022-2023 cycle, Rhode Island ranked twelfth in the U.S. for the number of high school seniors completing 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, the Seal of Biliteracy and/or the Pathway Endorsement.[12]

Immediate College Enrollment by Family Income, Race, Ethnicity, and Type of College, Class of 2022, Rhode Island



Source: Rhode Island Department of Education, Class of 2022. 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.

◆ **After increasing when the Rhode Island Promise Scholarship was made available, the college enrollment rate declined during the COVID-19 pandemic from 67% for the Class of 2019 to 61% for the Class of 2020 to 63% for the Class of 2022. 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]**

◆ **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.[14] Rhode Island has 414 students for every school counselor, far above the recommended ratio of 250 to one.[15]**

◆ **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.[16]**

Table 54.

College Preparation and Access, Rhode Island

SCHOOL DISTRICT	TOTAL GRADE 12 ENROLLMENT OCT. 2021	% OF GRADE 12 STUDENTS PLANNING TO ATTEND COLLEGE, 2022	% OF STUDENTS WHO FILLED OUT THE FAFSA, 2022	% OF GRADE 11 STUDENTS TAKING THE SAT DURING THE SCHOOL DAY, 2022	% OF SAT TAKERS PROFICIENT IN ELA, 2022	% OF SAT TAKERS PROFICIENT IN MATH, 2022
Barrington	249	18%	63%	97%	84%	68%
Bristol Warren	250	26%	53%	95%	72%	28%
Burrillville	171	54%	51%	94%	49%	27%
Central Falls	217	24%	28%	79%	10%	<5%
Chariho	251	61%	65%	98%	63%	36%
Coventry	352	62%	59%	95%	47%	26%
Cranston	981	44%	55%	98%	44%	19%
Cumberland	371	51%	66%	98%	57%	38%
East Greenwich	218	70%	63%	97%	85%	63%
East Providence	337	45%	49%	92%	35%	13%
Exeter-West Greenwich	133	14%	57%	98%	73%	42%
Foster-Glocester	230	23%	67%	96%	58%	26%
Johnston	178	47%	53%	97%	44%	21%
Lincoln	250	39%	68%	96%	65%	44%
Middletown	190	46%	49%	98%	60%	32%
Narragansett	138	35%	59%	92%	69%	43%
New Shoreham	NA	78%	89%	NA	NA	NA
Newport	180	26%	48%	94%	37%	17%
North Kingstown	383	52%	65%	95%	74%	56%
North Providence	297	26%	55%	98%	48%	29%
North Smithfield	152	57%	59%	97%	69%	37%
Pawtucket	634	36%	36%	83%	22%	7%
Portsmouth	223	47%	67%	92%	75%	56%
Providence	1,688	36%	53%	87%	29%	13%
Scituate	91	58%	63%	99%	62%	35%
Smithfield	181	51%	76%	97%	62%	36%
South Kingstown	237	32%	65%	87%	75%	54%
Tiverton	134	52%	57%	93%	61%	37%
Warwick	632	49%	49%	92%	50%	21%
West Warwick	216	33%	50%	83%	44%	21%
Westerly	208	11%	60%	100%	58%	35%
Woonsocket	394	54%	31%	85%	23%	6%
Beacon Charter High School	*59*	*34%*	*46%*	*96%*	*49%*	*9%*
Blackstone Academy	*79*	*77%*	*80%*	*84%*	*24%*	*8%*
Blackstone Valley Prep Mayoral Academy	*92*	*37%*	*71%*	*95%*	*49%*	*25%*
Charette Charter School	*42*	*19%*	*79%*	*88%*	*8%*	*<5%*
Paul Cuffee Charter School	*64*	*52%*	*72%*	*90%*	*23%*	*8%*
The Greene School	*49*	*67%*	*71%*	*98%*	*36%*	*15%*
Highlander Charter School	*68*	*25%*	*46%*	*97%*	*23%*	*9%*
RI Nurses Institute Middle College	*49*	*61%*	*80%*	*98%*	*31%*	*10%*
Sheila C. "Skip" Nowell Leadership Academy	*39*	*56%*	*49%*	*72%*	*8%*	*<5%*
Trinity Academy for the Performing Arts	*24*	*63%*	*88%*	*100%*	*28%*	*<5%*
Village Green Virtual Public Charter School	*55*	*64%*	*100%*	*96%*	*29%*	*8%*
William M. Davies Jr. Career & Technical Center	*189*	*38%*	*60%*	*98%*	*51%*	*12%*
DCYF	*14*	*NA*	*NA*	*NA*	*NA*	*NA*
Metropolitian Regional Career and Technical Center	*233*	*65%*	*55%*	*97%*	*28%*	*7%*
RI School for the Deaf	*11*	*36%*	*NA*	*NA*	*NA*	*NA*
Four Core Cities	*2,933*	*38%*	*45%*	*85%*	*25%*	*10%*
Remainder of State	*7,244*	*43%*	*58%*	*95%*	*57%*	*33%*
Rhode Island	*11,244*	*42%*	*55%*	*92%*	*47%*	*25%*

Source of Data for Table/Methodology

Total 12th grade enrollment is from the Rhode Island Department of Education as of October 1, 2021.

% of 12th grade students planning to attend college is from the 2021-2022 administration of *Survey Works!*, 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.

The number of 12th graders completing the FAFSA is from U.S. Department of Education, Federal Student Aid, Rhode Island school-level data from the 2022-2023 cycle through June 2022. Retrieved April 2, 2023, from studentaid.ed.gov. The percentage of 12th graders completing the FAFSA is calculated by dividing the number of students completing applications into the number of 12th graders enrolled on October 1, 2021.

% of SAT takers proficient in ELA and math and % of 11th graders taking the SAT is from the Rhode Island Department of Education. % of students taking the SAT varied by district and may have impacted district results. Take caution when comparing between districts.

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.

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.

References

[1] 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

[2] U.S. Census Bureau, American Community Survey, 2017-2021. Table S2301.

(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]

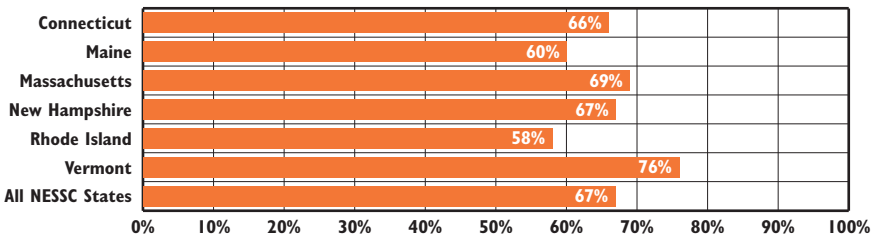
SIGNIFICANCE

Between 2021 and 2031, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring less education, yet only 37% of Rhode Island adults ages 25 and 64 have a bachelor's degree or higher.[2,3] Between 2017 and 2021 in Rhode Island, 6.5% of adults with a high school diploma were unemployed, compared to 3.1% with a bachelor's degree or higher.[4] During that same period, the median annual income for adults with a high school diploma was $38,638, compared to $60,216 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., almost half of all low- income students first enroll in a community college, 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] There are also barriers to attainment for Students of Color. Addressing racial disparities can improve college completion outcomes.[8,9]

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.[10,11,12]

Improving college access and completion will require states to make improvements at all points in the early education to college system, including increasing access to high-quality preschool, implementing research-driven early intervention and dropout prevention programs, aligning the K-12 education system with college demands, making college affordable, and providing student support programs.[13,14,15,16]

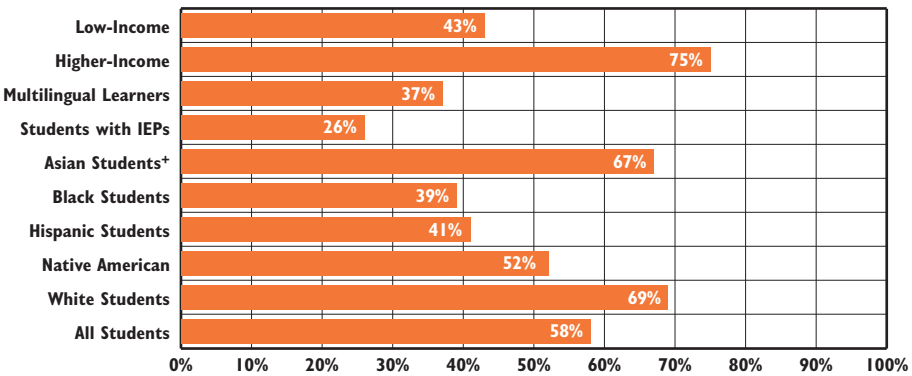
College Completion, New England Secondary School Consortium States (NESSC), 2015 Cohort



Source: New England Secondary School Consortium. (2022). *Common Data Project: 2022 annual report, school year 2020-2021.* Retrieved April 6, 2023, 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 6, 2023, 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]**

Table 55.

College Enrollment and Completion, Rhode Island

SCHOOL DISTRICT	# OF STUDENTS WHO GRADUATED FROM HIGH SCHOOL IN 2022	# OF 2022 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	% OF 2022 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	# OF STUDENTS WHO ENROLLED IN COLLEGE IN 2021	# OF 2021 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)	% OF 2021 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)
Barrington	228	186	82%	269	239	89%
Bristol Warren	205	136	66%	157	124	79%
Burrillville	144	92	64%	121	97	80%
Central Falls	150	69	46%	74	45	61%
Chariho	248	156	63%	187	152	81%
Coventry	327	210	64%	276	229	83%
Cranston	789	535	68%	588	440	75%
Cumberland	343	265	77%	277	242	87%
East Greenwich	201	166	83%	144	132	92%
East Providence	323	162	50%	222	162	73%
Exeter-West Greenwich	122	81	66%	100	91	91%
Foster-Glocester	220	135	61%	118	93	79%
Johnston	144	101	70%	168	124	74%
Lincoln	234	179	76%	184	148	80%
Middletown	159	102	64%	128	101	79%
Narragansett	121	90	74%	76	57	75%
New Shoreham	10	*	80%	*	*	100%
Newport	151	76	50%	76	46	61%
North Kingstown	346	283	82%	296	262	89%
North Providence	261	168	64%	208	155	75%
North Smithfield	132	95	72%	105	87	83%
Pawtucket	402	207	51%	245	150	61%
Portsmouth	203	152	75%	205	177	86%
Providence	1,566	770	49%	981	643	66%
Scituate	85	63	74%	86	74	86%
Smithfield	176	149	85%	161	131	81%
South Kingstown	227	176	78%	187	149	80%
Tiverton	120	79	66%	102	81	79%
Warwick	556	349	63%	428	323	75%
West Warwick	196	116	59%	143	88	62%
Westerly	177	109	62%	137	109	80%
Woonsocket	295	95	32%	148	94	64%
Beacon Charter High School	*51*	*29*	*57%*	*40*	*29*	*73%*
Blackstone Academy	*74*	*56*	*76%*	*61*	*45*	*74%*
Blackstone Valley Prep Mayoral Academy	*80*	*61*	*76%*	*66*	*49*	*74%*
Charette Charter School	*38*	*21*	*55%*	*NA*	*NA*	*NA*
Paul Cuffee Charter School	*64*	*44*	*69%*	*43*	*34*	*79%*
The Greene School	*45*	*32*	*71%*	*24*	*19*	*79%*
Highlander Charter School	*48*	*28*	*58%*	*19*	*15*	*79%*
RI Nurses Institute Middle College	*44*	*39*	*89%*	*39*	*26*	*67%*
Sheila C. "Skip" Nowell Leadership Academy	*32*	*14*	*44%*	*15*	*	*33%*
Trinity Academy for the Performing Arts	*25*	*15*	*60%*	*22*	*14*	*64%*
Village Green Virtual Public Charter School	*62*	*33*	*53%*	*37*	*25*	*68%*
William M. Davies Jr. Career & Technical High School	*175*	*92*	*53%*	*89*	*53*	*60%*
Metropolitan Regional Career and Technical Center	*220*	*113*	*51%*	*115*	*67*	*58%*
Four Core Cities	*2,413*	*1,141*	*47%*	*1,448*	*932*	*64%*
Remainder of State	*6,448*	*4,419*	*69%*	*5,159*	*4,120*	*80%*
Rhode Island	*9,819*	*6,137*	*63%*	*7,177*	*5,433*	*76%*

Source of Data for Table/Methodology

of students who graduated from high school in 2022, # of 2022 high school graduates who enrolled in college within six months, # of students who enrolled in college in 2021, and # of 2021 college enrollees who persisted (were enrolled for a third semester) are all from Rhode Island Department of Education. The # of 2021 college enrollees who persisted may include students enrolled directly after high school or afterwards. Percentages may not sum exactly due to rounding.

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.

DCYF and Rhode Island School for the Deaf are not reported because there are fewer than 10 students in these cohorts.

* 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 in 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, 2017-2021. Table B23006.

[4] U.S. Census Bureau, American Community Survey, 2017-2021. Table S2301.

[5] U.S. Census Bureau, American Community Survey, 2017-2021. 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 a real 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 trillion over their lifetimes.[8,9]

Between 2017 and 2021, an estimated 2,728 (4.3%) 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, 60% were male and 40% were female. Sixty-nine percent of these youth were high school graduates, and 31% had not graduated from high school.[10]

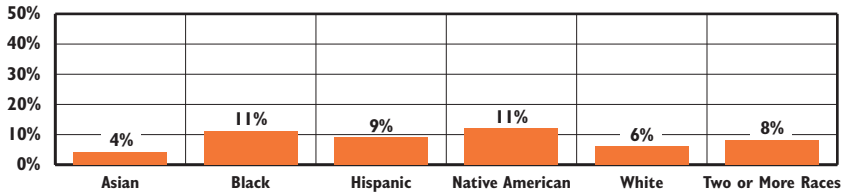
Teens Not in School and Not Working

	2021
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, 2021



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 2021 among U.S. youth ages 16 to 19, 12% of Native American youth, 11% of Black youth, and 9% of Hispanic youth were not in school and not working, compared to 6% of white youth and 4% of Asian youth.[12]**

◆ **While Rhode Island has a low overall youth disconnection rate, there are striking racial and ethnic disparities. In 2021, 6% of Latino youth ages 16 to 19 in Rhode Island were not in school and not working, about triple the white rate of 2%.[13]**

◆ **Nationally, the disconnection of youth ages 16 to 24 declined in recent years, from the Great Recession high of 14.7% in 2010, to 10.7% in 2019. While youth unemployment declined in the latter half of 2020, after an earlier spike due to the COVID-19 pandemic, it is estimated that youth disconnection rates may be considerably higher than in the years after the Great Recession.[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 diploma. 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. Alternative learning plans must be approved by the district superintendent.[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]**

Connecting Youth to School and Work

◆ **Education has a positive impact on the likelihood of finding and maintaining employment. Between 2017 and 2021, the unemployment rate for Rhode Island adults ages 25 to 64 with a bachelor's degree or higher was 3.1%, compared with 6.5% for high school graduates and 10.4% 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]**

◆ **Summer work programs may increase college aspirations and preparation for future employment and help reduce youth violence and crime.[23]**

◆ **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 (e.g., internships) allow youth to receive school credit and/or earn money while gaining important workplace experience.[24]**

References

[1,4,6] Burd-Sharps, S & Lewis, K. (2018). *More than a million reasons for hope: Youth disconnection in America today.* Brooklyn, NY: Measure of America.

[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.

[7,8,18,22] *More than just pocket money: Why the surge in youth unemployment should concern us all.* (2020). Washington, DC: Urban Alliance.

[9] Opportunity Nation. (n.d.) *Youth disconnection.* Retrieved March 23, 2023, from www.opportunitynation.org

[10] U.S. Census Bureau, American Community Survey, 2017-2021. Table B14005.

[11,14] Lewis, K. (2021). *A decade undone: 2021 update.* Brooklyn, NY: Measure of America.

[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.*

[17] U.S. Census Bureau, American Community Survey, 2017-2021. 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.*

[23] 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.*

[24] *Workforce Guidance.* (2018). Cranston, RI: Governor's Workforce Board.

Methodology

The *2023 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 percentages of children living below the poverty threshold according to the 2017-2021 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 2017 and 2021. 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. In the indicator for child and teen deaths, and other indicators in which the events are rare, city- and town-level rates are not calculated, as small numbers make these rates statistically unreliable.

Census Data

There are several sources of U.S. Census Bureau data used in the Factbook: Census 2010, Census 2020 Redistricting Files, 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 was already conducted, but currently the only data available are Redistricting Files which we have used to update data on the number of children under the age of 18 overall and by race and ethnicity. Other data (e.g., data on children's age or gender or family structure) were 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

Margins of Error, Median Family Income, Rhode Island, 2017-2021

CITY/TOWN	2017-2021 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18	MARGIN OF ERROR
Barrington	$153,625	$22,706
Bristol	$133,963	$17,545
Burrillville	$111,786	$3,983
Central Falls	$36,196	$5,151
Charlestown	$85,571	$11,074
Coventry	$108,622	$15,202
Cranston	$89,679	$10,124
Cumberland	$119,769	$12,752
East Greenwich	$190,170	$20,381
East Providence	$84,664	$15,757
Exeter	**	**
Foster	$109,828	$14,375
Glocester	$109,010	$26,397
Hopkinton	$123,214	$46,201
Jamestown	250,000+	**
Johnston	$86,968	$12,653
Lincoln	$121,155	$10,954
Little Compton	$94,045	$41,573
Middletown	$94,681	$12,156
Narragansett	$84,961	$56,589
New Shoreham	$58,448	$6,624
Newport	$74,731	$17,481
North Kingstown	$129,982	$7,306
North Providence	$70,091	$14,549
North Smithfield	$97,102	$20,051
Pawtucket	$53,688	$10,494
Portsmouth	$164,516	$11,888
Providence	$56,624	$6,495
Richmond	$116,410	$20,014
Scituate	$130,298	$34,911
Smithfield	$140,000	$34,803
South Kingstown	$117,356	$21,672
Tiverton	$114,297	$21,655
Warren	$105,982	$10,348
Warwick	$93,039	$6,727
West Greenwich	$137,727	$29,980
West Warwick	$71,066	$12,892
Westerly	$100,955	$8,939
Woonsocket	$44,083	$5,280
Four Core Cities	*NA*	*NA*
Remainder of State	*NA*	*NA*
Rhode Island	*$87,553*	*$2,454*

Margins of Error, Children Living Below the Federal Poverty Threshold, Rhode Island, 2017-2021

CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2017-2021			
#	MARGIN OF ERROR	%	MARGIN OF ERROR
168	126	3.5%	2.61%
102	97	3.5%	3.26%
73	89	2.4%	2.87%
2,190	527	35.0%	7.35%
146	104	12.9%	8.70%
538	266	8.2%	4.00%
1,382	424	8.2%	2.45%
451	242	6.1%	3.21%
223	114	6.5%	3.21%
1,083	343	13.2%	3.98%
18	64	1.5%	5.26%
30	51	3.3%	5.57%
103	112	4.8%	5.18%
110	129	8.0%	9.20%
-	60	-	6.98%
518	360	9.8%	6.69%
336	210	6.6%	4.06%
7	41	1.6%	9.71%
350	199	11.3%	6.26%
25	66	1.5%	3.90%
10	45	5.6%	24.96%
1,008	287	29.0%	7.39%
515	218	9.6%	3.98%
750	318	11.6%	4.76%
257	178	10.9%	7.33%
3,637	690	22.8%	4.02%
272	209	7.5%	5.65%
11,900	1,487	30.3%	3.48%
-	60	-	3.29%
20	65	1.3%	4.23%
18	80	0.5%	2.36%
440	222	9.1%	4.47%
103	111	4.1%	4.33%
89	119	5.3%	7.09%
1,116	382	7.5%	2.52%
2	57	0.2%	4.83%
759	321	14.8%	6.01%
366	185	11.2%	5.47%
2,739	565	29.5%	5.45%
20,466	*1,101*	*28.9%*	*1.43%*
11,388	*727*	*8.2%*	*0.51%*
31,854	*2,144*	*15.2%*	*1.01%*

For source information see page 25.

Methodology

estimates are used in all indicators that had used three-year estimates in prior Factbooks.

Margins of Error for Median Family Income and Children in Poverty

The 2017-2021 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 µg/dL to ≤5 µg/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 level 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 µg/dL, follow up and annual screening should continue until the age of six. For those children whose blood lead tests are ≤5 µg/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 µg/dL, the child should be screened annually.

Confirmed lead data at ≥5 µg/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 µg/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 µg/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 µg/dL and 10 µg/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 µg/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 µg/dL to 3.5 µg/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) is listed separately when data are available. Charter schools, state-operated schools, and UCAP 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. 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 and by community-based service providers. 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 2022 federal poverty threshold was $23,578 for a family of three with two children and $29,678 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 2023 Federal Poverty Guidelines

FEDERAL POVERTY GUIDELINES	ANNUAL INCOME FAMILY OF THREE	ANNUAL INCOME FAMILY OF FOUR
50% FPL	$12,430	$15,000
100% FPL	$24,860	$30,000
130% FPL	$32,318	$39,000
150% FPL	$37,290	$45,000
180% FPL	$44,748	$54,000
185% FPL	$45,991	$55,500
200% FPL	$49,720	$60,000
225% FPL	$55,935	$67,500
250% FPL	$62,150	$75,000

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Source of Data for Table/Methodology for Children Participating in School Breakfast

The October 2022 enrollment and number of low-income students are for the full month of October and are not comparable with the October 1, 2022 enrollment numbers reported elsewhere in the *2023 Factbook.*

"Estimated Average Daily Participation in Breakfast" is the average number of students who ate breakfast in school per school day during October 2022. "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 2022.

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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UCAP is the Urban Collaborative Accelerated Program.

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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"In Hopes of Living the Dream" is by Pauline Perkins-Moye.

"The way they see us, the way we choose to be seen" is by Dariana Pena Acosta.

"In Flight" is by Latoya A. Watts.

"My school Alphabet" is by Yerick Martinez.

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