

Benchmarks for Progress



Preparing Rhode Island's Children to Succeed in School

Selected School Readiness Indicators

2007 Update



If we're ever going to level the playing field so that all kids can succeed in school, our best chance is before they reach the age of five.



Ready or not?

The first five years of life are critical to a child's lifelong development. The environments young children are exposed to set the stage for future development and success in school and life. The brain develops most rapidly during these early years, establishing the neural connections that provide the foundation for language development, cognitive thinking, and social and emotional skills.

Families, schools and communities play critical roles in helping children get ready for school. Children from families that are economically secure and have healthy relationships are more likely to succeed in school. Children thrive when parents and families are able to surround the child with love and support and opportunities to learn and explore their world. Schools can improve the readiness of kindergartners by making connections with local child care providers and preschools and creating policies that ensure smooth transitions to kindergarten. Communities are vibrant when they provide social support for parents, learning opportunities for children, and services for families in need.

School readiness indicators are a tool for state policy action.

School readiness indicators are an important tool for bringing government and community leaders together to make strategic investments in children and families that will result in more children arriving at school ready to learn. The most powerful sets of indicators combine information on child outcomes with systems indicators that monitor the capacity of child and family programs to meet the variable needs that exist across communities. The regular tracking of school readiness indicators will allow state policy makers to identify areas most in need of intervention, track the results of their investments, and watch trends over time.

The indicators that are included in this report were selected because they have the power to inform state policy action on behalf of young children. They emphasize the importance of physical health, economic well-being, and attention to child development. School readiness is multifaceted, and many other indicators could have been selected. The indicators in this report provide a starting point and a way to help us understand whether we are providing the kinds of supports that young children need to thrive and to arrive at school ready to succeed. A positive change in any one of these measures, or a decline in another area where we are now making progress – will have a significant impact on the school readiness of Rhode Island's young children.

We can't wait. Success in school begins before a child ever enters a classroom.

Studies show that at least half of the educational achievement gaps between poor and non-poor children already exist at kindergarten entry. Children from low-income families are more likely to start school with limited language skills, health problems, and social and emotional problems that interfere with learning. The larger the gap at school entry, the harder it is to close. If we want all children to read proficiently by fourth grade – and to grow into healthy teens and productive adults – then we must make wise investments in the early years.



Rhode Island's Young Children

77,648 children

(0 through age 5)

12,206 infants

(birth to age 1)

25,569 toddlers

(ages 1 and 2)

26,121 preschoolers

(ages 3 and 4)

13,752 kindergartners

(age 5)

Source: Census 2000, Summary File 1.

Special Education

In Rhode Island in 2004–2005, one in five Rhode Island public school children ages 3 to 21 were receiving special education services.

Source: Rhode Island Department of Elementary and Secondary Education, Office of Special Populations, 2004–2005 school year.

Race and Ethnicity

Significant racial and ethnic disparities in child outcomes continue to exist in Rhode Island. Black and Hispanic children are more than four times as likely to be poor as White, non-Hispanic children. Rhode Island's Asian and Native American children have poverty rates three times higher than White, non-Hispanic children. Minority children living in poverty are much more likely to live in Rhode Island's poor urban neighborhoods than in rural or suburban areas of the state. Children most at risk of not achieving their full potential are children in poverty.

Family Income

Children in poor families score lower on standardized tests of verbal ability and have lower cognitive skills than children in higher-income families. In 2005, there were 15,662 Rhode Island children under age 6 living in families with income below the federal poverty threshold. This is 20% of Rhode Island's young children under age 6. More than one in three children under age 6 lives in a low-income family, defined as a family income below 200% of the federal poverty threshold (\$31,470 for a family of three with two children). According to the 2006 Rhode Island Standard of Need, even families with incomes at almost three times the official poverty threshold have a difficult time meeting the high costs of housing, utilities, child care, and health care.

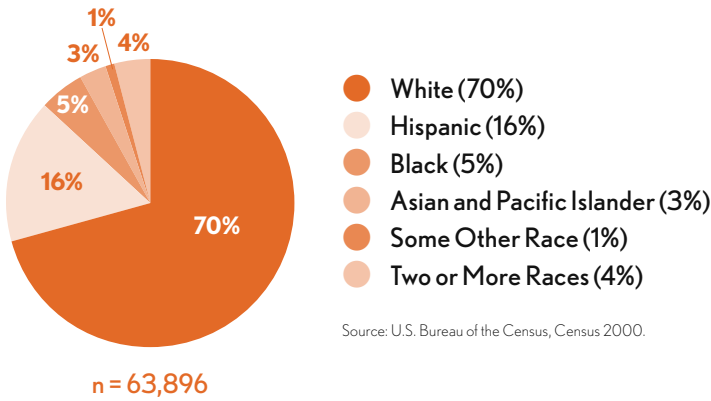
Special Needs

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 that required by children generally. Without appropriate supports in the early years, children with special needs are less likely to be ready for school and are at higher risk for poor educational outcomes.

English as a Second Language

Rhode Island's children are diverse in race, ethnic background, language, and country of origin as well as how long they and their families have been in the United States. Children who speak a language other than English at home and have difficulty speaking English are more likely to have barriers to academic success. They are more likely to start school with reading and math skills that lag behind their peers.

Children under Age 5 by Race and Ethnicity, Rhode Island, 2000

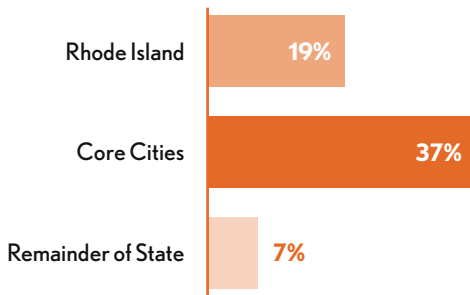


Source: U.S. Bureau of the Census, Census 2000.



Children under Age 6 by Poverty Status, Rhode Island, 1999

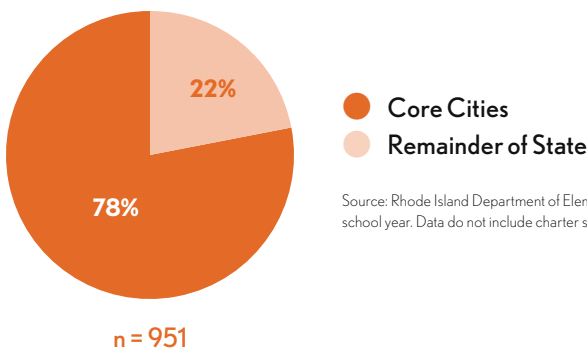
Defined as the % of children under age 6 who live in families below the federal poverty threshold of \$14,824 for a family of three with two children.



Source: U.S. Bureau of the Census, Census 2000.

English Language Learners, Pre-Kindergarten and Kindergarten, 2005-2006

Defined as the % of pre-kindergarten and kindergarten students who are receiving English as a Second Language services or Bilingual Education in Rhode Island public elementary schools.



Source: Rhode Island Department of Elementary & Secondary Education, 2005-2006 school year. Data do not include charter school students enrolled in ELL Services.

Core Cities

The core cities are the six communities in Rhode Island in which 15% or more of the children live in families with income below the federal poverty threshold according to Census 2000: Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.



SALT (School Accountability for Learning and Teaching) is a cycle of activities to improve school and student performance in the Rhode Island public schools. One component, the SALT Survey, asks teachers to rate students' skills and behaviors. Examining the results for kindergarten students helps determine the overall school readiness of Rhode Island children and pinpoint particular dimensions that need further development.

Rhode Island's Kindergartners, 2005–2006:

Five Domains of School Readiness

Children's readiness for school is multi-faceted. The five dimensions of school readiness are:

- 1 physical well-being and motor development;
- 2 social and emotional development;
- 3 approaches to learning;
- 4 language development; and
- 5 cognition and general knowledge.

Kindergarten teachers agree that physical well-being, social development, and curiosity are very important for kindergarten readiness. In addition, teachers want kindergartners to be able to communicate needs, wants, and thoughts and to be enthusiastic and curious when approaching new activities. Teachers also place significant importance on skills such as the ability to follow directions, not being disruptive in class, and being sensitive to other children's feelings.

Physical Well-Being: health status, growth and disabilities

This dimension covers such factors as health status, growth, and disabilities; physical abilities, such as gross and fine motor skills; and conditions before, at, and after birth.

Lead Poisoning: 1 in 12 Rhode Island students entered kindergarten with a history of lead poisoning in Fall 2006. Lead exposure can affect school success by causing loss of intelligence, learning disabilities and behavioral problems.

9,582 kindergartners were in Rhode Island public schools in the 2005–2006 school year.

Social-Emotional Development: ability to interact with others

Social development refers to children's ability to interact with others. Emotional development includes such factors as children's perceptions of themselves and their abilities to both understand the feelings of other people and to interpret and express their own feelings.

Difficulty Working Well with Others: 1 in 14 Rhode Island kindergarten students has difficulty working with others.*

Disruptive in Class: 1 in 9 Rhode Island kindergarten students is disruptive in class.

Overly Aggressive With Peers: 1 in 25 Rhode Island kindergarten students is overly aggressive to peers.

Approaches to Learning: inclination to use skills, knowledge and capacities

This dimension refers to the inclination to use skills and knowledge. Key components include enthusiasm, curiosity, and persistence on tasks, as well as temperament.

Poor Concentration/Limited Attention: almost 1 in 7 Rhode Island kindergarten students has a problem with concentrating and paying attention.

Difficulty Following Directions: nearly 1 in 8 Rhode Island kindergarten students has difficulty following directions.

Difficulty Working Independently: almost 1 in 8 Rhode Island kindergarten students has trouble working independently.

Language Development: verbal communication and emergent literacy

This dimension includes verbal communication and emergent literacy. Verbal communication includes listening, speaking, and vocabulary. Emergent literacy includes print awareness, story sense, early writing, and the connection of letters to sounds.

Literacy: 1 in 6 Rhode Island kindergarten students does not use age-appropriate vocabulary.

Cognitive Development: knowledge about properties of objects and societal conventions

This aspect includes knowledge about properties of particular objects and knowledge derived from looking across objects, events, or people for similarities, differences, and associations. It also includes knowledge about societal conventions, such as the assignment of particular letters to sounds, and knowledge about shapes, spatial relations, and number concepts.

Numeracy: 1 in 7 Rhode Island kindergarten students cannot count objects.



SALT Survey Indicators

A rating of "moderate to serious difficulty" with these behaviors and skills is the most likely to be linked to future academic performance and difficulties in school.

* Data reflect children who have a "moderate to serious problem."

Source: Rhode Island Department of Elementary & Secondary Education, SALT Survey, 2005-2006, Teacher Student Rating Scale.

Family Economic Security

Rising Numbers

The number of young children living in homeless shelters in Rhode Island has increased 37% since 2000.

Homeless Children:

Defined as the # of children under 6 years of age who received emergency housing services at homeless shelters and domestic violence shelters during the previous calendar year.

Infants, toddlers and preschoolers who are homeless develop more slowly and may develop emotional problems serious enough to require professional care. Homeless children are more likely to get sick, develop mental health problems, have academic problems, be victims of violence, and exhibit delinquent and aggressive behavior than children who are not homeless.

769 Rhode Island children under age 6 lived in a homeless shelter or domestic violence shelter between July 1, 2004 and June 30, 2005.

Source: Rhode Island Emergency Shelter Information Project, 2000 and 2006. Providence, RI: Emergency Food and Shelter Board.

Family Literacy

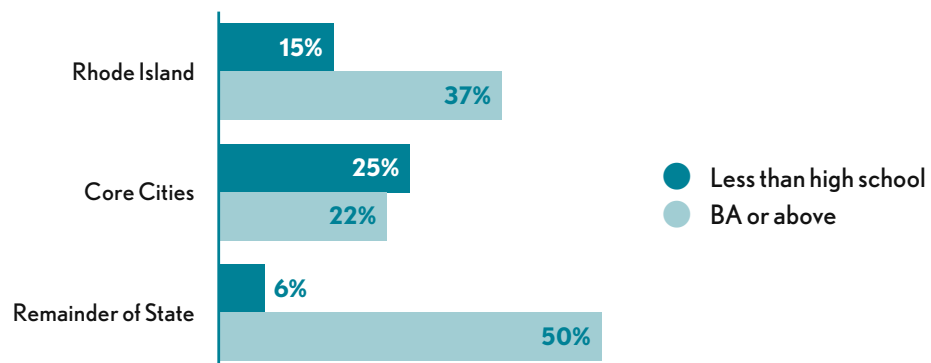
Nationally in 2005, 41% of preschoolers whose mothers had not finished high school read to their children every day in the last week, compared to 72% of preschoolers whose mothers were college graduates.

Mother's Education Level:

Defined as the % of total births to women with less than a high school diploma.

The level of parental educational attainment affects many aspects of child well-being. Research shows that there are strong links between maternal education levels and a child's school readiness as well as the level of education that the child will ultimately achieve. Higher education levels of parents have been shown to contribute to a more supportive home learning environment for children and better economic conditions for families.

Births by Maternal Educational Attainment, 2001-2005



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005 average. Data for 2004 and 2005 are provisional.

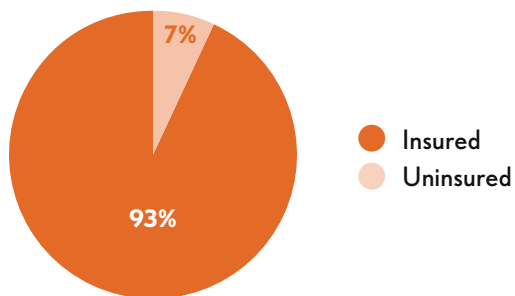
Quality, Affordable Health Care

Health Insurance:

Defined as the % of children under age 6 who are covered by any kind of public or private health insurance, including Medicaid.

Lack of health insurance is associated with lack of access to high-quality health care. Children who lack insurance coverage are more likely to have poorer health outcomes at birth, have fewer well-child visits, and are more likely to delay seeking medical care. Children without health insurance often have poorer school attendance and lower school achievement.

Children with Health Insurance, Ages 0-5, Rhode Island, 2004



Source: Census Bureau, Current Population Survey, 2003-2005 average. Compiled by the Annie E. Casey Foundation.

What Works

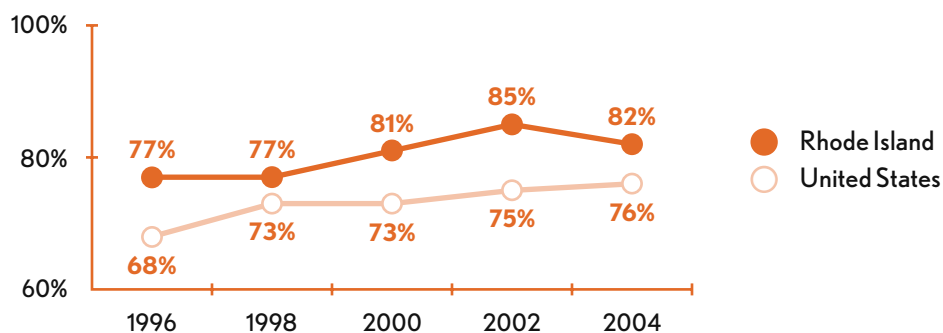
Children with health insurance are more likely to have a regular source of medical care, receive preventive health care (including immunizations, vision screening, hearing screening) and have access to child development services that can address learning and behavioral issues.

Up-to-Date Immunizations:

Defined as the % of children ages 19-35 months who have received the entire 4:3:1:3:3 Series of Vaccinations recommended by the Advisory Committee on Immunization Practices.

Timely, age-appropriate immunizations are a key indicator of access to health care. Vaccines are cost-effective tools that prevent the development of severe diseases. Children without a regular medical provider are less likely to have timely immunizations. Late or missing immunizations can result in preventable illnesses that can lead to long-term physical and developmental problems.

Immunized Children Ages 19-35 Months, United States and Rhode Island, 1996-2004



Source: Centers for Disease Control and Prevention, National Immunization Survey, 1996-2004.

Effective System

Rhode Island is one of a few states that purchases all vaccines for all children and distributes them to health care providers, making it more likely that all children will be fully immunized.

Family Environment

Repeat Births to Teens

There were 5,881 births to Rhode Island teens ages 15-19 between 2001 and 2005. In Rhode Island, one in five births to teens ages 15 to 19 is to a teen who is already a mother.

Foster Care

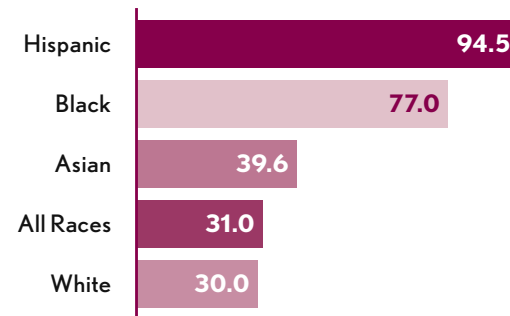
As of December 31, 2006, there were 775 young children under age 6 in out-of-home placement through the Rhode Island Department of Children Youth and Families.

Births to Teens:

Defined as the # of births to teens ages 15-19 per 1,000 teen girls.

Teen pregnancy and parenting threatens the development of teen parents as well as their children. Teenage mothers are more likely to have low-birthweight babies, a risk factor for a variety of health and developmental problems. Teen mothers are less likely to have the financial resources, social supports and parenting skills needed for healthy child development.

Births per 1,000 Teens Ages 15-19, by Race and Ethnicity, 2001-2005



Note: Persons of Hispanic origin may belong to any race.

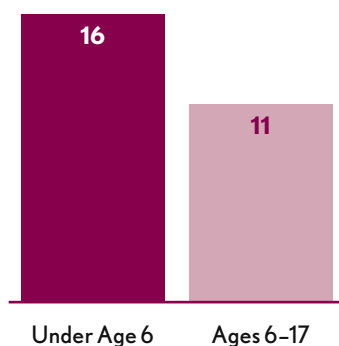
Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005. Data for 2004-2005 are provisional.

Child Abuse and Neglect:

Defined as the rate of indicated investigations* of child abuse and neglect per 1,000 children under age 6.

Children who have been neglected or physically or sexually abused are more likely to have cognitive and emotional problems. Abuse and neglect are also linked with poor physical health, failure to thrive, injuries and mortality. Children who have been neglected or physically abused tend to perform poorly in school, as evidenced by low grades, low standardized test scores, and frequent retention in grade.

Child Abuse and Neglect per 1,000 Children, Rhode Island, 2005



Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System, 2005.

*Indicated investigations means that credible evidence exists that child abuse and/or neglect occurred following an investigation of an abuse report.

Early Support for Infants and Toddlers

Early Intervention:

Defined as the % of all children age birth to 3 enrolled in the Early Intervention program.

Healthy child development begins at birth. Medical conditions at birth and developmental delays in the first three years of life place a child at risk of entering school without the physical, social, emotional and cognitive skills to succeed. Children who do not receive early attention to developmental problems are more likely to need intensive special education and other services later. Early Intervention provides diagnosis and assessment, services for at-risk infants and toddlers based on an individualized family service plan, and links to resources in the community.

During 2005, there were 2,977 infants and toddlers enrolled in Rhode Island's seven Early Intervention programs. This is 8% of the 37,775 Rhode Island children ages birth to three.

Source: Rhode Island Department of Health, 2005.

Early Head Start:

Defined as the % of income-eligible children birth to age 3 enrolled in the Early Head Start program.

Interventions for children and families identified as at-risk of poor outcomes are most effective if they begin early. Early Head Start is a federal program that promotes healthy prenatal care for low-income women, supports early care and education of infants and toddlers, and fosters healthy family relationships. Research has demonstrated the long-term cost-effectiveness of high quality early childhood programs for young children at risk due to environmental and socio-economic factors. Earlier and longer program participation results in more successful outcomes.

As of October 2006, there were 391 infants and toddlers enrolled in Rhode Island's five Early Head Start programs. This is 5% of the 7,342 Rhode Island children ages birth to three in families with income below the federal poverty threshold. There are also 17 pregnant women enrolled who will continue in the program until their child turns 3.

Source: Rhode Island Early Head Start Programs, October 2006.

Eligible Children

The federal Individuals with Disabilities Act, Part C (IDEA), requires states to identify and to provide appropriate Early Intervention services to children from birth to age three who are developmentally delayed or have a physical or mental condition with a high probability of resulting in developmental delay.

We Know What Works

Evaluations of Early Head Start programs show positive gains for both children and their parents. Children who are most at-risk benefit when programs are comprehensive, intensive and work with the family as well as the child.

Quality Early Care and Education

Wages and Education

Research shows that two of the most important factors in quality care are staff wages and benefits and staff education levels. Yet wages of child care workers in Rhode Island averaged only \$9.78 per hour in 2005.

Accredited Child Care:

Defined as the percentage of licensed child care centers and approved pre-schools serving young children that have NAEYC accreditation and family child care homes accredited by the National Association for Family Child Care.

High-quality child care provides a safe and nurturing learning environment for infants and young children. Children who have received high-quality child care score higher on tests of both cognitive and social skills in their early school years than children in poor quality care. To obtain national accreditation, early childhood programs must meet specific quality standards such as low child-teacher ratios, increased teacher training, improved facilities and formalized management procedures.

As of 2007 in Rhode Island, 53 (16%) of the 340 licensed child care centers and approved preschools serving children under age 6 were accredited by the National Association for the Education of Young Children. Nine (1%) of the 1,230 certified family child care homes were accredited by the National Association for Family Child Care.

Source: Options for Working Parents, Rhode Island Department of Elementary and Secondary Education, and Rhode Island Department of Children, Youth and Families, January 2007.

Going to Work

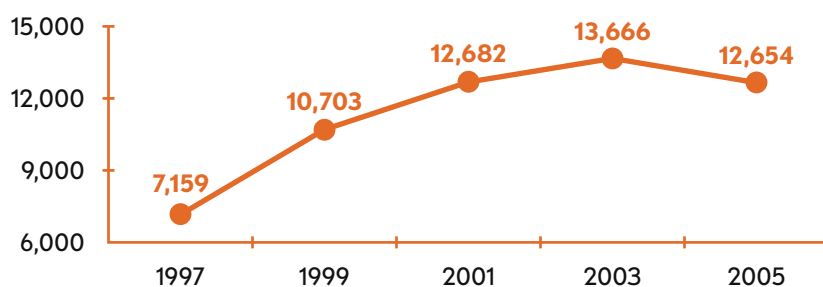
Nearly all of the child care subsidies are used by working families and by families enrolled in the Family Independence Program who are either working or participating in education or training. The remainder are used by foster parents caring for children in DCYF care.

Access to Child Care Subsidies:

Defined as the # of children under age 6 receiving child care that is either fully or partially paid for with a child care subsidy from the Rhode Island Department of Human Services.

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 families, particularly low-income families. National studies have shown that child care subsidies increase the likelihood that low-income parents, particularly current or former welfare recipients, will be able to work and to remain employed. As of 2005, there were 7,504 children under age 6 with a child care subsidy.

Total Child Care Subsidies, Rhode Island, 1997-2005



Source: Rhode Island Department of Human Services, 1997-2005.

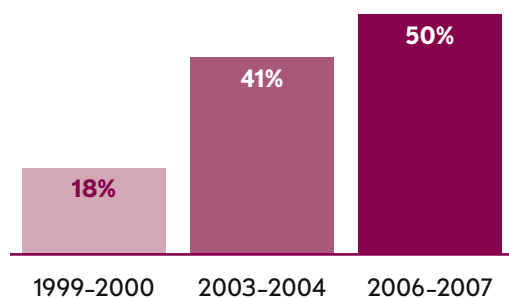
Ready Schools

Full-Day Kindergarten:

Defined as the % of public school kindergarten children enrolled in a full-day kindergarten program as of October 2006.

Research shows that many children benefit academically from participation in full-day kindergarten and are more likely to be ready for first grade than children in half-day kindergarten programs. Full-day kindergarten programs are especially beneficial to children from low-income and educationally disadvantaged backgrounds.

Children in Full-Day Kindergarten Programs, Rhode Island, 1999-2000, 2003-2004, and 2006-2007



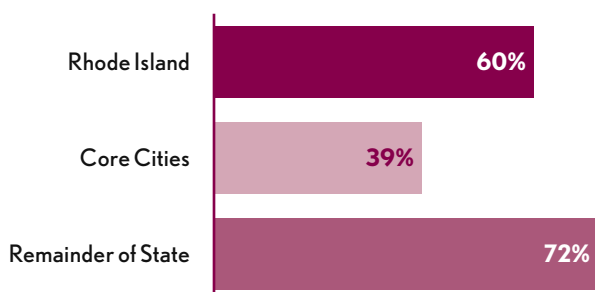
Source: Rhode Island Department of Elementary & Secondary Education, 1999-2000, 2003-2004, and 2006-2007 school years.

Fourth Grade Reading Skills:

Defined as the % of fourth-grade students who scored at or above the proficiency level for reading the New England Common Assessment Program (NECAP).

Fourth grade reading scores are a key predictor of future academic success, a reliable indicator of a child's school readiness, and a measure of whether or not children's needs have been met between kindergarten and fourth grade. Students who cannot read proficiently by fourth grade are more likely to be absent from school, exhibit behavior problems, have low self-confidence and perform poorly in school.

4th Graders Reading At or Above Proficiency Level, Rhode Island, 2005-2006



Source: Rhode Department of Elementary and Secondary Education, 2005-2006 school year.

Success

As of the 2006-2007 school year, 13 school districts offer universal access to full-day kindergarten programs. Four of the core cities with the highest child poverty rates – Central Falls, Newport, Providence and Woonsocket – offer full-day kindergarten to all students.

New Assessment

Starting in the fall of 2005, Rhode Island began using a new statewide assessment program, the New England Common Assessment Program (NECAP) to evaluate proficiency levels in reading, writing and math in 3rd grade through 8th grade. The NECAP was developed and is administered in collaboration with New Hampshire and Vermont.



“The real question is how to use the available funds wisely. The best evidence supports the policy prescription: invest in the very young.”

James J. Heckman, Ph.D.
Nobel Laureate in Economic Sciences, 2000

Recommendations

Family Economic Security

Increase the state’s adult literacy rate and decrease the high school drop-out rate. Children whose parents cannot read to them or help them with their homework are more likely to struggle in school. When parents enroll in adult literacy programs, their children’s grades, test scores, and reading skills improve and they are less likely to become drop-outs. There are thousands of parents who have tried to enroll in a literacy program but could not because programs are filled to capacity.

Decrease the number of homeless children in Rhode Island and expand the stock of affordable rental housing. Children who move frequently are more likely to have problems in school. In 2005, In Rhode Island, 769 children under the age of 6 lived in a homeless shelter or domestic violence shelter. These are some of the most vulnerable children in the state. These children and their families need safe, affordable housing.

Quality, Affordable Health Care

Maintain the state’s investments in RIte Care. Children and parents with health insurance are more likely to have a regular source of medical care, receive preventive health care, and have access to specialty services when needed. As a result, they are better able to manage chronic conditions, such as asthma, and are more likely to get lead screenings and immunizations.

Comprehensive Support for Children Most At-Risk

Make sure that all children born to teen parents receive Early Head Start and/or Early Intervention services. We know that infants and young children with teen mothers are at very high risk for entering school without the social and cognitive skills they need. They are much more likely to suffer poor health, experience learning and behavior problems and become teen parents themselves. The comprehensive health, educational and social services provided by Early Head Start and Early Intervention have been proven effective in improving the school readiness of these vulnerable children and decreasing the need for the more intensive special education services later on.

Make sure that all infants and young children in foster care receive a timely developmental assessment and appropriate services. Children need stability, permanency and safety in

order to develop and thrive. Ensuring that children in foster care are enrolled in appropriate services, including Early Intervention, Early Head Start, Comprehensive Child Care, Head Start and Special Education, will improve their chances for school readiness and academic success.

Early Supports for Infants and Toddlers

Expand Early Head Start so that vulnerable infants and toddlers get the specialized support services they need. Early Head Start covers the time from conception to age three by promoting healthy prenatal care for pregnant women, teaching parents about the care and education of infants and toddlers, and building healthy family relationships. Research shows that Early Head Start makes a real difference in outcomes for young children and their families. In Rhode Island in 2006, Early Head Start served 5% of eligible children.

Ensure that the Early Intervention program serves all children in need. Early Intervention plays an important role in improving school readiness. Children with disabilities or developmental delays that are detected and addressed early on have a better chance of succeeding in school and are less likely to need as many special services later on.



Quality Early Care and Education

Increase the quality of child care and early learning programs. Children who receive high-quality early care and education score higher on reading and math in the early school years than children who receive poor quality care. Rhode Island is one of many states that are developing a Quality Rating System (QRS) for licensed child care centers, certified family child care homes and approved preschool programs. A QRS system provides information to parents about the quality of early care and education programs and supports continuous quality improvement. Some states link subsidy reimbursement to quality or offer quality incentive grants. Many states are providing additional investments to offer universal pre-Kindergarten programs for 3- and 4-year-olds, with special attention to providing access to low-income children in disadvantaged communities.

Increase staff salaries and wages and keep early childhood providers on an upward career path within the early care and education field. The quality of child care is strongly related to the wages, education and retention of teachers. Initiatives designed to increase wages and benefits can improve workforce education and reduce turnover, particularly when professional development and education are linked to pay increases. Rhode Island can learn from models in place in other states – such as TEACH. The most effective strategies will be developed in partnership with other early childhood disciplines and the higher education community.



Ready Schools

Increase access to full-day kindergarten in the remaining core cities and the remainder of state. Research shows that children benefit academically from full-day kindergarten and are more likely to be ready for first grade than children who attend a half-day program. During the 2006-2007 school year, 82% of kindergarten children in the core cities and 30% of children in the remainder of state attended a full-day kindergarten program. Of the core cities, Central Falls, Newport, Providence and Woonsocket offer full-day kindergarten to all students. Pawtucket has 28% of children and West Warwick has 34% of children enrolled in a full-day kindergarten program.



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Rhode Island Department of Health

Rhode Island Department of Elementary & Secondary Education

Rhode Island Department of Children, Youth and Families

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