2018 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 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, DentaQuest Foundation, Nellie Mae Education Foundation, van Beuren Charitable Foundation, Neighborhood Health Plan of Rhode Island, Blue Cross & Blue Shield of Rhode Island, Delta Dental of Rhode Island, UnitedHealthcare Community Plan, Hasbro Children's Fund, CVS Health, and Zero to Three.

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 2018 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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2018 Rhode Island Kids Count Factbook

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who are you,little i
by E.E. Cummings

who are you,little i

(five or six years old)
peering from some high

window;at the gold

of november sunset

(and feeling:that if day
has to become night

this is a beautiful way)

Overview

The *2018 Rhode Island Kids Count Factbook* is the twenty-fourth 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 *2018 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 in which the highest percentages of children are 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 *2018 Rhode Island Kids Count Factbook* examines 71 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 his or her family and community affects school performance; a child's economic security affects his or her health and education. The *2018 Rhode Island Kids Count Factbook* reflects these interrelationships and builds a framework to guide policy, programs, and individual services on behalf of children and youth.

Family Economic Security

Children in poverty are most at risk of not achieving their full potential. Rhode Island's child poverty rate was 19.4% between 2012 and 2016, during which time 40,699 children were living in families with incomes below the federal poverty threshold. Many families with incomes above the poverty level also have a difficult time meeting the high costs of housing, utilities, food, child care, and health care. Access to affordable and high-quality early learning opportunities, Pre-K to 12 education, health insurance coverage, housing, and nutrition, along with policies that support working families, are important tools to ensure the economic well-being of Rhode Island families and to improve child outcomes.

Child Poverty is Concentrated in Four Core Cities

Poverty is linked to every KIDS COUNT indicator. Between 2012 and 2016, 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.

Ensuring Educational Attainment for All Children

Improving student achievement and high school graduation rates in Rhode Island will require focused leadership to ensure that all young children have access to the high quality early learning experiences, health care, and developmental services needed for school readiness. Schools and community leaders can implement comprehensive, evidence-based strategies from birth through third grade that lead to proficiency in reading and math, maintain high academic standards across the curriculum in all grades, and ensure that all youth graduate from high school with the skills they need to succeed in college and in Rhode Island's workforce.

Family and Community

Now that Spring is Here...

by Barbara Juster Esbensen

Lift your winter face
your bare arms
up
to the sun.

Tune your ears
to the sound of branches
exploding
their green fire.

Rollerskates chatter
from block to block
in the warm wind the streets
are noisy and wide again.
Dark tar whispers
under the wheels.

After supper
the sky
will be light. In the morning
every tree will be tied
with ribbons of melody—
a bright embroidery
of birdsong
to hang from our windows.

Child Population

DEFINITION

Child population is the total number of children under age 18 and the percentage change between 2000 and 2010 in the total number of children under age 18.

SIGNIFICANCE

According to the American Community Survey conducted by the U.S. Census Bureau, there were 1,056,426 Rhode Island residents in 2016. Children under age 18 make up 20% of the population. Between 2000 and 2016, Rhode Island's child population decreased by 16% from 247,822 to 208,640.[1,2] Between 2012 and 2016, there were 118,970 households with children under age 18 in Rhode Island, representing 29% of all households.[3] Twenty-six percent 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.[4]

In Rhode Island, between 2012 and 2016, 122,411 (58%) children under age 18 lived in married-couple households, 67,992 (32%) children lived in single-parent households, and 18,294 (9%) children lived with relatives, including grandparents and other relatives. A total of 2,975 (1%) children lived with foster families or other non-relative heads of household. There were 697 (<1%) children and youth under age 18 who lived in group quarters and 37 (<1%) youth who were householders or spouses.[5,6,7]

Rhode Island's children are diverse in race, ethnicity, language, and country of origin. Mirroring national trends, the number of Hispanic children in Rhode Island has grown since 2000, both in numbers and as a percentage of the child population. Hispanics now make up 24% of children under age 18 in the United States and 23% of children under age 18 in Rhode Island.[8,9,10,11]

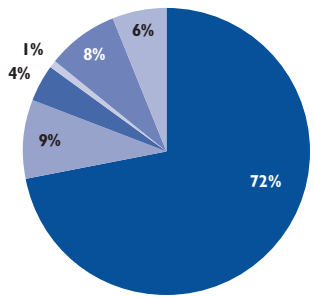
Between 2012 and 2016, there were 9,142 foreign-born children under the age of 18 living in Rhode Island, representing approximately 4% of the child population.[12] Of Rhode Island children ages five to 17, 77% speak only English at home, 16% speak Spanish, 4% speak other Indo-European languages, 2% speak Asian or Pacific Island languages, and 1% speak other languages at home.[13]

Sexual orientation is another important facet of diversity among youth. According to the *2017 Youth Risk Behavior Survey,* 11% of high school students in Rhode Island described themselves as lesbian, gay, or bisexual. This does not include students who responded "not sure" when asked about their sexual orientation.[14]

Rhode Island Children Under Age 18, 2012-2016

By Race/Ethnicity*

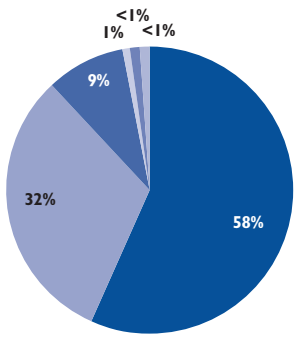
72%	White
9%	Black
4%	Asian
1%	American Indian and Alaska Native
8%	Some Other Race
6%	Two or More Races



n=212,406

By Family Structure

58%	Married-Couple**
32%	Single-Parent**
9%	Other Relatives
1%	Foster Family or Other Unrelated Household
<1%	Group Quarters
<1%	Child is Head of Household



n=212,406

**Hispanic children may be included in any race category. Of Rhode Island's 212,406 children, 49,368 (23%) were Hispanic.*

Source: U.S. Census Bureau, American Community Survey, 2012-2016. Tables B01001A, B01001B, B01001C, B01001D, B01001E, B01001F, B01001G, and B01001I.

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

Source: U.S. Census Bureau, American Community Survey, 2012-2016. Table B09001, B09002, and B09018.

◆ **In 2016, children under age 18 made up 20% of Rhode Island's population. Of the 208,640 children under age 18 in Rhode Island in 2016, 51% were male and 49% were female.[15]**

◆ **Between 2012 and 2016, 59% of children under 18 years of age in Rhode Island lived in owner-occupied housing units and 41% lived in renter-occupied units.[16]**

◆ **Of children ages three to 17 enrolled in school in Rhode Island between 2012 and 2016, 84% were enrolled in public schools and 16% were enrolled in private schools.[17]**

Child Population

Table 1.

Child Population, Rhode Island, 2000 and 2010

CITY/TOWN	2000 TOTAL POPULATION UNDER AGE 18	2010 TOTAL POPULATION UNDER AGE 18	CHANGE IN POPULATION UNDER AGE 18	% CHANGE IN POPULATION UNDER AGE 18
Barrington	4,745	4,597	-148	-3.1%
Bristol	4,399	3,623	-776	-17.6%
Burrillville	4,043	3,576	-467	-11.6%
Central Falls	5,531	5,644	113	2.0%
Charlestown	1,712	1,506	-206	-12.0%
Coventry	8,389	7,770	-619	-7.4%
Cranston	17,098	16,414	-684	-4.0%
Cumberland	7,690	7,535	-155	-2.0%
East Greenwich	3,564	3,436	-128	-3.6%
East Providence	10,546	9,177	-1,369	-13.0%
Exeter	1,589	1,334	-255	-16.0%
Foster	1,105	986	-119	-10.8%
Glocester	2,664	2,098	-566	-21.2%
Hopkinton	2,011	1,845	-166	-8.3%
Jamestown	1,238	1,043	-195	-15.8%
Johnston	5,906	5,480	-426	-7.2%
Lincoln	5,157	4,751	-406	-7.9%
Little Compton	780	654	-126	-16.2%
Middletown	4,328	3,652	-676	-15.6%
Narragansett	2,833	2,269	-564	-19.9%
New Shoreham	185	163	-22	-11.9%
Newport	5,199	4,083	-1,116	-21.5%
North Kingstown	6,848	6,322	-526	-7.7%
North Providence	5,936	5,514	-422	-7.1%
North Smithfield	2,379	2,456	77	3.2%
Pawtucket	18,151	16,575	-1,576	-8.7%
Portsmouth	4,329	3,996	-333	-7.7%
Providence	45,277	41,634	-3,643	-8.0%
Richmond	2,014	1,849	-165	-8.2%
Scituate	2,635	2,272	-363	-13.8%
Smithfield	4,019	3,625	-394	-9.8%
South Kingstown	6,284	5,416	-868	-13.8%
Tiverton	3,367	2,998	-369	-11.0%
Warren	2,454	1,940	-514	-20.9%
Warwick	18,780	15,825	-2,955	-15.7%
West Greenwich	1,444	1,477	33	2.3%
West Warwick	6,632	5,746	-886	-13.4%
Westerly	5,406	4,787	-619	-11.5%
Woonsocket	11,155	9,888	-1,267	-11.4%
Four Core Cities	*80,114*	*73,741*	*-6,373*	*-8.0%*
Remainder of State	*167,708*	*150,215*	*-17,493*	*-10.4%*
Rhode Island	*247,822*	*223,956*	*-23,866*	*-9.6%*

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2000, Summary File 1 and Census 2010, Summary File 1.

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

References

[1,15] U.S. Census Bureau, American Community Survey, 2016. Table S0201.

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

[3] U.S. Census Bureau, American Community Survey, 2012-2016. Table S1101.

[4,9] U.S. Census Bureau, American Community Survey, 2012-2016. Table B01001.

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

[6] U.S. Census Bureau, American Community Survey, 2012-2016. Table B09018.

[7] U.S. Census Bureau, American Community Survey, 2012-2016. Table B09001.

[8] 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, 2012-2016. Table B01001I.

[12] U.S. Census Bureau, American Community Survey, 2012-2016. Table B05003.

[13] U.S. Census Bureau, American Community Survey, 2012-2016. Table B16007.

[14] Rhode Island Department of Health, *2017 Youth Risk Behavior Survey.*

[16,17] U.S. Census Bureau, American Community Survey, 2012-2016. Table S0901.

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 a person – male or female – without a spouse present in the home. These numbers include "own children," defined as never-married children under age 18 who are related to the family head by birth, marriage, or adoption.

SIGNIFICANCE

According to the U.S. Census Bureau's American Community Survey, there were 190,403 children living with one or more parents in Rhode Island between 2012 and 2016. Of these, 36% (67,992) were living with an unmarried parent, up from 33% of children between 2007 and 2011.[1,2]

Children living in single-parent families are more likely to live in poverty than children living in two-parent families. Single-parent families have only one potential wage earner, compared with the two potential wage earners in two-parent families.[3,4]

Between 2012 and 2016, 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 2012 and 2016 in Rhode Island, 38% of children in single-parent households lived in poverty, compared to 7% of children in married-couple households.[5]

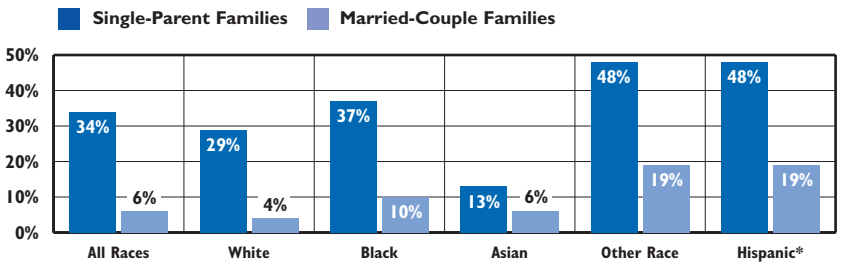
The financial hardship and time constraints experienced by many single parents explain some of the differences in well-being between the children in single-parent households and those in two-parent households.[6,7] Regardless of parents' race and level of educational attainment, children who reside in single-parent households (whether due to divorce or the parents never having been married) are at an increased risk for low academic achievement and low levels of social and emotional well-being.[8,9] Compared to children in married families, children in single-parent families are more likely to lack health insurance coverage, drop out of school, disconnect from the labor force, and become teen parents.[10,11] Regardless of whether children grow up with one or two parents, parenting quality is an important predictor of children's well-being.[12]

Single-Parent Families		
	2006	2016
RI	35%	38%
US	32%	35%
National Rank*		*38th*
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, 2012-2016



Source: U.S. Census Bureau, American Community Survey, 2012-2016. Tables B17010, B17010A, B17010B, B17010D, B17010F, B17010I. *Hispanics may be in any race category.

◆ **Hispanic single-parent families in Rhode Island are more than one and a half times as likely as White single-parent families to live in poverty. Hispanic, Other Race, and Black married-couple families are more likely than White and Asian married-couple families in Rhode Island to live in poverty.[13]**

Family Structure and Child Well-Being

◆ **Family structure influences children's social, emotional, and cognitive development. Children born to and raised in married-parent families have higher rates of economic, social, and psychological stability compared to children in single-parent families. Children living in single-parent households are more likely to face educational challenges and are more likely to live in poverty than children in married-couple families.[14,15]**

◆ **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 'simple families' with only biological parent(s) and full sibling(s), and 41% live in 'complex families' with single parents, stepparents, stepsiblings, and/or half siblings. Family structure varies by education, with one in two children whose parents have a high school diploma or less education and about one in five children with a college-educated parent living in 'complex' families.[16]**

◆ **After increasing for several decades, the proportion of births to unmarried families in the U.S. has leveled off at just over 40%.[17] Babies born to cohabiting couples comprise 60% of nonmarital births and 25% of all births in the U.S., and they account for nearly the entire increase in nonmarital births.[18]**

Children in Single-Parent Families

Table 2.

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.

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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

One in ten children in the United States lives with a grandparent. The number of children living with grandparents rose sharply at the start of the recession and has been stable since 2009. Black children are more likely to be cared for primarily by a grandparent than White, Hispanic, or Asian children.[1]

Grandparents can provide continuity and family support for children in vulnerable families. Children may be in grandparent care because of parental divorce or economic challenges or they have a parent who is unemployed, incarcerated, ill, struggling with substance abuse, or coping with other problems.[2]

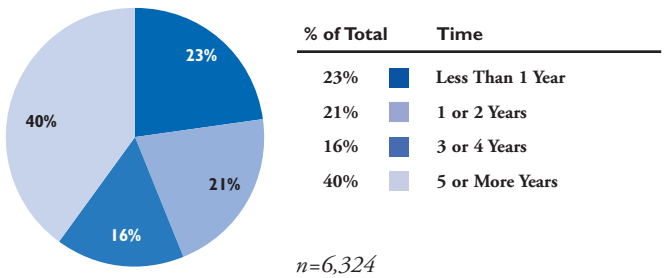
Grandparents who are financially responsible for their grandchildren have higher rates of poverty compared to other adults. Twenty-two percent of grandparent caregivers live below the poverty line, compared to 10% of the population age 50 and over.[3,4]

Many grandparents have informal custody arrangements and are not involved with child welfare agencies, often receiving fewer services than traditional foster parents.[5] Compared to the general population, children in informal kinship care are less likely to be covered by health insurance and are more likely to have physical and mental disabilities.[6]

Grandparents and other relative caregivers can lack information about the support services (such as training, respite, and peer support), resources, programs, and policies available to them.[7] Nearly all children in kinship care are eligible for cash assistance through Temporary Assistance for Needy Families (TANF) regardless of their household's income level, yet children in informal custody arrangements are much less likely to receive these payments.[8]

Grandparent caregivers are at risk for poor physical and mental health. They may have difficulty enrolling children in school and/or seeking health insurance or medical care for the children. Many caregivers do not pursue the required legal process required for permanent status in order to avoid strain on family relationships and due to cost.[9,10,11] Grandparents make up the largest percentage of relative caregivers, but aunts, uncles, cousins, siblings and other relative caregivers may face similar obstacles.[12]

Rhode Island Grandparents Financially Responsible for Their Grandchildren, by Length of Time Responsible, 2012-2016



Source: U.S. Census Bureau, American Community Survey, 2012-2016. Table B10050.

◆ **Between 2012 and 2016, there were a total of 13,966 children in Rhode Island living in households headed by grandparents.[13] During this time period, there were 6,324 grandparents who were financially responsible for their grandchildren, 56% of whom had been financially responsible for three or more years.[14]**

◆ **In 2010, 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 the child welfare system have more adverse childhood experiences which contribute to negative health outcomes in adulthood. Children in foster care with relatives have better health outcomes, more stability, and are more likely to have a permanent home.[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, 2017, there were 888 children under age 19 in DCYF care who were in out-of-home placements with a grandparent or other relative. These children made up 42% of all children in out-of-home placements in Rhode Island.[18]**

◆ **The federal *Fostering Connections to Success and Increasing Adoptions Act* helps children and youth in foster care live in permanent families by subsidizing guardianship and adoption by family members.[19] Rhode Island is one of 33 states with a *Guardianship Assistance Program* that provides financial assistance payments to grandparents and other relative caregivers who assume legal guardianship.[20]**

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 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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[12,13] U.S. Census Bureau, American Community Survey, 2012-2016. Table B09018.

[14] U.S. Census Bureau, American Community Survey, 2012-2016. Table B10050.

(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. Although a father's education level has an impact on his child's development, this indicator uses maternal education level because a significant number of birth records lack information on paternal education level.

SIGNIFICANCE

Parental educational attainment can have an impact on many aspects of child well-being, including children's health and health-related behaviors, children's access to sufficient educational resources, and the level of education they will ultimately achieve. Children of less educated parents are less likely to succeed in school, more likely to be persistently poor, and more likely to be in poor health.[1,2]

Infant mortality rates increase as mother's education levels decrease.[3,4] For example, between 2012 and 2016, Rhode Island mothers with a high school degree or less had a higher infant mortality rate (5.7 per 1,000) than mothers with more advanced education (4.1 per 1,000 births).[5]

Children of more highly educated parents participate in early learning programs and home literacy activities more frequently, enter school with higher levels of academic skills, and, on average, earn higher reading and math test scores. Increasing maternal education can improve children's school readiness, language and academic skills, health, employment opportunities, and earnings.[6,7,8] Higher levels of parental education decrease the likelihood that a child will live in poverty.[9] Women with bachelor's degrees in Rhode Island earn more than twice as much as those with less than a high school diploma.[10]

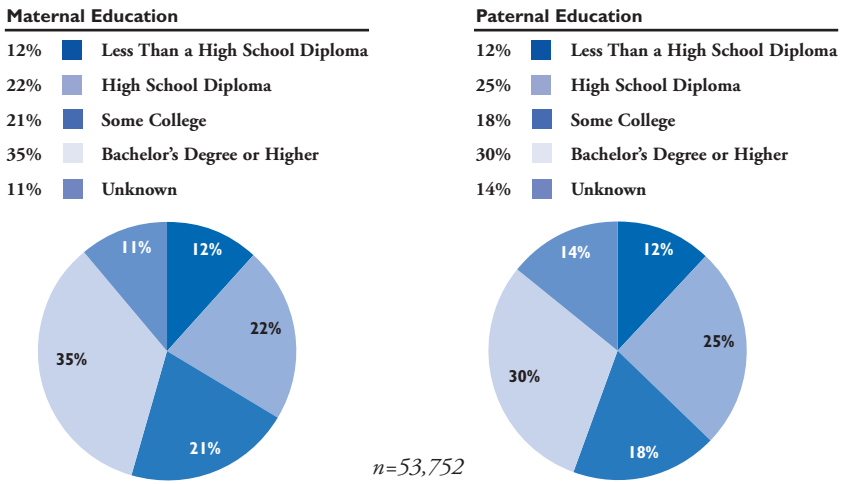
Between 2012 and 2016, 12% of Rhode Island births were to mothers with less than a high school diploma and 35% were to mothers with a bachelor's degree or higher.[11] Nationally in 2013, 12% of births were to mothers with less than a high school diploma, and 63% of births were to mothers with at least some college education.[12]

Births to Mothers With Less Than a High School Diploma, Rhode Island, 2012-2016

CITY/TOWN	% OF BIRTHS
Central Falls	35%
Pawtucket	16%
Providence	21%
Woonsocket	18%
Four Core Cities	*21%*
Remainder of State	*6%*
Rhode Island	*12%*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2012-2016.

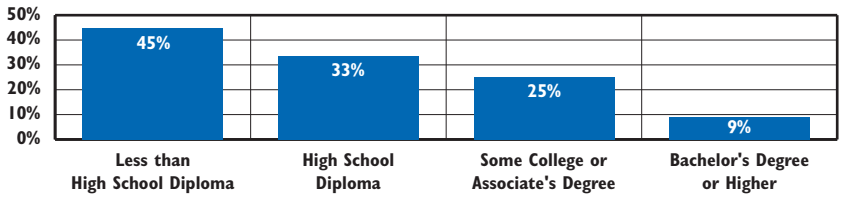
Births by Parental Education Levels, Rhode Island, 2012-2016



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2012-2016. Percentages may not sum to 100% due to rounding.

◆ **In Rhode Island between 2012 and 2016, 34% of all infants were born to mothers with a high school diploma or less, and 37% were born to fathers with a high school diploma or less (compared with 35% for mothers and 38% for fathers from 2011 to 2015).[13]**

Poverty Rates for Families Headed by Single Females by Educational Attainment, Rhode Island, 2012-2016



Source: U.S. Census Bureau, American Community Survey, 2012-2016. Table S1702.

◆ **In Rhode Island between 2012 and 2016, 45% of families headed by single females with less than a high school diploma were poor, compared with 9% of those with a bachelor's degree or higher.[14]**

Table 4.

Births by Education Level of Mother, Rhode Island, 2012-2016

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	537	402	75%	48	9%	29	5%	10	*
Bristol	719	344	48%	168	23%	137	19%	29	4%
Burrillville	645	215	33%	178	28%	153	24%	37	6%
Central Falls	1,613	108	7%	244	15%	493	31%	558	35%
Charlestown	238	93	39%	59	25%	47	20%	15	6%^
Coventry	1,480	619	42%	393	27%	287	19%	79	5%
Cranston	3,927	1,665	42%	886	23%	763	19%	258	7%
Cumberland	1,661	899	54%	357	21%	198	12%	58	3%
East Greenwich	576	397	69%	75	13%	45	8%	12	2%^
East Providence	2,347	955	41%	495	21%	504	21%	178	8%
Exeter	246	125	51%	45	18%	39	16%	20	8%^
Foster	166	62	37%	48	29%	30	18%	7	*
Glocester	337	145	43%	94	28%	56	17%	12	4%^
Hopkinton	288	120	42%	70	24%	58	20%	17	6%^
Jamestown	115	77	67%	13	11%^	8	*	0	0%
Johnston	1,330	519	39%	343	26%	267	20%	80	6%
Lincoln	977	461	47%	233	24%	148	15%	46	5%
Little Compton	78	37	47%	24	31%	5	*	2	*
Middletown	804	413	51%	153	19%	135	17%	29	4%
Narragansett	330	188	57%	62	19%	37	11%	10	*
New Shoreham	58	26	45%	18	31%	6	*	2	*
Newport	1,305	600	46%	165	13%	232	18%	145	11%
North Kingstown	1,081	590	55%	176	16%	170	16%	50	5%
North Providence	1,625	638	39%	412	25%	336	21%	92	6%
North Smithfield	415	202	49%	99	24%	61	15%	16	4%^
Pawtucket	4,885	1,044	21%	1,084	22%	1,292	26%	792	16%
Portsmouth	583	318	55%	118	20%	72	12%	11	2%^
Providence	12,511	2,587	21%	2,278	18%	3,168	25%	2,667	21%
Richmond	307	159	52%	55	18%	52	17%	13	4%^
Scituate	385	196	51%	90	23%	59	15%	7	*
Smithfield	641	359	56%	134	21%	92	14%	12	2%^
South Kingstown	854	473	55%	130	15%	131	15%	33	4%
Tiverton	530	232	44%	119	22%	93	18%	20	4%^
Warren	434	169	39%	107	25%	88	20%	31	7%
Warwick	3,831	1,735	45%	904	24%	714	19%	184	5%
West Greenwich	223	104	47%	50	22%	40	18%	8	*
West Warwick	1,741	471	27%	459	26%	488	28%	201	12%
Westerly	873	327	37%	201	23%	211	24%	53	6%
Woonsocket	2,890	433	15%	575	20%	969	34%	530	18%
Unknown	*166*	*82*	*49%*	*32*	*19%*	*25*	*15%*	*5*	*
Four Core Cities	*21,899*	*4,172*	*19%*	*4,181*	*19%*	*5,922*	*27%*	*4,547*	*21%*
Remainder of State	*31,687*	*14,335*	*45%*	*6,981*	*22%*	*5,791*	*18%*	*1,777*	*6%*
Rhode Island	*53,752*	*18,589*	*35%*	*11,194*	*21%*	*11,738*	*22%*	*6,329*	*12%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2012-2016. 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 2012 and 2016, maternal education levels were unknown for 5,902 births (11%).

Data for 2014 do not include out of state births to Rhode Island residents. Data for 2015 are missing four births.

* 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.

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

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(continued on page 174)

Racial and Ethnic Diversity

DEFINITION

Racial and ethnic diversity is the percentage of children under age 18 by racial and ethnic categories as defined by the U.S. Census. 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.[1] Since 2000, all of the growth in the child population in the U.S. has been among groups other than non-Hispanic Whites.[2] In Rhode Island, the Hispanic child population grew by 31% between 2000 and 2010, while the non-Hispanic White child population declined by 21%.[3] In 2016, 51% of all U.S. children were non-Hispanic White.[4] By 2023, more than half of all children in the U.S. will be children of color.[5]

In 2010, 64% of children in Rhode Island were non-Hispanic White, down from 73% in 2000. The number of children of color grew by about 13,000 between 2000 and 2010. The number of non-Hispanic White children dropped by over 37,000 during the same period.[6]

Including Hispanics in each race category, in 2010 in Rhode Island, 72% of children under age 18 were White, 8% were Black or African American, 3% were Asian, less than 1% were American Indian or Alaska Native, 9% identified as Some other race, and 7% identified as Two or more races. In 2010, 21% of children living in Rhode Island were Hispanic.[7]

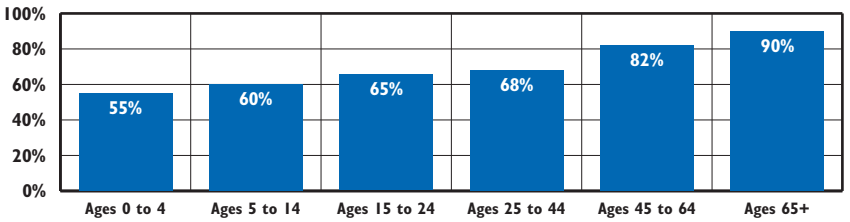
More than two-thirds (67%) of all children of color live in Rhode Island's four core cities of Central Falls, Pawtucket, Providence, and Woonsocket. Almost three-quarters (74%) of children living in the four core cities are children of color.[8]

Between 2012 and 2016, there were 9,142 foreign-born children living in Rhode Island, 33% of whom were naturalized U.S. citizens.[9] Of Rhode Island's immigrant children, 29% were born in Asia, 25% were born in the Caribbean, 18% were born in Central or South America, 15% were born in Africa, 11% were born in Europe, and 3% were born in North America (Canada, Bermuda, or Mexico).[10]

Between 2012 and 2016, 23% of children between the ages of five and 17 living in Rhode Island spoke a language other than English at home, 96% of whom spoke English well or very well.[11]

Diversity presents both opportunities and challenges to schools, child care providers, health care providers, social service agencies, and other community organizations, in terms of adapting current practices to meet the needs of a changing population.[12]

Percent of Population Identified as Non-Hispanic White by Age, Rhode Island, 2016



Source: U.S. Census Bureau, Population Estimates, 2016.

◆ **Young children in Rhode Island are less likely to be identified as non-Hispanic White than any other age group. Fifty-five percent of Rhode Island children under age five were non-Hispanic White, compared with 68% of adults ages 25 to 44 and 90% of people age 65 or over.[13]**

◆ **The median age of Hispanic Rhode Islanders in 2016 was 27 years, compared with 46 years for White Rhode Islanders, 34 years for Native American Rhode Islanders, 32 years for Black Rhode Islanders, 31 years for Asian Rhode Islanders, and 20 years for Rhode Islanders who identify as Two or more races.[14]**

◆ **Ninety-five percent of children in Rhode Island were born in the U.S.[15] Twenty-six percent of children in Rhode Island live in immigrant families (either they are foreign-born, or they have at least one parent who is foreign-born), slightly above the U.S. rate of 25%.[16] Nearly all (97%) children in Rhode Island immigrant families have parents who arrived in this country more than five years ago.[17]**

◆ **Sixteen percent of Rhode Island children in non-immigrant families are poor, compared with 20% of children in immigrant families.[18] Sixty-nine percent of Rhode Island's poor children live in families with U.S.-born parents.[19]**

◆ **Limited English proficiency can be a barrier to employment opportunities, higher earnings, access to health care, and parental engagement with education.[20] Sixteen percent of Rhode Island children in immigrant families live in linguistically-isolated households, meaning no one 14 years or older speaks only English and no one over 14 speaks English "very well."[21]**

Table 5.

Child Population, by Race and Ethnicity, Rhode Island, 2010

	UNDER AGE 18 BY RACE AND ETHNICITY								
CITY/TOWN	HISPANIC OR LATINO	WHITE	BLACK	AMERICAN INDIAN AND ALASKA NATIVE	ASIAN	NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER	SOME OTHER RACE	TWO OR MORE RACES	2010 POPULATION UNDER AGE 18
Barrington	154	4,096	22	8	163	0	13	141	4,597
Bristol	130	3,298	43	4	40	0	3	105	3,623
Burrillville	115	3,310	32	2	12	0	4	101	3,576
Central Falls	3,950	747	492	17	20	2	179	237	5,644
Charlestown	46	1,331	8	50	16	0	1	54	1,506
Coventry	312	7,065	64	19	77	0	14	219	7,770
Cranston	2,966	10,819	693	48	1,075	15	73	725	16,414
Cumberland	542	6,348	154	7	204	3	31	246	7,535
East Greenwich	106	3,014	26	5	174	0	6	105	3,436
East Providence	799	6,619	619	42	142	1	281	674	9,177
Exeter	66	1,216	7	7	10	0	3	25	1,334
Foster	24	913	14	1	16	0	0	18	986
Glocester	63	1,942	13	2	24	0	7	47	2,098
Hopkinton	48	1,690	7	15	16	0	3	66	1,845
Jamestown	36	947	4	1	8	0	2	45	1,043
Johnston	640	4,364	148	1	135	0	22	170	5,480
Lincoln	353	3,885	114	7	164	0	25	203	4,751
Little Compton	18	606	8	1	6	3	2	10	654
Middletown	295	2,779	159	10	124	3	20	262	3,652
Narragansett	91	1,998	30	32	16	0	9	93	2,269
New Shoreham	10	149	1	0	0	0	0	3	163
Newport	703	2,405	337	37	39	1	33	528	4,083
North Kingstown	289	5,598	75	31	85	2	6	236	6,322
North Providence	796	3,833	397	15	158	0	74	241	5,514
North Smithfield	114	2,241	15	2	33	0	4	47	2,456
Pawtucket	4,785	6,513	2,727	83	256	7	1,004	1,200	16,575
Portsmouth	157	3,537	53	11	58	1	13	166	3,996
Providence	23,166	6,737	6,682	375	2,095	15	494	2,070	41,634
Richmond	44	1,729	12	7	15	0	0	42	1,849
Scituate	54	2,145	8	4	29	0	3	29	2,272
Smithfield	117	3,337	46	6	41	0	9	69	3,625
South Kingstown	192	4,687	80	81	115	1	18	242	5,416
Tiverton	84	2,741	31	3	34	2	9	94	2,998
Warren	75	1,736	38	10	11	0	4	66	1,940
Warwick	1,048	13,365	275	38	457	2	39	601	15,825
West Greenwich	60	1,353	15	5	16	0	1	27	1,477
West Warwick	590	4,554	142	11	128	3	20	298	5,746
Westerly	252	4,068	68	52	127	2	10	208	4,787
Woonsocket	2,650	5,147	676	37	592	2	35	749	9,888
Four Core Cities	*34,551*	*19,144*	*10,577*	*512*	*2,963*	*26*	*1,712*	*4,256*	*73,741*
Remainder of State	*11,389*	*123,718*	*3,758*	*575*	*3,768*	*39*	*762*	*6,206*	*150,215*
Rhode Island	*45,940*	*142,862*	*14,335*	*1,087*	*6,731*	*65*	*2,474*	*10,462*	*223,956*

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2010 Redistricting File. 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 2010 in Rhode Island, 72% of children under age 18 were White, 8% were Black or African American, 3% were Asian, 1% were Native American, 9% of children were identified as "Some other race," and 7% as "Two or more races." In 2010, 21% of children living in Rhode Island were Hispanic.[1]

Children who live in poverty, especially those who experience deep poverty in early childhood, are more likely to have health, behavioral, educational and social problems.[2,3] Between 2012 and 2016, 19% of all Rhode Island children lived in poverty, 68% of whom were children of color.[4]

Black, Hispanic, and Native American children are more likely than White and Asian children to live in neighborhoods that lack the resources needed for them to grow up healthy and successful.[5] In 2010, two-thirds (67%) of Rhode Island's children of color lived in one of the four core cities (those cities with the highest percentage of children living in poverty). In 2010, more than three quarters of the children in Providence (84%) and Central Falls (87%) were children of color.[6]

Children living in areas of concentrated poverty, who are more likely to be Black or Hispanic, face challenges above and beyond the burdens of individual poverty. The Providence metropolitan area has the 56th highest rate of concentrated poverty in the U.S.[7] Residential segregation between Whites and Blacks has decreased in the U.S. since the 1970s, but high levels of residential segregation still exist. Hispanics and Asians experience less segregation than Blacks, but the rate of segregation for these groups has been increasing in recent years.[8] The Providence-New Bedford-Fall River metropolitan area was the ninth most segregated metropolitan area in the nation for Hispanics in 2010.[9]

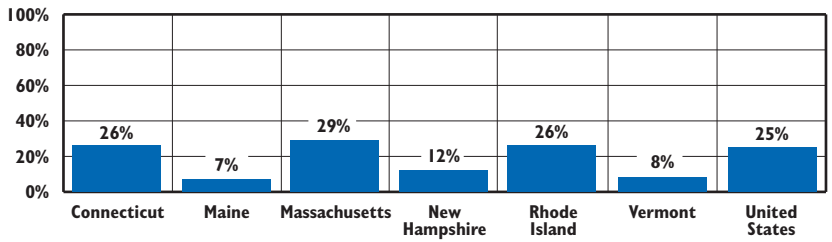
Black and Hispanic families were disproportionately impacted by the economic recession. In the U.S. between 2010 and 2013, White families' net worth rose by 2% while the net worth of Black and Hispanic families fell by 15% and 34% respectively. The median net worth of White households is more than 10 times greater than the median net worth of Black or Hispanic families.[10] In Rhode Island, Black and Hispanic families have higher rates of unemployment and earn lower wages than White families.[11]

Residential Segregation and Its Impact on Education

◆ **In the U.S., Black and Hispanic students are now more segregated from White students than forty years ago.[12] White students generally attend schools that are disproportionately White and low-poverty, while Black and Hispanic students attend schools that are disproportionately students of color and high-poverty.[13]**

◆ **Students in schools with high concentrations of low-income students and students of color have unequal educational opportunities, with classmates who generally have more absences and lower graduation rates and teachers who have less teaching experience and are more likely to teach outside their subject area of expertise. Students living in poverty often face a host of challenges outside the classroom that can negatively impact academic performance, including inadequate housing, lower parental educational levels, and fewer opportunities for enriching after-school and summer activities.[14,15]**

Percentage of Children Living in Immigrant Families, New England and United States, 2016



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

◆ **Children in immigrant families are defined as children under age 18 who are foreign-born or who have at least one foreign-born parent, regardless of citizenship status or year of arrival in the United States. In 2016, 26% (55,000) of Rhode Island children were living in immigrant families.[16]**

◆ **More than half (55%) of Rhode Island's Latino children live in immigrant families.[17]**

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

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children in Poverty	15%	40%	31%	8%	59%	19%
Births to Mothers with <12 Years Education	7%	25%	15%	12%	23%	12%
Unemployment Rate	4%	7%	7%	NA	NA	4%
Median Family Income	$81,671	$34,953	$44,739	$80,213	$27,679	$75,655
Homeownership	64%	26%	31%	49%	22%	60%

Sources: *Children in Poverty* data are from the U.S. Census Bureau, American Community Survey, 2012-2016. Tables B17001, B17020A, B17020B, B17020C, B17020D, B17020H, and B17020I. *Maternal Education* data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016. *Unemployment Rate* data are from the Bureau of Labor Statistics, Local Area Unemployment Statistics, 2017. *Median Family Income* data are from the U.S. Census Bureau, American Community Survey, 2012-2016, Tables B19113, B19113A, B19113B, B19113C, B19113D & B19113I. *Homeownership* data are from the U.S. Census Bureau, American Community Survey, 2012-2016, Tables B25003, B25003A, B25003B, B25003C, B25003D & B25003I. Hispanics also 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 not calculated because the number was too small to calculate a reliable rate.

◆ **Between 2012 and 2016 in Rhode Island, 19% of all children, 59% of Native American children, 40% of Hispanic children, 31% of Black children, 15% of White children, and children, 8% of Asian children in Rhode Island lived in families with incomes below the federal poverty threshold.[18]**

◆ **Between 2012 and 2016 in Rhode Island, White households were the most likely to own their homes while Native American, Hispanic, and Black households were the most likely to live in rental units.[19]**

◆ **In 2017 in Rhode Island, the unemployment rate among White workers was 4.1%, compared to 7.0% for Black workers and 7.1% for Hispanic workers. Nationally, the unemployment rate for White workers in 2017 was 3.8%, compared to 7.5% for Black workers and 5.1% for Hispanic workers.[20]**

◆ **Education is essential for economic success. Adults with less than a high school diploma are at particular risk of living in poverty and other negative outcomes.[21] Hispanic, Native American, Black, and Asian children in Rhode Island are all more likely than White children to be born to mothers with less than a high school diploma.[22]**

Health Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children Without Health Insurance	1.7%	2.3%	3.2%	0%	NA	1.9%
Women With Delayed or No Prenatal Care	12.4%	17.4%	21.9%	26.5%	15.6%	14.5%
Preterm Births	6.4%	8.1%	9.2%	7.2%	8.9%	7.1%
Low Birthweight Infants	6.7%	8.2%	11.3%	13.1%	10.3	7.7%
Infant Mortality (per 1,000 live births)	4.3	5.7	9.9	9.3	*	5.7
Births to Teens Ages 15–19 (per 1,000 teens)	9.4	37.9	24.9	8.3	40.4	15.0

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016 unless otherwise specified. Information is based on self-reported race and ethnicity. *Children without Health Insurance* data are from the U.S. Census Bureau, American Community Survey, 2016, Tables B27001, B27001A, B27001B, B27001D & B27001I. For *Births to Teens* the denominators are the female populations ages 15-19 by race from the U.S. Census Bureau, Census 2010, P12, P14. Hispanic also may be included in any of the race categories.

*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.

◆ **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, to have preterm births, and infants with low birth weight. Black children are more likely to die in infancy than White or Hispanic children. Hispanic and Black youth are more likely than White and Asian youth to give birth as teenagers.[23]**

◆ **Black and Hispanic children in Rhode Island are more likely to go to the Emergency Department as a result of asthma than White children.[24] Nationally, Blacks and Native Americans are the most likely of all racial and ethnic groups to have asthma.[25]**

◆ **In 2015, 95% of U.S. children had health insurance coverage, an historic high. Hispanic (93%) and Native American (87%) children had the lowest rates of coverage.[26]**

Racial and Ethnic Disparities

Safety Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Youth at the Training School (per 1,000 youth ages 13-18)	3.7	9.1	21.0	0.8	12.4	4.5
Children of Incarcerated Parents (per 1,000 children)	6.4	17.0	74.0	5.7	29.4	14.6
Children in Out-of-Home Placement (per 1,000 children)	6.1	13.5	14.4	1.3	12.9	9.6

Sources: *Youth at the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, Calendar Year 2017. *Children of Incarcerated Parents* data are from the Rhode Island Department of Corrections, September 30, 2017 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, 2017. Population denominators used for *Youth at the Training School* are youth ages 13-18 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 2010, SF1, and PCT12K.

◆ **Youth of color continue to be disproportionately represented in the U.S. juvenile justice system. Youth of color (especially Latino and Black youth) are treated more harshly than White youth for the same type and severity of offenses, including processing, detention of juveniles, and incarceration of adults in correctional facilities.[27] Rhode Island's juvenile justice system continues to have a higher rate of disparity between White youth and youth of color than the national average.[28]**

◆ **Black, Native American, and Hispanic children in Rhode Island are more likely than their White, and Asian peers to be in out-of-home placements through the child welfare system.[29] Nationally, children of color experience disparate treatment as they enter the foster care system and while they are in the system. They are more likely than White children under similar circumstances to be placed in foster care, remain in the child welfare system longer, have less contact with child welfare staff, and to have lower reunification rates.[30]**

◆ **Racial and ethnic disproportionality in child welfare and juvenile justice systems is in part a reflection of differential poverty rates between communities of color and white communities. However, while addressing poverty through policies would reduce out-of-home placement rates and juvenile incarceration rates, policies that work directly to reduce racial and ethnic disparities are necessary as well.[31]**

Education Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Third Grade Students Meeting Expectations in Reading	50%	24%	27%	54%	16%	40%
Third Grade Students Meeting Expectations in Math	53%	30%	31%	61%	25%	44%
Four-Year High School Graduation Rates	88%	76%	81%	89%	73%	84%
Immediate College Enrollment Rates	65%	46%	46%	64%	41%	59%
% of Adults Over Age 25 With a Bachelor's Degree or Higher	34%	13%	20%	47%	14%	32%

Sources: *Third Grade Students Meeting Expectations in Reading and Math* data are from the Rhode Island Department of Education, *Partnership for Assessment of Readiness for College and Careers (PARCC)*, 2017. *Four Year High School Graduation Rates* data are from the Rhode Island Department of Education, Class of 2017. *Immediate College Enrollment Rates* data are from the Rhode Island Department of Education, Class of 2016. *Adult Educational Attainment* data are from the U.S. Census Bureau, American Community Survey, 2012-2016, Tables B15003, C15002A, C15002B, C15002C, C15002D & C15002I. All Census data refer only to those individuals who selected one race and Hispanics also may be included in any of the race categories.

◆ **In Rhode Island, Native American, Hispanic, and Black children are less likely to meet expectations in reading and mathematics in third grade than White or Asian children.[32]**

◆ **Nationally and 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.[33,34]**

◆ **Nationally, Black, Hispanic, and Native American students are more likely than White and Asian students to be disciplined in school. Schools' disproportionate use of disciplinary techniques that remove children from the classroom, such as out-of-school suspension or expulsion, may contribute to racial and ethnic gaps in school achievement and drop-out rates.[35,36] In Rhode Island during the 2016-2017 school year, students of color received 53% of all disciplinary actions, although they made up only 41% of the student population.[37]**

Rhode Island's Hispanic Children and Youth

◆ **In 2010, there were 45,940 Hispanic children under age 18 living in Rhode Island, up from 35,002 in 2000. Hispanic children made up 21% of Rhode Island's child population in 2010, compared with 14% in 2000.[38]**

◆ **In 2010, three-quarters (75%) of the Hispanic children in Rhode Island lived in the four core cities of Central Falls, Pawtucket, Providence, and Woonsocket. While Providence has the largest Hispanic child population overall, Central Falls has the highest percentage of Hispanic children.[39]**

◆ **Rhode Island's Latino children are ranked lowest in the nation on the Race for Results Opportunity Index that measures indicators of child opportunity, including health, education and economic well-being.[40]**

Economics

◆ **Between 2012 and 2016, 39% percent of Rhode Island's Hispanic children were living in poverty, compared to the national rate of 31%.[37] The median family income for Hispanics in Rhode Island was $32,464, compared to $75,655 overall in Rhode Island.[41]**

Health

◆ **In Rhode Island between 2012 and 2016, 17.4% percent of Hispanic babies were born to women who received delayed or no prenatal care, compared with 14.5% of all babies in the state.[42]**

◆ **Between 2012 and 2016, Hispanic female teens between the ages of 15 and 19 in Rhode Island had a birth rate that was more than two times higher than the overall teen birth rate in Rhode Island (37.9 per 1,000 Hispanic teens ages 15 to 19 compared to 15.0 per 1,000 for all teens).[43]**

Education

◆ **The four-year high school graduation rate among Hispanic youth in the class of 2017 was 76%, compared to Rhode Island's four-year high school graduation rate for all races of 84%.[44]**

◆ **The achievement gap between White and Latino students in Rhode Island is among the largest in the U.S.[45]**

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Economic Well-Being

I Dream A World

by Langston Hughes

I dream a world where man
No other man will scorn,
Where love will bless the earth
And peace its paths adorn.
I dream a world where all
Will know sweet freedom's way,
Where greed no longer saps the soul
Nor avarice blights our day.
A world I dream where black or white,
Whatever race you be,
Will share the bounties of the earth
And every man is free,
Where wretchedness will hang its head
And joy, like a pearl,
Attends the needs of all mankind-
Of such I dream, my world!

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 2016, the median family income for Rhode Island families with their own children was $71,926.[1] Rhode Island had the 13th highest median family income nationally and the 4th highest in New England.[2]

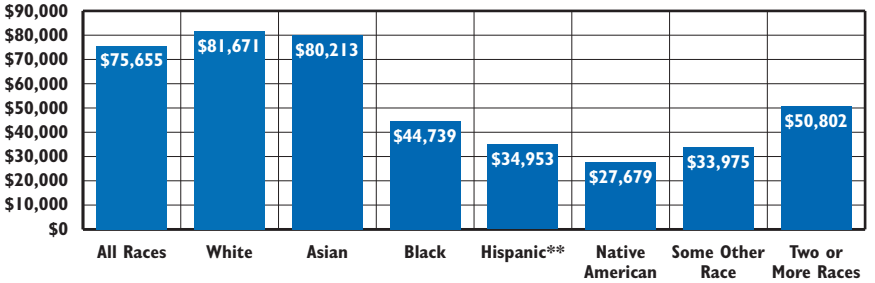
Between 2012 and 2016, Rhode Island's median income for families with their own children differed significantly by family type. The median family income for married two-parent families ($100,192) was almost two and a half times that of male-headed single-parent families ($40,427) and more than three and a half times that of female-headed single-parent families ($26,809).[3]

Rhode Island had the nation's highest unemployment rate in 2010 (11.3%), but by 2017 the state's unemployment rate had decreased to 4.2%, the same as the national unemployment rate, and only slightly higher than the New England rate (3.9%). Despite declines in unemployment, Rhode Island continues to have gaps in unemployment rates by race and ethnicity. In 2017, the unemployment rate for White workers was 4.1%, while it was 7.0% for Black workers and 7.1% for Hispanic workers.[4,5]

While Rhode Island's unemployment rate has declined, many workers remain unable to find full-time employment and struggle to make ends meet with inadequate and unpredictable income.[6] More than 23 million people in the U.S. work in low-wage jobs where they are paid $10.50 per hour or less. Conditions at low-wage jobs, such as fluctuating 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 and education for their children.[7]

In Rhode Island over the past few decades, income inequality has grown. Since 1979, there has been a 112% income increase for the top 1% of households, compared to a 30% income increase for all other households. The top 5% of households have average incomes ($320,433) that are 14 times as high as the bottom 20% ($22,102) of households. Rhode Island is among the top twenty states with the fastest growing income inequality.[8]

Median Family Income by Race and Ethnicity, Rhode Island, 2012-2016*



Source: U.S. Census Bureau, American Community Survey, 2012-2016. Tables B19113, B19113A, B19113B, B19113C, B19113D, 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 White families in Rhode Island is higher than that of Asian families, and much higher than that of Black, Hispanic, and Native American families.[9]**

◆ **Educational attainment is strongly associated with economic well-being. Rhode Islanders who have achieved a Bachelor's degree or higher have nearly double the wages compared to residents who have only completed high school. More than one in three Hispanic and more than one in five Black adults in Rhode Island lack a high school diploma, compared to one in ten White adults.[10]**

◆ **According to the *2016 Rhode Island Standard of Need*, it costs a single-parent family with two young children $52,932 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 $63,238 to meet this budget without government subsidies.[11]**

◆ **An adequate minimum wage and income support programs (including RIte Care health insurance, child care subsidies, SNAP/food stamp benefits, and the Earned Income Tax Credit) are critical for helping low-and moderate-income working families in Rhode Island make ends meet.[12]**

Table 6. **Median Family Income, Rhode Island, 2012-2016**

CITY/TOWN	1999 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18 (ADJUSTED TO 2016 DOLLARS*)	2012-2016 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18	
		ESTIMATES WITH HIGH MARGINS OF ERROR**	ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR
Barrington	$128,000		$152,442
Bristol	$76,874		$82,569
Burrillville	$79,407	$75,181	
Central Falls	$31,725		$28,585
Charlestown	$79,400		$86,458
Coventry	$88,446		$94,982
Cranston	$82,029		$80,321
Cumberland	$98,444		$98,588
East Greenwich	$156,486		$165,658
East Providence	$70,455		$60,149
Exeter	$105,577		$102,708
Foster	$91,372	$99,038	
Glocester	$87,844		$109,744
Hopkinton	$85,150		$88,785
Jamestown	$114,709	$139,076	
Johnston	$81,650		$87,167
Lincoln	$92,936	$74,375	
Little Compton	$81,705	$130,875	
Middletown	$79,718		$74,250
Narragansett	$98,385		$129,375
New Shoreham	$79,060	$64,821	
Newport	$62,166	$51,547	
North Kingstown	$96,273		$106,111
North Providence	$72,788		$79,014
North Smithfield	$102,444		$104,727
Pawtucket	$48,381		$42,667
Portsmouth	$97,124		$112,050
Providence	$35,384		$34,524
Richmond	$91,497		$118,309
Scituate	$99,661		$91,500
Smithfield	$96,655		$102,250
South Kingstown	$98,407		$109,519
Tiverton	$91,999		$81,484
Warren	$77,183		$58,199
Warwick	$82,222		$82,753
West Greenwich	$101,124		$103,864
West Warwick	$60,300		$54,512
Westerly	$74,922		$64,577
Woonsocket	$49,683		$32,386
Four Core Cities	*NA*		*NA*
Remainder of State	*NA*		*NA*
Rhode Island	*$72,880*		*$69,335*

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 1999 median family income data are adjusted to 2016 constant dollars by multiplying 1999 dollar values by 1.4415372 as recommended by the U.S. Census Bureau.

The 2012-2016 data come from a Population Reference Bureau analysis of 2012-2016 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 vary 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.

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

References

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[3] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016. Table B19126.

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[5] *Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, and detailed age, 2017 annual averages – Rhode Island and United States. (2017).* U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics.

[7] Vogtman, J. & Schulman, K. (2016). *Set up to fail: When low-wage work jeopardizes parents' and children's success.* Washington, DC: The National Women's Law Center.

[8] Center on Budget and Policy Priorities & Economic Policy Institute. (2016) *Income inequality in Rhode Island: A snapshot.* Retrieved January 9, 2018, from www.cbpp.org

[9] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016. Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113F, B19113G, & B19113I.

[11,12] *The 2016 Rhode Island Standard of Need.* (2016). Providence, RI: The Economic Progress Institute.

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

Inadequate, costly, or crowded housing has a negative impact on children's health, safety, and emotional well-being and on a family's ability to meet a child's basic needs. Children who live in families with cost burdens may live in low-quality and overcrowded housing and move frequently, all of which have been linked to lower educational achievement.[2,3]

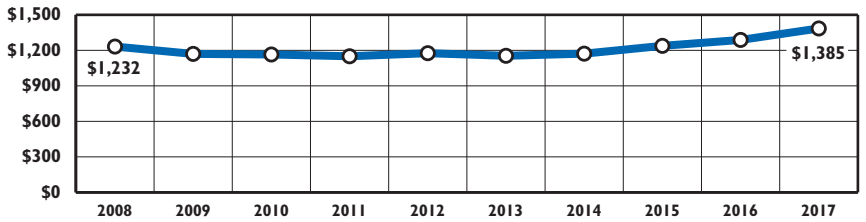
From 2000 to 2013 in Rhode Island, the growth in low- and middle-income families' housing expenses outpaced income growth.[4] In 2014, 23% of Rhode Island's 156,122 working households spent more than half of their income on housing costs, making Rhode Island the state with the highest cost burden in New England.[5]

In 2017, a worker would have to earn $26.63 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 is more than two and a half times the 2017 minimum wage of $9.60 per hour.[6] In 2017, Rhode Island required the 18th highest hourly wage to afford the rent for a two-bedroom home of any state.[7]

In 2017, the Area Median Income for families in Rhode Island was $73,640.[8] Families with this income can afford to purchase a median-priced, single-family home in 11 of the 39 communities in the state. In 2016, the median cost of a single-family home in Rhode Island was $239,900, 15% higher than 2011, but still 29% lower than 2006.[9]

Federally-funded Section 8 Housing Choice rental vouchers can help low-income individuals and families afford the cost of housing; however there are not enough vouchers to meet the need. Long waiting periods are common and housing authorities may close waiting lists when there are more families on the list than can be helped in the near future.[10] Rhode Island's FY 2015 budget increased the real estate conveyance tax and created a dedicated funding stream for housing subsidies as well as homelessness prevention, housing retention, and lead abatement.[11] In 2016, Rhode Island voters approved $50 million in housing bonds for affordable housing development and urban revitalization.[12]

Average Rent, Two-Bedroom Apartment, Rhode Island, 2008-2017



Source: Rhode Island Housing, Rhode Island Rent Surveys, 2008-2017. Rents include adjustments for the cost of heat, cooking fuel, electricity, and hot water. Adjustments for utilities for each year vary according to HUD annual utility allowances. The HUD utility allowance decreased in 2013, so average rents which include this allowance also decreased.

◆ **In 2017, the average cost of rent in Rhode Island rose by almost $100 to $1,385, after remaining fairly stable between 2008 and 2016, increasing from $1,232 in 2008 to $1,288 in 2016.[13]**

◆ **The percentage of renters in Rhode Island who spent 30% or more of their household income on rent was 49% in 2016, which was the same as in 2008. The percentage of homeowners who had a cost burden due to their mortgages decreased between 2008 and 2016, from 42% to 32%.[14,15]**

Cost of Heating and Other Utilities

◆ **High energy costs make housing even less affordable for low-income families. Research shows that children in households experiencing energy shutoffs are also at risk of hunger and problems with health and development.[16]**

◆ **Rhode Island state law prohibits utility shutoffs for protected customers (such as the unemployed and low-income families with children under age two) and customers facing financial hardships during the moratorium period from November 1 through April 15.[17]**

◆ **The federally-funded Low Income Home Energy Assistance Program (LIHEAP) provides financial assistance to Rhode Island's low-income households to meet home heating and energy costs.[18] Rhode Island's FFY 2017 allocation for LIHEAP was $25.3 million.[19] In 2016, Rhode Island created a LIHEAP Enhancement Plan that established per-payment forgiveness of utility debt and allowed previously homeless families to obtain a crisis grant to cover the down payment required to participate in this program.[20]**

Table 7.

Cost of Housing for Very Low-Income Families, Rhode Island, 2017

	FAMILY INCOME		HOMEOWNERSHIP COSTS		RENTAL COSTS		
CITY/TOWN	2017 POVERTY LEVEL FAMILY OF THREE	2017 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	$20,420	$32,450	$2,691	100%	$1,573	92%	58%
Bristol	$20,420	$32,450	$2,018	75%	$1,467	86%	54%
Burrillville	$20,420	$32,450	$1,660	61%	$1,049	62%	39%
Central Falls	$20,420	$32,450	$1,040	38%	$1,041	61%	38%
Charlestown	$20,420	$32,450	$2,216	82%	$1,498	88%	55%
Coventry	$20,420	$32,450	$1,563	58%	$1,366	80%	51%
Cranston	$20,420	$32,450	$1,535	57%	$1,369	80%	51%
Cumberland	$20,420	$32,450	$1,866	69%	$1,371	81%	51%
East Greenwich	$20,420	$32,450	$3,126	116%	$1,674	98%	62%
East Providence	$20,420	$32,450	$1,527	56%	$1,432	84%	53%
Exeter*	$20,420	$32,450	$1,989	74%	$994	58%	37%
Foster*	$20,420	$32,450	$2,096	78%	$994	58%	37%
Glocester*	$20,420	$32,450	$1,900	70%	$994	58%	37%
Hopkinton*	$20,420	$36,150	$1,842	61%	$1,123	66%	37%
Jamestown	$20,420	$32,450	$3,393	125%	$1,932	114%	71%
Johnston	$20,420	$32,450	$1,633	60%	$1,386	81%	51%
Lincoln	$20,420	$32,450	$2,172	80%	$1,367	80%	51%
Little Compton*	$20,420	$32,450	$2,890	107%	$994	58%	37%
Middletown	$20,420	$42,200	$2,395	68%	$1,683	99%	48%
Narragansett	$20,420	$32,450	$2,601	96%	$1,459	86%	54%
New Shoreham*	$20,420	$36,150	$6,212	206%	$1,123	66%	37%
Newport	$20,420	$42,200	$2,835	81%	$1,753	103%	50%
North Kingstown	$20,420	$32,450	$2,484	92%	$1,583	93%	59%
North Providence	$20,420	$32,450	$1,623	60%	$1,392	82%	51%
North Smithfield	$20,420	$32,450	$1,817	67%	$1,549	91%	57%
Pawtucket	$20,420	$32,450	$1,298	48%	$1,235	73%	46%
Portsmouth	$20,420	$42,200	$2,392	68%	$1,733	102%	49%
Providence**	$20,420	$32,450	$1,103	41%	$1,357	80%	50%
Richmond*	$20,420	$32,450	$2,037	75%	$994	58%	37%
Scituate	$20,420	$32,450	$1,993	74%	$1,533	90%	57%
Smithfield	$20,420	$32,450	$1,852	68%	$1,348	79%	50%
South Kingstown	$20,420	$32,450	$2,134	79%	$1,355	80%	50%
Tiverton	$20,420	$32,450	$1,756	65%	$1,636	96%	60%
Warren	$20,420	$32,450	$1,835	68%	$1,332	78%	49%
Warwick	$20,420	$32,450	$1,466	54%	$1,558	92%	58%
West Greenwich*	$20,420	$32,450	$2,473	91%	$994	58%	37%
West Warwick	$20,420	$32,450	$1,447	54%	$1,282	75%	47%
Westerly	$20,420	$36,150	$1,874	62%	$1,377	81%	46%
Woonsocket	$20,420	$32,450	$1,293	48%	$1,138	67%	42%
Four Core Cities	*$20,420*	*$32,450*	*$1,184*	*44%*	*$1,286*	*76%*	*48%*
Remainder of State	*$20,420*	*$33,603*	*$2,210*	*79%*	*$1,448*	*85%*	*52%*
Rhode Island	*$20,420*	*$33,485*	*$1,702*	*61%*	*$1,385*	*81%*	*50%*

Source of Data for Table/Methodology

2017 poverty level for a family of three as reported in: *Federal Register, 82*(19), January 31, 2017, pages 8831-8832.

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 calculated separately for each of the three metropolitan areas comprising Rhode Island. Reported by Rhode Island Housing. (2017). *2017 Rhode Island income limits for low- and moderate-income households.* Retrieved February 22, 2018, from www.rhodeislandhousing.org

Data on typical monthly housing payments are from HousingWorks RI's *2017 Housing Fact Book.* They are based on the median selling price of a single-family home using year-end 2016 data and calculated based on a 30-year mortgage at a 3.65% 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.

Rhode Island Housing, *Rhode Island Rent Survey*, 2017. Average rents are based on a survey of rents in Rhode Island between January and December, 2017. 2017 rents are adjusted using HUD's utility allowance of $238 for a two-bedroom apartment (includes heat, cooking fuel, electricity, and hot water) unless the listing stated that utilities were included in the rent, in which case the adjustment was not made.

*Rhode Island Housing 2017 *Rhode Island Rent Survey* data are not available. Average rent used for these communities is the HUD 2017 Fair Market Rent for the metropolitan area as reported by the U.S. Department of Housing and Urban Development.

The average rent calculated for the state as a whole, for the remainder of state, and four core cities do not include communities for which data from the *Rhode Island Rent Survey* were not available.

Statewide average rent is calculated by taking an average of all listings statewide. Rent averages for the four core cities and the remainder of state are calculated using weighted community data from Rhode Island Housing.

**Typical monthly housing payment for Providence does not include the East Side and therefore cannot be compared to data reported for Providence in Factbooks prior to 2013.

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

References are on page 175.

Homeless Children

DEFINITION

Homeless children is the number of children under age 18 who stayed at homeless shelters, domestic violence shelters or transitional housing facilities in Rhode Island with their families. This number does not include homeless and runaway youth who are unaccompanied by their families.

SIGNIFICANCE

In the United States, 2.5 million children (one in 30) are homeless each year.[1] Families can become homeless due to lack of affordable housing, unemployment, low-paying jobs, extreme poverty and decreasing government supports. Other causes include domestic violence, mental illness, substance abuse, and frayed social support networks.[2,3,4]

Compared with their peers, homeless children are more likely to become ill (particularly with illnesses such as stomach problems, ear infections, and asthma), develop mental health issues (such as anxiety, depression, and withdrawal), experience significant educational disruption, and exhibit delinquent or aggressive behaviors. Homeless children go hungry at twice the rate of other children.[5]

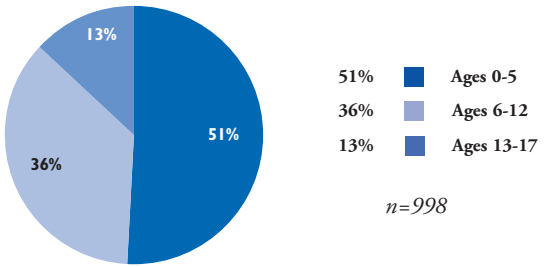
Homeless children are at a higher risk of abuse and exposure to violence. This trauma can lead to an increase in developmental delays and emotional distress and a decrease in academic achievement.[6,7] When homeless children are exposed to multiple traumatic events, they may have increased levels of anxiety, poor impulse control, and difficulty developing trusting relationships.[8,9]

Families who have experienced homelessness have higher rates of family separation than other low-income families, with children separated from their parents due to shelter rules, state intervention, and/or parents' desires to protect their children from homelessness. Homeless children are more likely to have been placed in foster care (12%) than other children (1%). Homelessness also can be a barrier to reunification; it is estimated that more than 30% of children in foster care in the U.S. could return home if their parents had adequate housing.[10]

In 2017, 539 families with 998 children stayed at an emergency homeless shelter, domestic violence shelter, or transitional housing facility in Rhode Island. Children made up 22% of the people who used emergency homeless shelters, domestic violence shelters, and transitional housing in 2017. Half (51%) of these children were under age six, not yet school age.[11] Other families are on the state's family shelter waiting list, awaiting placement when a slot opens up.

In 2017, United Way 211 received 124,553 requests from individuals and families seeking housing, housing information, or shelter and 3,758 related to foreclosure prevention.[12]

Children in Emergency Shelters, Domestic Violence Shelters, and Transitional Housing Facilities by Age, 2017



Source: Rhode Island Emergency Shelter Information Project, 2017.

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.[13]**

◆ **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 refer homeless children and families to services including health, dental, and mental health services, tutoring, etc., needed to help them succeed in school.[14]**

◆ **The *McKinney-Vento Act* defines a child as homeless if he or she does not have a "fixed, regular and adequate nighttime residence."[15] During the 2016-2017 school year, Rhode Island public school personnel identified 1,245 children as homeless. Of these children, 65% lived with other families ("doubled up"), 27% lived in shelters, 7% lived in hotels or motels, and 2% were unsheltered.[16]**

◆ **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.[17]**

Supporting Young Children Experiencing Homelessness

◆ Many homeless families are comprised of single mothers with children. There are significant barriers to employment for these mothers experiencing homelessness, including low levels of education, lack of employment histories, and unreliable child care. To secure stable employment, homeless parents need education, job skills, and safe, dependable care for their children.[18]

◆ The Child Care and Development Fund (CCDF) is a federal and state partnership program authorized under the *Child Care and Development Block Grant Act (CCDBG)*. CCDF provides financial assistance to low-income families for child care, so parents can attend work, job training, or educational programs.[19]

◆ Despite the fact that early care and education can help mitigate the impacts of homelessness on children, homeless parents are less likely to receive child care assistance than other families.[20]

◆ New CCDBG regulations were issued in 2016. Under the new regulations, homeless children are considered a priority category. Offering priority to families experiencing homelessness can include prioritizing enrollment and waiving copayments for child care.[21]

Table 8. **Homeless Children Identified by Public Schools, Rhode Island, 2016-2017 School Year**

SCHOOL DISTRICT	TOTAL ENROLLMENT	# OF CHILDREN IDENTIFIED AS HOMELESS BY PUBLIC SCHOOL PERSONNEL
Barrington	3,355	*
Bristol Warren	3,218	11
Burrillville	2,341	37
Central Falls	2,589	63
Chariho	3,270	24
Coventry	4,713	22
Cranston	10,415	33
Cumberland	4,568	*
East Greenwich	2,504	*
East Providence	5,238	37
Exeter-West Greenwich	1,654	*
Foster	265	0
Foster-Glocester	1,147	*
Glocester	547	*
Jamestown	488	*
Johnston	3,190	*
Lincoln	3,002	15
Little Compton	246	0
Middletown	2,191	115
Narragansett	1,326	*
New Shoreham	120	0
Newport	2,198	78
North Kingstown	4,047	60
North Providence	3,493	31
North Smithfield	1,707	*
Pawtucket	8,984	63
Portsmouth	2,464	*
Providence	23,983	227
Scituate	1,305	0
Smithfield	2,384	64
South Kingstown	3,111	22
Tiverton	1,841	0
Warwick	9,124	109
West Warwick	3,474	24
Westerly	2,865	46
Woonsocket	5,863	91
Charter Schools	*7,024*	*25*
State-Operated Schools	*1,746*	*
UCAP	*142*	*0*
Four Core Cities	*41,419*	*444*
Remainder of State	*91,811*	*770*
Rhode Island	*142,142*	*1,245*

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in grades preschool to 12 on October 1, 2016.

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."

Charter schools reporting include Blackstone Academy, Paul Cuffee Charter School, Sheila C. "Skip" Nowell Leadership Academy, Southside Charter School, and Trinity Academy for the Performing Arts. State-operated schools reporting include the Metropolitan Regional Career & Technical Center.

The Middletown, Newport, North Kingstown, Warwick, and Woonsocket school districts received grants that provided 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.

See Methodology Section for more information.

References

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[2,5,10] *The characteristics and needs of families experiencing homelessness.* (2011). Needham, MA: The National Center on Family Homelessness.

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[6] American Academy of Pediatrics. (2013). Providing care for children and adolescents facing homelessness and housing insecurity. *Pediatrics, 131*(6), 1206-1210.

(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. Among poor families, 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 unemployment rate decreased from 4.9% in December 2016 to 4.4% in December 2017. Despite this decline, Rhode Island's unemployment rate is slightly higher than the U.S. unemployment rate of 4.1%. At the height of the recession in December 2009, Rhode Island's unemployment rate was 11.2%.[3,4]

In 2017, 6% of children in Rhode Island and 5% of children in the U.S. had at least one unemployed parent.[5] Children with unemployed parents are at increased risk for homelessness, child abuse or neglect, and failure to finish high school or college.[6]

Even when families have adults with secure parental employment, low wages cause families to remain in poverty. Nationally, nearly one in three (32%) working families are low income (10.6 million), with 24 million children belonging to low-income working families. Additionally, people of color are overrepresented among low-income working families nationally. Of the 24 million children in low-income working families, 58% (14 million) are people of color.[7] In the workforce, low-income individuals tend to have few opportunities for development, limited benefits, and an overall lack of economic security. In addition, despite gaining experience and seniority, many low-income workers never move out of low-wage jobs.[8]

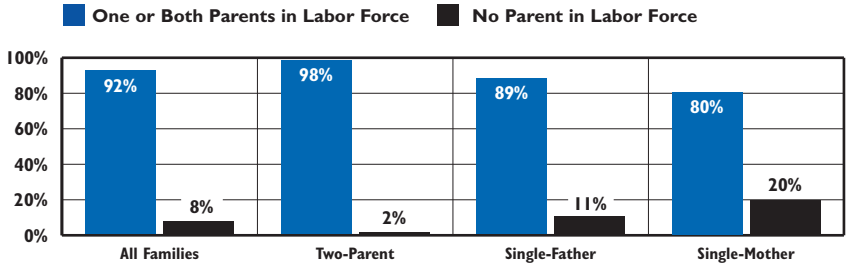
Children Living in Families Where No Parent Has Full-Time, Year-Round Employment

	2010	2016
RI	34%	31%
US	33%	28%
National Rank*		*38th*
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, 2012-2016



Source: U.S. Census Bureau, American Community Survey, 2012-2016. Table B23008.

◆ **The majority of children living in Rhode Island between 2012 and 2016 had one or both parents in the labor force. Children living with a single parent were 12 times more likely than children living in a two-parent family to have no parents in the labor force. Of children in two-parent families, 71% had both parents in the labor force.[9]**

◆ **Between 2012 and 2016, there were 16,377 Rhode Island children living in families with no parent in the labor force. Children living in families with a single parent represented 88% (14,475) of families with no employed parents.[10]**

◆ **Between 2012 and 2016, 15% (3,680) of Rhode Island families with incomes below the federal poverty threshold had at least one adult with full-time, year-round employment, and 43% of low-income Rhode Island families had at least one adult working part-time.[11]**

◆ **According to the *2016 Rhode Island Standard of Need*, 72% of Rhode Island single-parent families and 26% of two-parent families with two or more children earn less than the income required to meet their basic needs without public benefits such as SNAP/food stamps, the Earned Income Tax Credit (EITC), child care subsidies, and health insurance.[12]**

◆ **Between 2012 and 2016, 72% of children under age six and 77% of children ages six to 17 in Rhode Island had all parents in the labor force. In comparison, nationally, 65% of children under age six and 71% of children ages six to 17 had all parents in the labor force.[13]**

Secure Parental Employment

Barriers to Secure Employment for Low-Income Families

◆ There are many barriers to employment for those leaving welfare for work. Research shows that welfare leavers who return to welfare after working are much more likely to be in poor health, to have low levels of education, and to have young children than those who remain employed.[14]

◆ Poor health or a disability may make it difficult for parents to secure or sustain employment. One national study found that 13% of low-income working mothers had some type of disability and 6% had a severe disability. It also found that 16% of low-income working mothers had a child with a disability and that 9% had a child with a severe disability. Higher-income mothers reported lower disability rates for themselves and their children.[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] Approximately 60% of the entire 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 provides up to four 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] As of January 2018, Rhode Island is one of four states that offer paid family leave.[19]

◆ Limited education also can be a barrier to sustained employment. Between 2012 and 2016 in Rhode Island, adults without a high school diploma were nearly four times as likely to be unemployed as those with a Bachelor's degree.[20]

◆ Having access to work supports, such as tax credits, SNAP/food stamps, and housing subsidies, 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. (2017). *America's children: Key national indicators of well-being, 2017.* Washington, DC: U.S. Government Printing Office.

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

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Secure Employment and Child Care

◆ Research shows a link between adequate child care availability and sustained maternal labor force participation. Studies find that mothers report that the lack of reliable and dependable child care arrangements affected their ability to remain employed.[22]

◆ In 2016 in Rhode Island, a single mother earning the state median income for a single-mother family ($25,901) would have to spend half (50.4%) 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 all income-eligible working families. During the 2007 legislative session, eligibility for child care assistance was rolled back from 225% to 180% of the federal poverty level ($37,404 for a family of three in 2018).[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 increase work incentives for families struggling to make ends meet. The federal EITC is the nation's most effective antipoverty program for working families. It lifted 6.5 million people, including 3.3 million children, out of poverty in 2015.[26,27]

◆ Benefits of the EITC extend well beyond the time families receive the credit. EITC 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 passed legislation that increased the state's EITC from 12.5% to 15% of the federal EITC. In 2016, approximately 84,000 Rhode Island working families and individuals received a total of $190 million in EITC tax credits for tax year 2015.[29]

◆ Since 2001, the Child Tax Credit has helped working families offset the cost of raising children. The CTC is a powerful weapon against poverty, lifting 2.7 million people out of poverty in 2016, including 1.5 million children. Boosting a family's income can increase children's opportunities, improve their immediate well-being and health into adulthood.[30]

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, established in 2014, provides up to four 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]

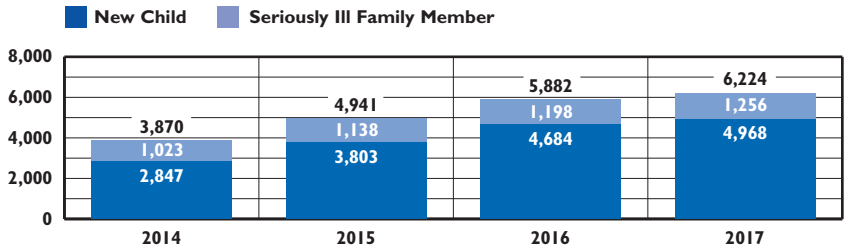
Almost all advanced, industrialized nations guarantee paid leave for new mothers and many include new fathers. In many European countries, families receive at least six months of paid leave to care for a new baby.[2] The U.S. requires employers with 50 or more workers to offer 12 weeks of leave for workers to care for a new child or to care for a seriously ill family member; however the time off can be unpaid.[3] Rhode Island's 1987 *Parental and Family Medical Leave Act* requires a 13-week leave, but does not require that the leave be paid.[4]

Although some workers in the U.S. have access to paid leave through their employers (estimated at 11% of private sector workers and 17% of public sector workers), the majority do not. High-wage workers are much more likely to have access to paid family leave than low-wage workers. More than three in four employees in the U.S. report not being able to take family leave when needed because it was unpaid.[5]

Paid family leave provides job security and consistent income so that working parents can care for a new child or any worker can care for a seriously ill family member.[6] Taking time off from work to care for a new child reduces infant mortality rates and child abuse, improves breastfeeding rates and duration, 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 depression, which can improve the quality of the care they are able to provide to their infants.[7,8] Providing time off from work for new parents gives babies time to form secure attachments, which form the foundation for future relationships and development.[9]

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.[10,11] TCI supplements TDI; women who give birth are eligible for both.

Approved Temporary Caregiver Insurance (TCI) Claims by Type, Rhode Island, 2014-2017



Source: Rhode Island Department of Labor and Training, TCI Program, 2014-2017.

◆ **There were 6,224 approved claims for TCI during 2017 (up from 5,882 in 2016); 80% (4,968) were to bond with a new child and 20% (1,256) were to care for a seriously ill family member.[12]**

◆ **Of the 4,968 approved claims to bond with a new child, 98% (4,857) were for a newborn child and 2% were for a combination of newly adopted (25), foster (48), or other (38) children. Thirty-nine percent of claims to bond with a new child were filed by men and 61% were filed by women.[13]**

◆ **Of the 1,256 approved claims to care for a seriously ill family member, 57% (711) were to care for a spouse or domestic partner, 28% (346) were to care for a parent or parent-in-law, 15% (191) were to care for a child, and 1% (8) were to care for a grandparent. Thirty percent (381) of claims to care for a seriously ill family member were filed by men and 70% (875) were filed by women.[14]**

Temporary Disability Insurance for Pregnancy Complications & Childbirth

◆ **In 2017, there were 3,326 approved TDI claims for disabling pregnancy complications and/or to recover from childbirth.[15] 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).[16]**

Table 9. **Approved Temporary Disability Claims for Childbirth & Temporary Caregiver Claims for Paid Family Leave, Rhode Island, 2017**

	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	24	19	43	53	11	64
Bristol	23	16	39	62	26	88
Burrillville	17	29	46	73	15	88
Central Falls	23	36	59	55	18	73
Charlestown	3	7	10	29	12	41
Coventry	48	64	112	202	69	271
Cranston	102	123	225	403	78	481
Cumberland	51	40	91	147	42	189
East Greenwich	15	14	29	49	14	63
East Providence	78	64	142	220	67	287
Exeter	8	14	22	29	14	43
Foster	5	7	12	24	5	29
Glocester	14	7	21	29	12	41
Hopkinton	5	16	21	31	12	43
Jamestown	*	*	*	9	3	12
Johnston	35	48	83	141	53	194
Lincoln	29	29	58	101	26	127
Little Compton	0	*	*	4	1	5
Middletown	21	29	50	62	7	69
Narragansett	8	9	17	27	18	45
New Shoreham	*	0	*	0	0	0
Newport	15	33	48	70	8	78
North Kingstown	36	38	74	134	20	154
North Providence	32	57	89	159	45	204
North Smithfield	12	9	21	46	14	60
Pawtucket	106	118	224	365	67	432
Portsmouth	13	26	39	38	10	48
Providence	280	363	643	713	156	869
Richmond	5	5	10	13	3	16
Scituate	11	9	20	59	19	78
Smithfield	25	28	53	97	45	142
South Kingstown	23	28	51	82	27	109
Tiverton	11	14	25	42	8	50
Warren	23	12	35	35	16	51
Warwick	135	154	289	605	127	732
West Greenwich	9	9	18	9	0	9
West Warwick	49	62	111	115	38	153
Westerly	19	31	50	84	18	102
Woonsocket	46	47	93	128	46	174
Out-of-State	*171*	*174*	*345*	*424*	*86*	*510*
Four Core Cities	*455*	*564*	*1,019*	*1,261*	*287*	*1,548*
Remainder of State	*908*	*1,054*	*1,962*	*3,283*	*883*	*4,166*
Rhode Island	*1,363*	*1,618*	*2,981*	*4,544*	*1,170*	*5,714*
Total Program Claims	*1,534*	*1,792*	*3,326*	*4,968*	*1,256*	*6,224*

Source of Data for Table/Methodology

Rhode Island Department of Labor and Training, Approved TDI claims for pregnancy complications and childbirth and approved TCI claims, 2017. Approved TDI claims for pregnancy complications include cesarean births. TDI claims approved for pregnancy complications retain that code regardless of when the birth happens so they are not counted in the childbirth column.

In 2017 in Rhode Island, the average length of approved TDI claims for pregnancy complications was 9.7 weeks and the average number of weeks approved to recover from childbirth was 7.1 weeks. The average length of approved TCI claims for a new child was 3.4 weeks while the average number of weeks approved to care for a seriously ill family member was 3.5 weeks.

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.

*Data for any town with less than 5 total approved claims are suppressed by the Rhode Island Department of Labor and Training.

References

[1] Rhode Island Department of Labor and Training. (2014). *Temporary Caregiver Insurance [Brochure].*

[2,5] Ochshorn, S. & Skinner, C. (2012). *Building a competitive future right from the start: How paid leave strengthens 21st century families.* New York, NY: National Center for Children in Poverty.

[3] *Business support for the Family and Medical Leave Act.* (2013). Washington, DC: Center for Law and Social Policy.

[4] *Rhode Island Parental and Family Medical Leave Act,* Title 28 Rhode Island General Law § 28-48-2 (1987,1990).

[6,9] *Family leave in the early years.* (2013). Washington, DC: Zero to Three.

(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.

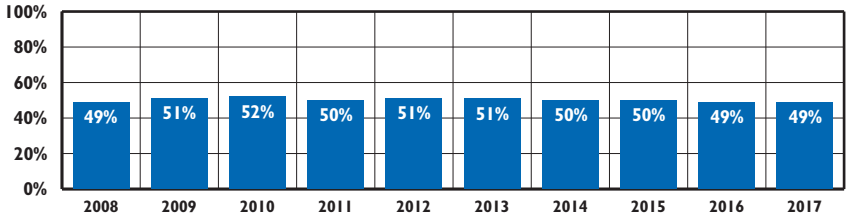
SIGNIFICANCE

Child support is a major part of the safety net for children and families. In 2016, one in five U.S. children (15.6 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 increase the reliability of child support paid by helping custodial parents locate the non-custodial parent, establishing paternity and support orders, and removing barriers to payment, such as referring parents to employment services, supporting co-parenting relationships, and helping to prevent family violence.[3]

The receipt of child support payments can significantly improve the economic well-being of a child growing up in a family with a non-custodial parent. In 2015, child support lifted more than 790,000 U.S. children out of poverty, and for poor custodial parents that received full child support, these payments represented more than two-thirds (70%) of their mean personal income. Custodial parents who receive steady child support payments are more likely to find work faster and stay employed longer than those who do not and are less likely to rely on public assistance programs.[4,5,6]

For many families, even when a child support order is in place, payments can be unreliable. Noncustodial 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] Fatherhood programs that focus on low-income, non-custodial parents and provide a combination of job skills training and employment assistance, parenting skills, relationship building with the co-parent, and links to the child support system can increase child support payments. Non-custodial parents who pay regular child support are more involved with their children, providing them with emotional and financial support. The receipt of regular child support payments can have a positive effect on children's academic achievement.[9,10]

Non-Custodial Parents With Court Orders Who Pay Child Support on Time and in Full, Rhode Island, 2008-2017



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2008-2017.

◆ **As of December 1, 2017, there were 73,028 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). Forty-five percent of the children in the Child Support system with a known Rhode Island residence lived in the four core cities. Nearly half (49%) of non-custodial parents under court order in Rhode Island were making child support payments on time and in full.[11]**

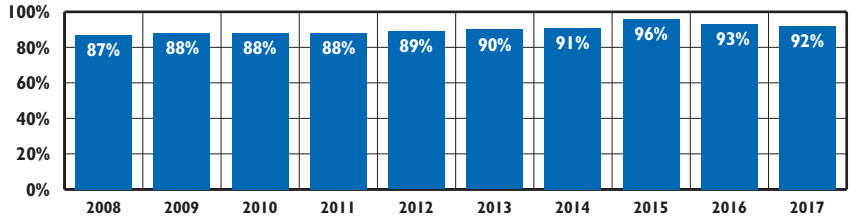
◆ **In 2017, the Rhode Island Office of Child Support Services collected $94.4 million in child support, an increase of about $500,000 over the previous year. Eighty-six percent ($81.5 million) of the funds collected were distributed directly to families and the remainder was retained by the state and federal governments as reimbursement for RI Works, RIte Care, and other expenses.[12]**

◆ **In Federal Fiscal Year (FFY) 2016, the Rhode Island Office of Child Support Services collected $5.38 for every $1.00 Rhode Island spent on administering the program.[13]**

◆ **During FFY 2017, there were 17,624 court orders for non-custodial parents to provide medical insurance and 10,611 orders for non-custodial parents to contribute funds toward medical coverage. More than $5.3 million in payments was retained by the state to offset the cost of RIte Care, and approximately $2.4 million was disbursed directly to families to offset the cost of private health insurance coverage or other medical expenses.[14]**

◆ **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 noncustodial 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."[15]**

Rhode Island Children in the Office of Child Support Services System With Paternity Established, 2008-2017



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2008-2017. Includes all children in the child support system – private, interstate, and IV-D cases (i.e., cases that received assistance with child support because they were receiving RI Works, RIte Care, or child care assistance benefits).

◆ **The percentage of children in the Rhode Island child support system with paternity established increased from 87% of children in 2008 to 92% of children in 2017.[16]**

◆ **When applying for cash assistance, child care assistance, or RIte Care, 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. Victims of domestic violence can apply for a waiver of this requirement if providing this information could endanger themselves or their children.[17,18]**

◆ **In FFY 2016, Rhode Island had the lowest rate of court orders established for child support in New England (Maine – 95%; Connecticut – 91%; Vermont – 90%; Massachusetts – 87%; New Hampshire – 81%; Rhode Island – 79%). The national average for cases with child support orders established is 86%.[19] In FFY 2016, Rhode Island had the highest case/staff ratio in New England at 720 cases per person, five times that of the lowest state, Vermont.[20] 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.**

References

[1,13,19,20] U.S. Office of Child Support Enforcement, Administration for Children & Families. (2017). *FY 2016 preliminary report.* Retrieved January 23, 2018, from www.acf.hhs.gov

[2] Federal Interagency Forum on Child and Family Statistics (2016). *Table POP-1: Child population: Number of children (in millions) ages 0-17 in the United States by Age, 1950-2016 and projected 2017-2050.* Retrieved January 23, 2018, from www.childstats.gov

(continued on page 176)

Child Support and Rhode Island Works

◆ **As of December 1, 2017, Rhode Island's Office of Child Support Services system included 4,723 children enrolled in RI Works.[21]**

◆ **In 2017, the average child support obligation for children enrolled in RI Works was $281 per month, compared to an average child support obligation of $396 per month for children in non-RI Works families.[22] (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 caring for the child. The remainder of the payment is retained by the federal and state governments as reimbursement for assistance received through RI Works.[23]**

◆ **In FFY 2017 in Rhode Island, an average of 493 families received at least one "pass-through" payment each month, for a total of $287,485 paid to families enrolled in RI Works.[24]**

◆ **States have the option to increase the amount of money passed through to children. States that pass through up to $100 per month for one child (and up to $200 per month for two or more children) and disregard this income in calculating eligibility for cash assistance do not have to reimburse the federal government for its share of the child support collected. Since this federal policy change went into effect, a number of states have increased the amount they pass through to children. Rhode Island has not implemented this option.[25,26]**

◆ **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 noncustodial parents to make regular payments. Increased "pass-throughs" could therefore increase total child support collections and increase family income.[27]**

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 during the year prior to the Census.

SIGNIFICANCE

Poverty is related to every KIDS COUNT indicator. Children in poverty, especially those who experience poverty in early childhood and for extended periods, are more likely to have physical and behavioral health problems, experience difficulty in school, become teen parents, and earn less or be unemployed as adults.[1,2,3] Children in poverty are less likely to be enrolled in preschool, more likely to attend schools that lack resources and rigor, and have fewer opportunities to participate in extracurricular activities.[4,5,6]

Nationally and in Rhode Island, children of color are more likely to grow up poor than White children. Children under age six, 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.[7,8]

In 2017, the federal poverty threshold was $19,749 for a family of three with two children and $24,858 for a family of four with two children.[9]

The official poverty measure does not reflect the effects of key government policies and programs that support families living in poverty, does not take into account the increased cost of transportation, child care, housing, and medical care, and does not consider geographic variations in the cost of living. To address these limitations, in 2011, the U.S. Census Bureau began releasing a Supplemental Poverty Measure. This measure does not replace the official measure, but provides policy makers with a new way to evaluate the effects of anti-poverty policies.[10]

According to the *2016 Rhode Island Standard of Need*, a single-parent family with two children would need to earn $52,932 a year to meet its basic needs, more than twice the federal poverty level for a family of three. Work supports such as subsidized child care, health coverage (RIte Care), food assistance, and tax credits, can help families with incomes below the federal poverty level meet their basic needs.[11]

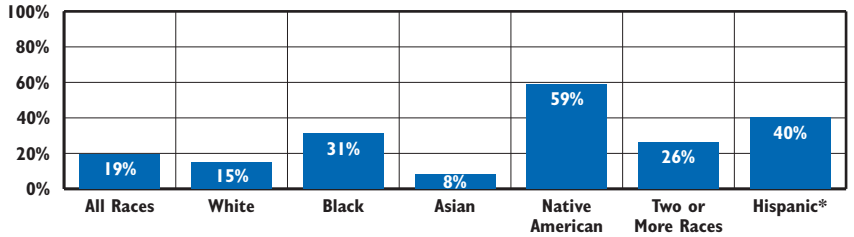
Children in Poverty

	2013	2014	2015	2016
RI	21.5%	19.8%	19.4%	17.0%
US	22.2%	21.7%	20.7%	19.5%
National Rank*				*22nd*
New England Rank**				*5th*

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

Source: U.S. Census Bureau, American Community Survey, 2013-2016. Table R1704.

Children in Poverty, by Race and Ethnicity, Rhode Island, 2012-2016



Source: U.S. Census Bureau, American Community Survey, 2012-2016. Tables S1701, B17020A, B17020B, B17020C, B17020D, B17020G and B17020I. *Hispanic children may be included in any race category.

◆ **Between 2012 and 2016, 19% (40,699) of Rhode Island's 209,667 children under age 18 with known poverty status lived in households with incomes below the federal poverty threshold.[12]**

◆ **In Rhode Island as well as in the United States as a whole, Hispanic, Black, and Native American children are more likely than White and Asian children to live in families with incomes below the federal poverty threshold.[13]**

◆ **Between 2012 and 2016, over half (56%) of all children living in poverty in Rhode Island were White, 14% were Black, 2% were Asian, 2% were Native American, 18% were Some other race, and 8% were Two or more races. During the same period of time, 59% of Native American, 40% of Hispanic, and 31% of Black children in Rhode Island lived in poverty, compared to 8% of Asian children and 15% of White children.[14]**

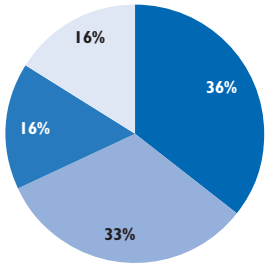
◆ **Between 2012 and 2016, 48% of Rhode Island's poor children were Hispanic. Hispanic children may be included in any race category. The Census Bureau asks about race separately from ethnicity, and the majority of families who identify as Some other race also identify as Hispanic.[15]**

◆ **In 2016, nearly one in five (17%) children in Rhode Island (a total of 35,106 children) lived in poverty.[16]**

Rhode Island's Poor Children, 2012-2016

By Age

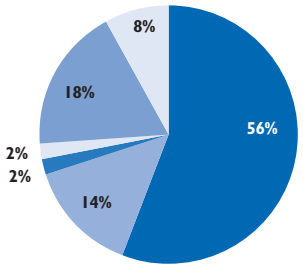
36%	Ages 5 and Younger
33%	Ages 6 to 11
16%	Ages 12 to 14
16%	Ages 15 to 17



n=40,699

By Race*

56%	White
14%	Black
2%	Asian
2%	Native American
18%	Some Other Race
8%	Two or More Races

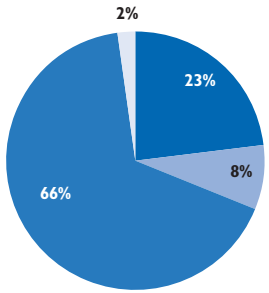


n=40,699

**Hispanic children may be included in any race category. Between 2012 and 2016, 19,356 (48%) of Rhode Island's 40,699 poor children were Hispanic.*

By Family Structure

23%	Married Couple Family
8%	Unmarried Male Householder
66%	Unmarried Female Householder
2%	Not in Related-Family Household



n=40,699

Source: U.S. Census Bureau, American Community Survey, 2012-2016. Tables S1701, B17001, B17006, B17020A, B17020B, B17020C, B17020D, B17020F, B17020G, & B17020I. Population includes children for whom poverty status was determined. Percentages may not sum to 100% due to rounding.

Child Poverty Concentrated in Four Core Cities, Rhode Island, 2012-2016

CITY/TOWN	NUMBER IN POVERTY	PERCENTAGE IN POVERTY	NUMBER IN EXTREME POVERTY	PERCENTAGE IN EXTREME POVERTY
Central Falls	2,364	41.6%	1,049	18.5%
Pawtucket	4,859	30.7%	1,996	12.6%
Providence	15,068	37.5%	6,770	16.8%
Woonsocket	3,674	41.1%	1,802	20.2%
Rhode Island	*40,699*	*19.4%*	*17,908*	*8.5%*

Source: Population Reference Bureau analysis of 2012-2016 American Community Survey data.

◆ Between 2012 and 2016, almost two-thirds (64%) of Rhode Island's children living in poverty lived in just four cities. These cities, termed core cities, are Central Falls, Pawtucket, Providence, and Woonsocket, all communities in which more than one in four children live below poverty (37% between 2012-2016). The four core cities also have substantial numbers of children living in extreme poverty, defined as families with incomes below 50% of the federal poverty level, or $9,875 for a family of three with two children and $12,429 for a family of four with two children in 2017.[17,18]

Young Children Under Age Six in Poverty, Four Core Cities and Rhode Island, 2012-2016

CITY/TOWN	NUMBER <AGE 6 IN POVERTY	PERCENTAGE <AGE 6 IN POVERTY
Central Falls	1,062	44.9%
Pawtucket	1,858	32.8%
Providence	5,129	37.8%
Woonsocket	1,458	45.0%
Rhode Island	*14,639*	*22.5%*

Source: Population Reference Bureau analysis of 2012-2016 American Community Survey data.

◆ Between 2012 and 2016, 22.5% (14,639) of Rhode Island children under age six lived in poverty.[19] Children under age six are at higher risk of living in poverty than any other age group.[20] Exposure to risk factors associated with poverty, including inadequate nutrition, environmental toxins, crowded and unstable housing, maternal depression, trauma and abuse, lower quality child care, and parental substance abuse interferes with young children's emotional, physical, and intellectual development.[21,22]

Children in Poverty

Financial Asset Building

◆ Having assets such as bank or credit union accounts provides families with a safe place to store their money and allows families to conduct basic financial transactions, manage financial emergencies related to unemployment or illness, and plan for their future.[23,24]

◆ Many low-income families lack knowledge about or access to traditional banks and instead rely on cash transactions or alternative financial services, such as check-cashing stores, payday lenders, rent-to-own stores, and refund anticipation loans. 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.[25,26]

◆ In Rhode Island in 2015, 5% of households did not have a checking or savings account, compared to 7% for the U.S. as a whole. Nationally, households with incomes less than $15,000 and households where Spanish is the only language spoken are less likely to have a checking or savings account. These households are more likely to use alternative financial services, such as money orders, cash checking services, or payday lenders.[27]

◆ Raising awareness about the importance of saving and consumer protections, providing financial education and counseling, preventing predatory lending, and connecting families to safe and affordable financial products can support families in using traditional banking institutions and increase their savings.[28]

◆ State and federal policies that protect families from predatory mortgage lending and payday lending and expand access to convenient, cost-effective, and safe financial services would allow families to keep more of their earnings, save and invest more, and could ultimately promote a more stable workforce and stronger communities.[29,30,31]

◆ 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 $1,000 asset limit to qualify for and retain RI Works cash assistance and is one of only nine 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.[33,34]

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), Social Security, SNAP, and housing subsidies. These programs keep millions of children out of poverty.[35]

Health Coverage and Access to Care

◆ Low-income people are the most likely to be uninsured; some because of job loss, some are ineligible for coverage through their employers because they work part-time, and others cannot afford the cost.[36] Children with health insurance (public or private) are more likely to have a regular and accessible source of health care than uninsured children.[37]

Affordable Quality Child Care

◆ In Rhode Island in 2015, the average cost of center-based child care for one infant was $12,091.[38] Child care subsidies can help poor families afford the cost of high-quality child care, which can help parents maintain employment and support children's development.[39]

Educational Attainment

◆ Fifty-four percent of Rhode Island children whose parents lack a high school diploma and 32% of children whose parents have only a high school diploma live in poverty.[40] By 2020, 71% of all jobs in Rhode Island will require postsecondary training beyond high school.[41]

Affordable Housing

◆ In 2017, the average rent for a two-bedroom apartment in Rhode Island was $1,385.[42] In Rhode Island, a family of three with an income at the federal poverty level would need to spend 81% of its income on rent to pay this amount, well above the recommended percentage of 30%.[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, 2017, there were 73,028 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 find work faster and stay employed longer than those who do not.[47] Among poor custodial parents that received full child support in 2015 in the U.S., these payments represented 58% of their mean personal income.[48]

Table 10. **Children Living Below the Federal Poverty Threshold, Rhode Island, 2000 and 2012-2016**

	CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2000		CHILDREN UNDER AGE 18 LIVING BELOW POVERTY 2012-2016			
			ESTIMATES WITH HIGH MARGINS OF ERROR*		ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR	
CITY/TOWN	N	%	N	%	N	%
Barrington	127	2.7%			43	1.0%
Bristol	436	10.0%			249	7.6%
Burrillville	236	6.0%	493	15.1%		
Central Falls	2,210	40.9%	2,364	41.6%		
Charlestown	78	4.7%	187	13.3%		
Coventry	481	5.9%			741	11.1%
Cranston	1,496	9.1%			2,475	15.9%
Cumberland	237	3.1%			738	10.6%
East Greenwich	147	4.1%			55	1.6%
East Providence	1,126	10.8%			1,156	12.8%
Exeter	112	7.5%	118	10.2%		
Foster	32	2.9%	41	5.3%		
Glocester	178	6.7%			86	4.5%
Hopkinton	115	5.9%	104	6.9%		
Jamestown	17	1.4%	138	13.8%		
Johnston	527	9.0%			623	12.0%
Lincoln	329	6.5%			652	13.3%
Little Compton	8	1.0%	54	9.6%		
Middletown	264	6.2%			414	11.3%
Narragansett	235	8.6%			30	1.5%
New Shoreham	19	10.2%	20	22.2%		
Newport	1,267	24.4%			612	17.4%
North Kingstown	663	9.7%			622	10.6%
North Providence	579	10.1%			568	10.8%
North Smithfield	72	3.0%			46	2.0%
Pawtucket	4,542	25.3%			4,859	30.7%
Portsmouth	118	2.8%			144	4.1%
Providence	18,045	40.5%			15,068	37.5%
Richmond	82	4.2%			65	4.0%
Scituate	113	4.3%	231	11.8%		
Smithfield	153	3.9%			39	1.1%
South Kingstown	324	5.3%			450	9.6%
Tiverton	92	2.8%			298	10.7%
Warren	205	8.4%	327	17.8%		
Warwick	1,243	6.7%			900	6.2%
West Greenwich	40	2.7%	-	-	-	-
West Warwick	1,186	18.1%	1,191	22.2%		
Westerly	534	10.0%	824	19.6%		
Woonsocket	3,494	31.8%			3,674	41.1%
Four Core Cities	*28,291*	*35.9%*			*25,965*	*36.7%*
Remainder of State	*12,871*	*7.8%*			*14,734*	*10.6%*
Rhode Island	*41,162*	*16.9%*			*40,699*	*19.4%*

Source of Data for Table/Methodology

Data are from the U.S. Census Bureau, Census 2000, Summary File 3, P.87 and PCT.50 and Population Reference Bureau analysis of 2012-2016 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 Errors for all communities.)

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

References

[1] Ratcliffe, C. (2015). *Child poverty and adult success.* Washington, DC: The Urban Institute.

[2,4,21] Moore, K. A., Redd, Z., Burkhauser, M., Mbwana, K., M., & Collins, A. (2009). *Children in poverty: Trends, consequences, and policy options.* Washington, DC: Child Trends.

[3] *Children in poverty.* (2016). Washington, DC: Child Trends.

[5] Laughlin, L. (2013). *Who's minding the kids? Child care arrangements: Spring 2011.* Washington, DC: U.S. Census Bureau.

[6] U.S. Census Bureau. (2014). *Extracurricular activities of school age children—Characteristics of families and households with children age 6-17: 2011.* Survey of Income and Program Participation (SIPP), 2008 Panel, Wave 4. Table D14. Retrieved December 27, 2018, from www.census.gov

(continued on page 176)

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, and subsidized child care. Children and families qualify for cash assistance based on their income, resources, and the number of people in their families.[1]

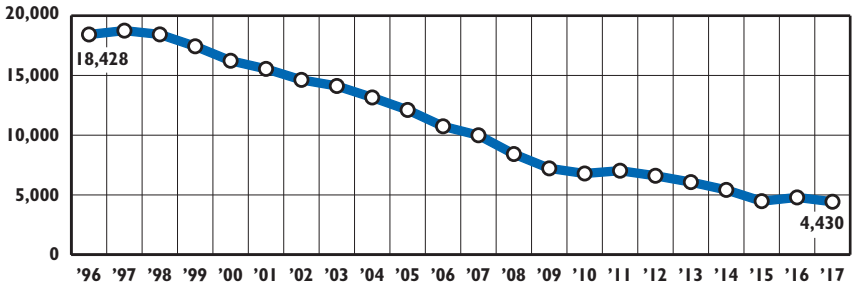
RI Works cash assistance recipients must participate in an employment plan unless they meet specific criteria for an exemption. This employment plan must take into account the parent's skills, education, and family responsibilities as well as local employment opportunities and should outline a process 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 who do not have sufficient 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 December 2017, the average hourly wage of working parents enrolled in RI Works was $11.16 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 benefit for a family of three is $554 per month.[8] Families receiving the maximum monthly cash benefit have incomes that are less than one-half the federal poverty level and are living in extreme poverty.[9]

Cash Assistance Caseload, Rhode Island, 1996–2017*



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1996–2015 and RI Bridges Database, December 2016 and 2017. 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 2010–2017 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 2017, the Rhode Island cash assistance caseload decreased by 76% from 18,428 cases to 4,430 families.[10]**

◆ **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 (a 48-month lifetime limit for benefits and a periodic time limit that limits assistance to no more than 24 months of assistance in any 60-month period), closing child-only cases when parents reach their time limit, and limiting eligibility for legal permanent residents to those who have had that status for five years.[11]**

◆ **In December 2017, there were 2,943 adults and 7,593 children under age 18 enrolled in RI Works. Almost three-quarters (72%) of RI Works beneficiaries were children, and 43% of the children enrolled in RI Works were under the age of six.[12]**

◆ **In December 2017, 55% of RI Works cases were single-parent families, 41% were child-only cases, and 4% were two-parent families.[13]**

◆ **High unemployment rates for adults with limited education, coupled with shorter time limits for cash assistance, leaves many families with children experiencing deep poverty, hardship, and homelessness. In 2016, 15,755 children in Rhode Island lived in extreme poverty, yet only 8,960 children received cash assistance in December 2016.[14,15]**

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.[16]

Time Limits

◆ The lifetime limit for RI Works is 48 months. Families also are limited to no more than 24 months of cash assistance in a 60-month period. All cash assistance issued in Rhode Island or any other state since May 1, 1997 counts toward the lifetime limit, while assistance received since July 1, 2008 counts toward the 24-month periodic time limit.[17]

Hardship Extensions

◆ 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 (initially for six months, and then for three-month extensions), there is no limit on the total time a family can receive a hardship extension.[18,19]

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.[20]

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.[21]

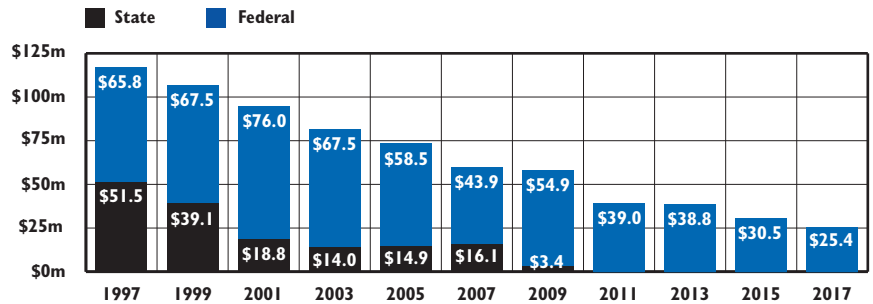
RI Works by Case Type, 2017

	NUMBER	PERCENTAGE
Child-only cases	1,807	41%
Cases with adults with a work activity	1,397	32%
Cases with adults exempt from a work activity*	885	20%
Unknown status	341	8%
Total RI Works Caseload	*4,430*	

Source: Rhode Island Department of Human Services, RI Bridges Database, 2017.

**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: youngest child under age one (188), in third trimester of pregnancy (88), caring for a disabled spouse or child (4), being a victim of domestic violence (9), illness or incapacity (495), or second parent is a non-participant (82). Nineteen parents had multiple reasons for exemptions. Percentages may not sum to 100% due to rounding.*

Rhode Island Cash Assistance Expenditures, State Fiscal Years 1997-2017

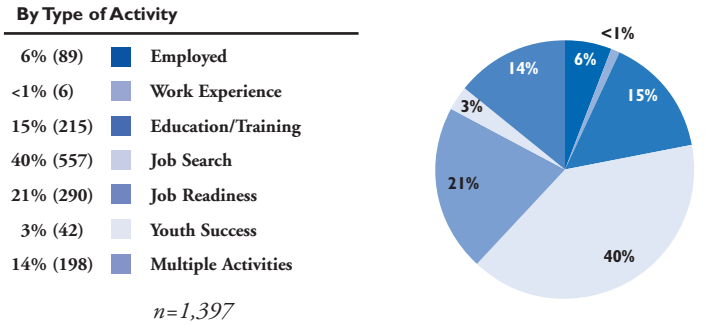


Sources: Rhode Island Department of Human Services, *Family Independence Program 2007 annual report.* (FY 1996-2001); House Fiscal Advisory Staff. (2004-2017). Budget as enacted: Fiscal Years 2005-2018. (FY 2001-2017). Fiscal years 1996-2016 are funds spent and FY 2017 is final budget.

◆ In State Fiscal Year 2017, for the eighth year in a row, no state general revenue was allocated for cash assistance. State general revenue spending for cash assistance has decreased steadily over the past 20 years. The cash assistance program is now entirely supported by federal Temporary Assistance for Needy Families (TANF) block grant funds. The total expenditures for cash assistance in Rhode Island (federal and state) decreased by 80% between 1996 (when the program began) and 2017, from $126.5 million to $25.4 million.[22,23]

Children in Families Receiving Cash Assistance

Activities of Families Enrolled in the RI Works Program, December 2017



Source: Rhode Island Department of Human Services, RI Bridges Database, December 2017. Percentages may not sum to 100% due to rounding.

◆ As of December 2017, 6% of families with work activities were employed, down from 28% in December 2008. Less than 1% were in unpaid work experience.[24,25] Work experience can help parents gain new skills, knowledge, and work habits to improve their employability.[26]

◆ Parents with limited training and skills can participate in basic education and work skills programs. Parents also can receive up to one year of vocational education as part of their 48-month lifetime limit.[27] As of December 2017, 15% of families were participating in education or training programs.[28]

◆ More than one-third (40%) 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, primarily through their netWORKri one-stop career center locations. Another 21% were participating in job readiness activities, including vocational rehabilitation services delivered by the Office of Rehabilitation Services, mental health and substance abuse treatment, and housing and homelessness services needed to address barriers to employment.[29,30]

◆ An additional 3% of families were in the Youth Success Program, a program for young parents, and 14% of families were in multiple activities.[31]

Support for Young Parents

◆ A child is nine times more likely to grow up in poverty if that child's mother gave birth as a teen, the parents were unmarried when the child was born, and the mother did not receive a high school diploma or GED.[32]

◆ 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.[33]

◆ In December 2017, there were 104 families with a head of household under the age of 20 enrolled in RI Works, representing 2% of the total caseload.[34]

Support for Individuals with Disabilities and Their Families

◆ Nationally, 10% of adult cash assistance recipients have a severe disability and require help with self-care or routine activities, and a much larger percentage (about 40%) have an emotional, cognitive, sensory, or cognitive disability that may be a barrier to employment.[35]

◆ Under RI Works, parents with disabilities may be exempt from work requirements only if they are receiving or are 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.[36]

◆ As of December 2017, 582 families (or 13% of the total RI Works caseload) had hardship extensions, 18 for a physical or mental disability, three who were unable to work due to a domestic violence situation, one due to homelessness, and 560 because of economic hardship or another critical condition or circumstance.[37] 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 a child with a disability.[38]

Children in Families Receiving Cash Assistance

Education and Training Supporting Employment

◆ An estimated 150,000 working-age adults (ages 16 or older) in Rhode Island are not enrolled in school and have no high school diploma or have limited English-language skills. Many face both of these obstacles to success in the labor market.[39]

◆ By 2020, 71% of jobs in Rhode Island will require post-secondary education beyond high school.[40] Between 2012 and 2016, the unemployment rate for Rhode Islanders without high school diplomas was 13%, compared to 10% for those with high school degrees and 3% for those with a bachelor's degree or higher.[41]

◆ Parents enrolled in RI Works face significant barriers to success in the labor market. Thirty percent of parents enrolled in RI Works report not finishing high school.[42] Among a recently tested group of parents receiving cash assistance, more than one-third (38%) of those tested in English tested at or below the sixth-grade reading level, while almost two-thirds (62%) 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.[43]

◆ Research comparing mandatory job-search-first and mandatory education-or-training-first programs has found that the most effective approach is a mixed strategy where beneficiaries are encouraged to look for and take full-time jobs that pay above the minimum wage, offer benefits, have the potential for advancement, and also are offered high-quality, work-focused, and short-term education or training to improve their employability.[44] States should explore how to meet their work participation rate while offering beneficiaries a chance to improve job skills and long-term work preparedeness.[45]

Source of Data for Table/Methodology

Rhode Island Department of Human Services, RI Bridges Database, December 2017. 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 2010, Summary File 1.

Communities may have more families than children receiving cash assistance because a pregnant woman without children is eligible if she is in the final trimester of her pregnancy.

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

References

[1,2,3,5,8,16,17,18,20,21,26,30,33,36] Rhode Island Department of Human Services. (2016). *Rhode Island Department of Human Services code of rules: RI Works program (Sections 1400 through 1436).* Retrieved February 13, 2018, from www.dhs.ri.gov

(continued on page 177)

Table 11. **Children in Families Receiving Cash Assistance (RI Works), Rhode Island, December 2017**

CITY/TOWN	# OF CHILDREN UNDER AGE 18	NUMBER RECEIVING CASH ASSISTANCE		% OF CHILDREN RECEIVING CASH ASSISTANCE
		FAMILIES	CHILDREN	
Barrington	4,597	5	6	<1%
Bristol	3,623	30	63	2%
Burrillville	3,576	17	26	1%
Central Falls	5,644	248	453	8%
Charlestown	1,506	4	4	<1%
Coventry	7,770	39	51	1%
Cranston	16,414	198	290	2%
Cumberland	7,535	46	79	1%
East Greenwich	3,436	14	20	1%
East Providence	9,177	104	160	2%
Exeter	1,334	3	6	<1%
Foster	986	3	3	<1%
Glocester	2,098	6	12	1%
Hopkinton	1,845	8	13	1%
Jamestown	1,043	5	10	1%
Johnston	5,480	81	144	3%
Lincoln	4,751	49	87	2%
Little Compton	654	5	5	1%
Middletown	3,652	34	62	2%
Narragansett	2,269	8	11	<1%
New Shoreham	163	0	0	0%
Newport	4,083	144	266	7%
North Kingstown	6,322	46	88	1%
North Providence	5,514	68	117	2%
North Smithfield	2,456	8	11	<1%
Pawtucket	16,575	419	707	4%
Portsmouth	3,996	15	20	1%
Providence	41,634	1,862	3,371	8%
Richmond	1,849	6	7	<1%
Scituate	2,272	7	10	<1%
Smithfield	3,625	15	19	1%
South Kingstown	5,416	27	46	1%
Tiverton	2,998	33	44	1%
Warren	1,940	18	24	1%
Warwick	15,825	173	247	2%
West Greenwich	1,477	2	3	<1%
West Warwick	5,746	127	191	3%
Westerly	4,787	27	39	1%
Woonsocket	9,888	513	849	9%
Other/Unknown	*NA*	*13*	*29*	*NA*
Four Core Cities	*73,741*	*3,042*	*5,380*	*7%*
Remainder of State	*150,215*	*1,375*	*2,184*	*1%*
Rhode Island	*223,956*	*4,430*	*7,593*	*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) in October 2017.

SIGNIFICANCE

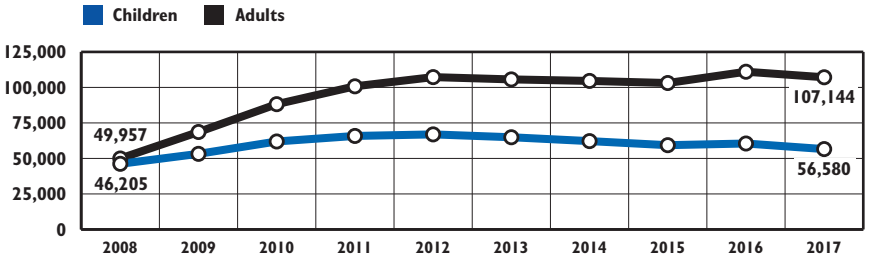
Hunger and lack of regular access to sufficient food are linked to serious physical, psychological, emotional, and academic problems in children and can interfere with their growth and development.[1,2] The Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, helps low-income individuals and families obtain better nutrition through monthly benefits they can use to purchase food at retail stores and some farmers' markets.[3] Child food insecurity 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, ($26,546 for a family of three in 2017) net monthly incomes below 100% of the federal poverty level, and no more than $2,250 in resources.[5] In 2009, Rhode Island implemented expanded categorical eligibility, an option encouraged by the U.S. Department of Agriculture, allowing the state to increase the gross income limit and remove the resource limit for most applicants.[6,7] The gross monthly income limit for Rhode Island is now 185% of the federal poverty level ($37,777 for a family of three in 2017).[8,9] 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.[10]

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.[11] In Rhode Island during October 2017, 79% of SNAP recipients had gross incomes below the federal poverty level ($20,420 for a family of three in 2017).[12,13] In October 2017, the average monthly SNAP benefit for a family of three in Rhode Island was $379.[14]

Participation in SNAP has been associated with improvement in current and long-term health outcomes among low-income or food insecure children.[15] SNAP also is effective in reducing poverty. Nationally in 2015, SNAP reduced poverty 20.9% for non-Hispanic Blacks, 17.6% for Hispanics, 15.5% for non-Hispanic Whites, and 21.3% for working families.[16] In addition, SNAP is a quick and 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, 2008-2017



Source: Rhode Island Department of Human Services, InRhodes Database, 2008–2015 and RI Bridges Database, 2016-2017. Data represent children under age 18 and adults who participated in SNAP during the month of October.

◆ **Of the 163,724 Rhode Islanders enrolled in SNAP in October 2017, 65% were adults and 35% were children. Of the children enrolled in SNAP, 34% were under the age of six.[18]**

◆ **The number of children and adults receiving SNAP benefits decreased slowly between 2012 and 2015, then increased in 2016. It is possible that the 2016 increase is due to efforts to avoid denying eligible SNAP recipients during the difficult transition to the RI Bridges/UHIP computer system. Between 2016 and 2017, the number of adults receiving SNAP benefits decreased by 3,901, and the number of children receiving SNAP decreased by 3,925.[19,20]**

Food Insecurity in Rhode Island

◆ **The USDA defines food insecurity as not always having access to enough food for an active, healthy life. Between 2014 and 2016, 12.8% of Rhode Island households and 13.0% of U.S. households were food insecure. In 2016, 16.5% of all U.S. households with children were food insecure, while 43.8% of U.S. households with children with incomes below the poverty level experienced food insecurity.[21]**

◆ **Federal nutrition programs provide assistance to children and families through SNAP, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the National School Lunch Program, the National School Breakfast Program, the Summer Food Service Program, and the Child and Adult Care Food Program.[22] In 2017, food pantries and soup kitchens provided emergency food assistance to more than 57,000 Rhode Islanders each month who needed additional help to meet their nutritional needs.[23]**

Children Receiving SNAP Benefits

Increasing Access to SNAP Benefits

◆ **The transition to the RI Bridges/UHIP computer system caused backlogs in applications for SNAP and other benefits. While the state has made progress in reducing the backlog, there are still issues to address to ensure that applications for SNAP benefits are processed in a timely manner, including staffing and technical issues with the computer system.**[24]

◆ **Rhode Island could increase access to SNAP benefits for children and families by ensuring adequate staffing in field offices, reducing wait times, reducing documentation requirements, simplifying renewal processes, improving communications with clients and community partners, providing additional staff training, and seeking recommendations for system improvements from line staff.**[25,26]

Table 12. **Children Under Age 18 Receiving SNAP Benefits, Rhode Island, October 2017**

CITY/TOWN	NUMBER PARTICIPATING
Barrington	96
Bristol	413
Burrillville	384
Central Falls	3,171
Charlestown	154
Coventry	913
Cranston	3,057
Cumberland	699
East Greenwich	180
East Providence	1,709
Exeter	92
Foster	86
Glocester	111
Hopkinton	183
Jamestown	41
Johnston	1,023
Lincoln	608
Little Compton	40
Middletown	449
Narragansett	193
New Shoreham	7
Newport	1,367
North Kingstown	825
North Providence	1,080
North Smithfield	190
Pawtucket	6,393
Portsmouth	242
Providence	21,355
Richmond	97
Scituate	151
Smithfield	187
South Kingstown	543
Tiverton	377
Warren	285
Warwick	2,391
West Greenwich	62
West Warwick	1,691
Westerly	776
Woonsocket	4,803
Unknown	*156*
Four Core Cities	*35,722*
Remainder of State	*20,702*
Rhode Island	*56,580*

Note to Table

In 2008, the Food Stamp Program was renamed the Supplemental Nutrition Assistance Program (SNAP).

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 2017.

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

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

References

[1] *Food insecurity: Indicators of child and youth well-being.* (2016). Washington, DC: Child Trends.

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(continued on page 177)

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

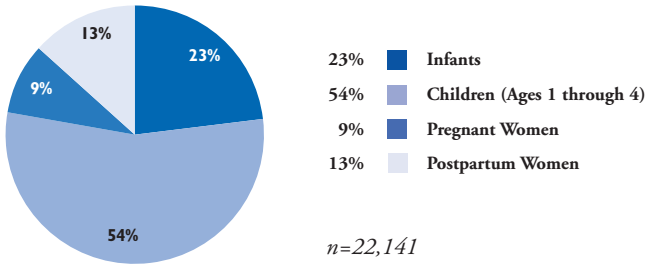
The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a federally-funded preventive program that provides participants with nutritious food, nutrition education, and access to health care and social services. WIC serves pregnant, postpartum, and breastfeeding women, infants, and children under five years of age living in households with incomes at or below 185% of the federal poverty level ($37,777 per year for a family of three in 2017). Any individual who participates in SNAP (formerly the Food Stamp Program), RIte Care, Medicaid, or Rhode Island Works is automatically income-eligible for WIC. Participants must also have a specified nutritional risk, such as anemia, high-risk pregnancy, or abnormal growth, or be in need of supplemental food to qualify.[1,2]

Compared to children who receive WIC benefits, young children who are eligible for WIC but not participating are more likely to be in poor health, at risk for developmental delays, underweight, short for their age, and/or experience food insecurity (i.e., live in families that do not always have enough food for an active healthy life).[3] Food insecurity in early childhood can lead to impaired cognitive, behavioral, and psychosocial development, and can limit academic achievement.[4] Pregnant women also have special nutritional needs that influence pregnancy outcomes and the health of their children.[5]

WIC participation has been shown to reduce infant mortality, improve birth outcomes (including reducing the likelihood of low birthweight and prematurity), enhance maternal and child dietary intake, reduce risk of child abuse and neglect, improve child growth rates, boost cognitive development, and increase the likelihood of having a regular source of medical care.[6,7]

Revisions made in 2014 to the WIC food package have increased access to a wider variety of nutritious foods and strengthened breastfeeding support.[8] WIC consistently promotes breastfeeding as the optimal method of infant feeding.[9] In Rhode Island in Federal Fiscal Year (FFY) 2017, 78% of mothers participating in WIC initiated breastfeeding. Seventeen percent of infants participating in WIC were breastfed at three months of age, and 14% were breastfed at six months of age.[10]

Women, Infants, and Children Enrolled in WIC, Rhode Island, September 2017



Source: Rhode Island Department of Health, WIC Program, September 2017. Percentages may not sum to 100% due to rounding.

◆ **Infants and children ages one through four comprised more than three-quarters (77%) of the population being served by WIC in September 2017 in Rhode Island. Women accounted for over one-fifth (9% pregnant and 13% postpartum) of the population being served.[11]**

◆ **In September 2017, 70% of WIC participants in Rhode Island were White, 16% were Black or African-American, 3% were Asian, and 11% identified as other races or more than one race. Fifty-one percent of WIC participants identified as Hispanic or Latino. Hispanics are included in the racial groups above.[12]**

◆ **Three of the four core cities – Central Falls (60%), Providence (60%), and Woonsocket (59%) – had WIC participation rates exceeding the statewide enrollment rate of 50% in 2017. The enrollment rate for Pawtucket was the same as the statewide rate of 50%.[13]**

◆ **WIC is not an entitlement program. Congress determines funding annually, and WIC is not funded at a level that is sufficient to serve all eligible women and children.[14] Rhode Island received $22.9 million in federal WIC funding during FFY 2017, which was less than the $23.3 million in funding for FFY 2016.[15]**

◆ **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.[16] In Rhode Island, 31 farmers' markets provided fresh produce to 12,371 WIC participants through the FMNP in FFY 2017.[17]**

Table 13. **Women, Infants, and Children Enrolled in WIC, September 2017**

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER ENROLLED	% OF ELIGIBLE ENROLLED
Barrington	128	34	27%
Bristol	420	176	42%
Burrillville	437	155	35%
Central Falls	2,036	1,227	60%
Charlestown	161	63	39%
Coventry	773	365	47%
Cranston	2,766	1,447	52%
Cumberland	662	222	34%
East Greenwich	180	46	26%
East Providence	1,616	696	43%
Exeter	125	40	32%
Foster	106	35	33%
Glocester	178	45	25%
Hopkinton	219	51	23%
Jamestown	35	8	23%
Johnston	952	435	46%
Lincoln	536	130	24%
Little Compton	42	10	24%
Middletown	397	173	44%
Narragansett	157	47	30%
New Shoreham	39	5	13%
Newport	883	437	49%
North Kingstown	611	195	32%
North Providence	1,091	477	44%
North Smithfield	214	71	33%
Pawtucket	5,051	2,532	50%
Portsmouth	252	77	31%
Providence	14,409	8,673	60%
Richmond	88	75	85%
Scituate	186	43	23%
Smithfield	297	92	31%
South Kingstown	527	162	31%
Tiverton	342	136	40%
Warren	310	118	38%
Warwick	2,215	868	39%
West Greenwich	125	33	26%
West Warwick	1,413	625	44%
Westerly	729	242	33%
Woonsocket	3,188	1,875	59%
Four Core Cities	*24,684*	*14,307*	*58%*
Remainder of State	*19,212*	*7,834*	*41%*
Rhode Island	*43,896*	*22,141*	*50%*

Source of Data for Table/Methodology

Rhode Island Department of Health, WIC Program, September 2017.

Note: WIC participation rates in this Factbook can be compared to all Factbooks, with the exception of the 2011 Factbook, which used a July rather than September 30 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).

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

References

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[2] U.S. Department of Agriculture. (n.d.). *The Special Supplemental Nutrition Program for Women, Infants and Children (WIC program).* Retrieved January 23, 2018, from www.fns.usda.gov

[3] *Children's HealthWatch policy action brief: Federal programs that protect young children's health.* (2011). Boston, MA: Children's HealthWatch.

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[5] U.S. Department of Health and Human Services, Office on Women's Health. (2017). *Pregnancy: Staying healthy and safe.* Retrieved January 23, 2018, from www.womenshealth.gov

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(continued on page 177)

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

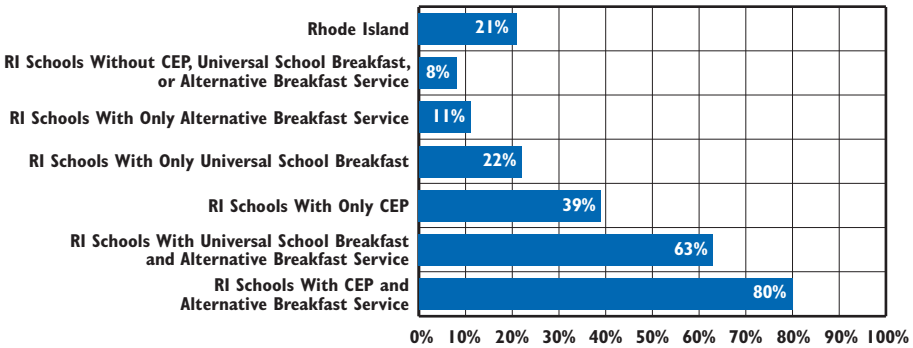
The School Breakfast Program helps ensure that the nation's most vulnerable children start their day off with a healthy meal. During the 2016-2017 school year, 12.2 million low-income children in the U.S. participating in the School Breakfast Program ate breakfast at school each day, continuing a pattern of steady year-over-year growth in student participation over the past decade.[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 improved 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.[4,5] Nationally, kindergarteners in households experiencing food insecurity are more likely to be chronically absent than their peers in food-secure households.[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 2016-2017 school year in Rhode Island, 53 low-income students participated in the School Breakfast Program for every 100 low-income students who participated in the School Lunch Program. Rhode Island ranks 31st in the U.S. for participation in the School Breakfast Program, up from 33rd last year. If Rhode Island increased low-income student participation in the School Breakfast Program to 70% of School Lunch Program participation, the state would receive $2.6 million in additional federal funds to support the School Breakfast Program.[9]

Children Participating in the School Breakfast Program, Rhode Island, October 2017



Source: Rhode Island Department of Education, Child Nutrition Programs, Office of Statewide Efficiencies, October 2017.

◆ **The federal Community Eligibility Provision (CEP) allows schools and districts with 40% or more students identified as low-income (e.g., enrolled in the Supplemental Nutrition Assistance Program) or at-risk (i.e., homeless or in foster care) to provide free breakfast and lunch to all students and offers higher reimbursements.[10] During the 2017-2018 school year, Central Falls School District, all elementary schools in Providence Public School District, Highlander Charter School, and the Metropolitan Regional Career and Technical Center were using CEP.[11]**

◆ **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.[12,13] During the 2017-2018 school year, all schools in Cranston and Woonsocket, selected schools in five other districts, eleven charter schools, and the Urban Collaborative Accelerated Program offered universal school breakfast.[14]**

◆ **Making breakfast part of the school day is another proven strategy for increasing breakfast participation, reducing stigma, and increasing convenience. In fact some states are adopting legislation requiring schools to offer "breakfast after the bell."[15,16] During the 2017-2018 school year, several Rhode Island school districts offered alternative breakfast service, including breakfast in the classroom, "grab and go" breakfasts, bagged breakfasts, or breakfast on a cart in all or some of their schools.[17]**

Children Participating in School Breakfast

Table 14. **Children Participating in School Breakfast, Rhode Island, October 2017**

SCHOOL DISTRICT	OCTOBER 2017 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	3,378	57	2%	186	18	10%
Bristol Warren	3,356	335	10%	1,135	217	19%
Burrillville	2,392	115	5%	791	82	10%
Central Falls	2,728	1,428	52%	NA	NA	NA
Chariho	3,377	180	5%	703	118	17%
Coventry	4,967	407	8%	1,487	314	21%
Cranston	11,340	2,707	24%	4,554	1,643	36%
Cumberland	4,689	438	9%	1,116	301	27%
East Greenwich	2,541	45	2%	156	27	17%
East Providence	6,061	1,124	19%	3,124	821	26%
Exeter-West Greenwich	1,660	90	5%	265	51	19%
Foster	264	43	16%	59	38	64%
Foster-Glocester	1,323	88	7%	258	50	20%
Glocester	551	48	9%	83	26	32%
Jamestown	499	19	4%	54	9	17%
Johnston	3,645	331	9%	1,587	272	17%
Lincoln	3,265	120	4%	888	123	14%
Little Compton	330	*	<1%	52	*	2%
Middletown	2,198	149	7%	679	114	17%
Narragansett	1,322	63	5%	306	37	12%
New Shoreham	124	17	14%	22	10	46%
Newport	2,513	539	21%	1,427	415	29%
North Kingstown	4,156	280	7%	898	209	23%
North Providence	3,929	692	18%	1,703	411	24%
North Smithfield	1,727	77	4%	361	43	12%
Pawtucket	9,766	2,197	22%	6,716	1,659	25%
Portsmouth	2,498	92	4%	423	58	14%
Providence	26,570	12,339	46%	NA	NA	NA
Scituate	1290	22	2%	224	14	6%
Smithfield	2,674	113	4%	416	59	14%
South Kingstown	3,237	198	6%	637	162	25%
Tiverton	1,958	105	5%	548	79	14%
Warwick	9464	722	8%	3391	561	17%
West Warwick	3,991	560	14%	1,991	453	23%
Westerly	2,781	339	12%	1,061	270	25%
Woonsocket	6,496	2,196	34%	4,641	1,770	38%
Charter Schools	*8,164*	*3,038*	*37%*	*NA*	*NA*	*NA*
State-Operated Schools	*1,818*	*461*	*25%*	*NA*	*NA*	*NA*
UCAP	*205*	*103*	*50%*	*114*	*64*	*56%*
Four Core Cities	*45,560*	*18,160*	*40%*	*NA*	*NA*	*NA*
Remainder of State	*97,500*	*10,117*	*10%*	*30,585*	*7,007*	*23%*
Rhode Island	*153,247*	*31,878*	*21%*	*NA*	*NA*	*NA*

Source of Data for Table/Methodology

Rhode Island Department of Education, October 2017.

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.

*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, The Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, RI Nurses Institute Middle College Charter School, RISE Prep Mayoral Academy, Segue Institute for Learning, Sheila C. "Skip" Nowell Leadership Academy, South Side 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.

The October 2017 enrollment and number of low-income students are for the full month of October and are not comparable with the October 1, 2017 enrollment numbers reported elsewhere in the Factbook.

"Estimated Average Daily Participation in Breakfast" is the average number of students who ate breakfast in school per school day during October 2017. "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 2017.

(Sources and References are continued on page 177)

Health

Some Things About Grandpas

by Alice Low

Grandfathers *watch* you
They always have time
To see you play baseball
Or jump rope or climb.
Grandpas make whistles
And kites that go high
And boats for your bathtub
And planes that can fly.

Grandfathers *know* things
Like what is a star
And why does it thunder
And how far is far
And grandpas tell stories
With you on their knee
(And there's no other place
That it's nicer to be).

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. Insured children are more likely to receive preventive medical and dental care, be screened for the achievement of developmental milestones, obtain needed timely treatment, have access to prescription medications, and miss fewer days of school.[1,2] Children are more likely to be insured if their parents also have health insurance (especially continuous coverage).[3,4]

Medicaid and the Children's Health Insurance Program (CHIP) provide low-income children with affordable, comprehensive health benefits, which have been shown to increase access to primary and preventive care for children and improve long-term health, education and economic outcomes.[5,6]

RIte Care/RIte Share, 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.

On December 31, 2017, 77% of RIte Care members who qualified based on family income were children under age 19. There were 59,138 low-income parents with RIte Care coverage on December 31, 2017.[7,8] RIte Care managed care enrollment rose to a new high of 158,092 in December 2017 (up from 149,080 in December 2016).[9,10]

Rhode Island children who are older children, living in urban communities, or are Black, Hispanic, or Native American are the most likely to be uninsured. In 2016, an estimated 1.9% of Rhode Island children were uninsured.[11,12,13,14]

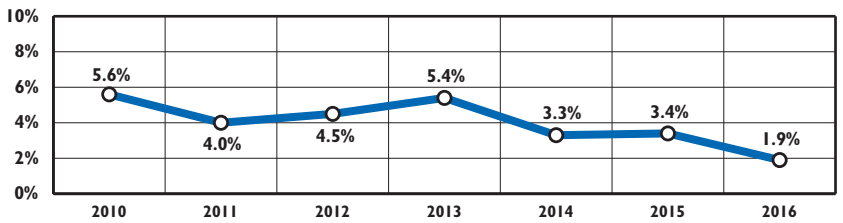
Children Without Health Insurance

	2010	2016
RI	5.6%	1.9%
US	8.6%	4.5%
National Rank*		*3rd*
New England Rank**		*3rd*

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

Source: For 2016: U.S. Census Bureau, American Community Survey, 2016. Table R2702. For 2010: U.S Census Bureau, American Community Survey, 2014. Table CP03.

Children Without Health Insurance, Rhode Island, 2010-2016



Source: U.S. Census Bureau, American Community Survey, 2014 & 2016. Table CP03. Data are for children under 18 years of age and are not comparable to Factbooks prior to 2015.

◆ **In 2016, 1.9% of Rhode Island's children under age 18 were uninsured. Rhode Island ranks third best in the U.S., with 98.1% of children having health insurance. 59% of Rhode Island children are covered by private health insurance, most of which is obtained through their parents' employers.[15,16]**

◆ **Approximately 68% (5,404) of the estimated 7,940 uninsured children under age 18 in Rhode Island between 2012 and 2016 were eligible for RIte Care coverage based on their family incomes, but were not enrolled. An estimated 2,536 uninsured children lived in families with incomes above 261% of the federal poverty level (the income limit for RIte Care child eligibility) and 57% (1,458) of them may have been eligible for financial assistance through HealthSource RI based on income.[17,18]**

◆ **The RIte Share premium assistance program helps low-income families afford the cost of employer-sponsored coverage. As of December 31, 2017, 4,956 children and 2,256 parents (7,212 total) were enrolled in RIte Share.[19]**

◆ **Between 2014 and 2016, the estimated percentage of children covered exclusively by their parents' employer-sponsored health plan increased from 51% to 53% and the percentage of children insured exclusively by Medicaid/RIte Care decreased from 33% to 31%.[20]**

◆ **Children and families in need of health insurance can enroll in coverage though HealthSource RI, Rhode Island's health insurance marketplace under the federal *Affordable Care Act*. As of October 2017, 1,694 children were enrolled in commercial coverage in the individual market of HealthSource RI, which is a 10% decrease from 2016 (1,877).[21]**

Table 15. **Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 31, 2017**

CITY/TOWN	RITE CARE	SSI	KATIE BECKETT PROVISION	ADOPTION SUBSIDY	FOSTER CARE	TOTAL
Barrington	512	17	35	26	9	599
Bristol	1,039	29	18	44	17	1,147
Burrillville	1,128	42	23	85	28	1,306
Central Falls	5,127	293	4	42	53	5,519
Charlestown	482	15	10	14	12	533
Coventry	2,107	85	49	130	62	2,433
Cranston	7,321	243	75	213	110	7,962
Cumberland	1,822	95	49	71	22	2,059
East Greenwich	506	27	36	36	16	621
East Providence	4,103	171	38	115	70	4,497
Exeter	295	6	6	19	7	333
Foster	303	11	6	10	7	337
Glocester	385	14	6	50	30	485
Hopkinton	584	10	9	36	14	653
Jamestown	126	5	10	4	4	149
Johnston	2,436	119	41	67	46	2,709
Lincoln	1,445	58	25	54	40	1,622
Little Compton	145	5	4	1	1	156
Middletown	1,092	36	15	34	21	1,198
Narragansett	450	26	9	25	31	541
New Shoreham	63	0	2	0	0	65
Newport	2,133	120	6	45	60	2,364
North Kingstown	1,681	50	35	59	35	1,860
North Providence	2,694	93	28	73	56	2,944
North Smithfield	563	30	10	44	28	675
Pawtucket	12,159	585	34	172	157	13,107
Portsmouth	748	26	16	42	27	859
Providence	34,902	1826	49	390	655	37,822
Richmond	269	10	4	5	6	294
Scituate	557	15	19	33	15	639
Smithfield	798	22	24	62	20	926
South Kingstown	1,322	50	38	66	21	1,497
Tiverton	930	33	13	29	20	1,025
Warren	805	31	9	35	37	917
Warwick	5,369	228	105	256	108	6,066
West Greenwich	262	0	12	22	8	304
West Warwick	3,169	155	16	80	59	3,479
Westerly	1,985	72	21	45	42	2,165
Woonsocket	7,398	562	27	151	113	8,251
Unknown Residence	*19*	*1*	*0*	*0*	*0*	*20*
Four Core Cities	*59,586*	*3,266*	*114*	*755*	*978*	*64,699*
Remainder of State	*49,629*	*1,949*	*822*	*1,930*	*1,089*	*55,419*
Rhode Island	*109,234*	*5,216*	*936*	*2,685*	*2,067*	*120,138*

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, MMIS Database, December 31, 2017.

The table includes children enrolled in RIte Care managed care, fee-for-service, and RIte Share as of December 31, 2017. Children with special health care needs who are covered through RIte Care or Medical Assistance are also included because they receive SSI, adoption subsidies, are in foster care, or qualify for the Katie Beckett provision.

The RIte Care numbers include children who are also enrolled in RI Works. Prior to the 2015 Factbook, children enrolled in both RIte Care and RI Works were reported separately. Due to eligibility system changes and enrollment changes to RI Works and RIte Care, these data are no longer able to be reported.

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.

Unknown residence: All children are Rhode Island residents, but specific city/town information was unavailable.

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

Beginning with the 2015 Factbook, the children without health insurance trend line is based on U.S. Census Bureau American Community Survey (ACS) data due to changes in survey protocol and methodology with the Current Population Survey (CPS). Trend data reported prior to 2015 Factbook are not comparable.

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(continued on page 178)

Childhood Immunizations

DEFINITION

Childhood immunizations is the percentage of children ages 19 months to 35 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. In 2016, the complete series included four doses of diphtheria, tetanus and pertussis (DTaP); three doses of polio; one dose of measles, mumps, rubella (MMR); three to four doses of Haemophilus influenzae type b (Hib); three doses of hepatitis B (HepB); one dose of varicella (chickenpox); and four doses of pneumococcal conjugate (PCV).

SIGNIFICANCE

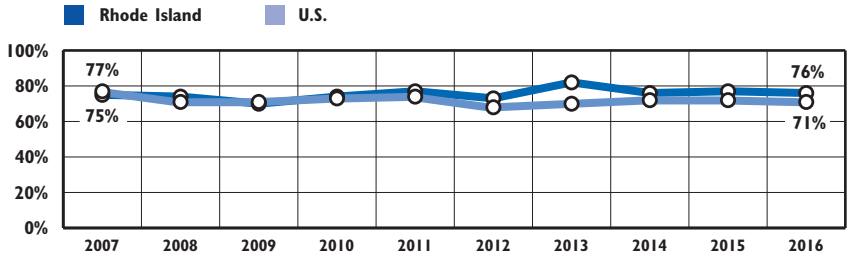
Timely and complete immunization protects children against a number of infectious diseases that were once common and resulted in death or disability. Vaccines interact with the immune system to produce antibodies that protect the body if it is later exposed to disease. The benefits of immunization include 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. 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 (ACA)*, children and individuals enrolled in new health insurance plans now have access to recommended vaccines without deductibles or copays, when delivered by an in-network provider.[5]

Rhode Island obtains vaccines for all children and distributes them to health care providers. In order to ensure that vaccines reach all children, the Rhode Island Department of Health works in partnership with local health care providers to maintain and share KIDSNET immunization data for children from birth to 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 chickenpox. Kindergarten entry requires vaccinations for all of these diseases except hepatitis A, Haemophilus influenza type b, influenza, pneumococcal conjugate, and rotavirus.[7,8]

Fully Immunized Children*, Ages 19 Months to 35 Months, Rhode Island and United States, 2007-2016



**Fully immunized children received the 4:3:1:3:3:1 series from 2006 to 2007; the 4:3:1:0:3:1:4 series in 2008 to 2010; and the 4:3:1:3:3:1:4 series in 2011-2016.*

Source: Centers for Disease Control and Prevention, *National Immunization Survey*, 2007-2016.

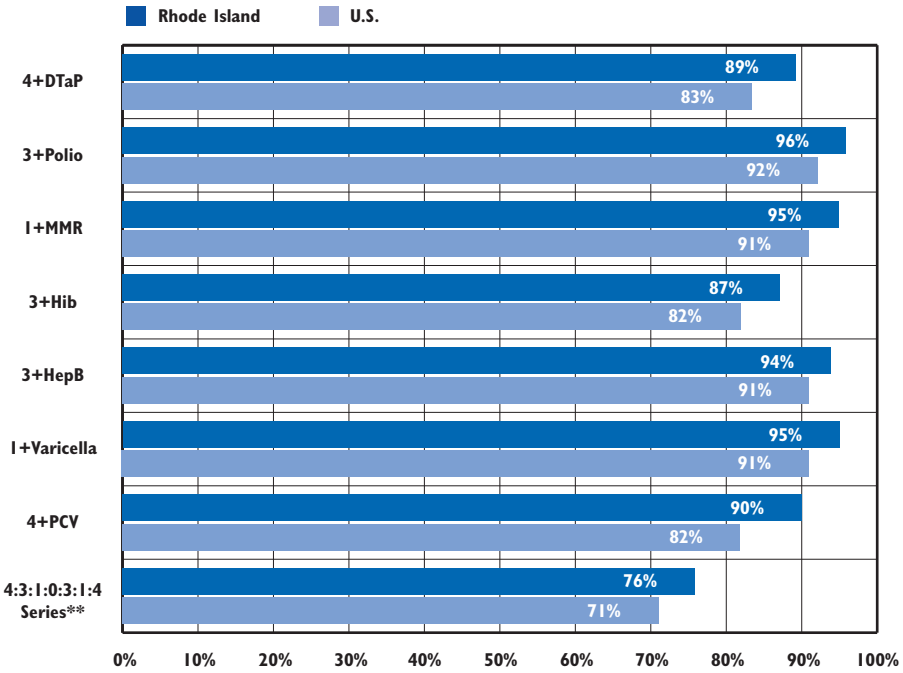
◆ **In 2016, Rhode Island's rate of children ages 19 months to 35 months that were fully immunized (76%) was above the national average of 71% and 14th best in U.S.[9]**

◆ **In 2016, the U.S. rate for fully immunized children ages 19 months to 35 months ranged from 66% for children living below the federal poverty level to 73% for children living at or above the federal poverty level. The 2016 U.S. rate was 72% for Asian, non-Hispanic children, 72% for White, non-Hispanic children, 71% for Hispanic children, and 64% for Black, non-Hispanic children.[10]**

◆ **Vaccine concerns have led some parents to request alternative vaccination schedules or to refuse some or all immunizations, which contribute to under-immunization.[11,12] Federal law requires that families be provided with information about each vaccine and given the opportunity to clarify issues or concerns with their health care provider.[13]**

◆ **In Rhode Island, children may be exempt from receiving one or more vaccines for medical or religious reasons.[14] In the 2016-2017 school year, 1.18% (129) of kindergarten students and 5.19% (599) of seventh grade students received exemptions from vaccination requirements. Of the 728 exemptions, 91% were for religious reasons and 9% were for medical reasons. Religious exemptions for seventh graders increased from 0.5% (60) in the 2014-2015 school year to 4.8% (553) in the 2016-2017 school year, mainly due to the addition of HPV vaccine to the seventh grade immunization requirements. Despite the increase in exemptions, the Rhode Island HPV vaccination rate for young adolescents is the best among 50 states and DC.[15,16]**

Vaccination Coverage Among Children, Ages 19 Months to 35 Months, Rhode Island and United States, 2016



Source: Rhode Island Department of Health analysis of data from the *National Immunization Survey-Children*, 2016.
*Depending on the product type received, 3+ or 4+ doses of Hib vaccine is a full dose.

◆ In 2016, Rhode Island ranked first in the U.S. for the rotavirus vaccines; second in the U.S for the 4+PCV vaccine; third in the U.S. for 1+VAR vaccine; fifth in the U.S. for the 4+DTaP; sixth for 3+Polio, and twelfth for 3+HepB vaccines.[17]

◆ In 2016, Rhode Island's rate of completion for the 4:3:1:3:3:1:4 (76%) did not reach the national *Healthy People 2020* target (80%), but a number of individual vaccine coverage rates in Rhode Island did. Polio, MMR, HepB, and chickenpox had coverage rates that met or surpassed the *Healthy People 2020* targets (90%) set for each type of vaccine for children ages 19 months to 35 months.[18]

Child and Adolescent Immunization

◆ The 2016-2017 *Rhode Island School Immunization Assessment* reported the immunization status of 98% of kindergarten students and more than 90% of seventh grade students. Of the immunizations needed for school entry, entering kindergarteners had coverage rates between 95% and 98%, while entering seventh grade students had rates between 74% and 99%.[19]

◆ The human papillomavirus (HPV), tetanus, diphtheria, pertussis (Tdap), and meningococcal conjugate (MCV) vaccines as well as any needed catch-up doses are required for all Rhode Island adolescent students before entering certain grade levels.[20]

◆ According to the 2016 *National Immunization Survey–Teen*, Rhode Island adolescents ranked first in the U.S. for the 1+MenACWY vaccine; first for the 1+HPV and 3+HPV vaccines for males and females; and second for the 1+Tdap vaccine. In 2016, 96% Rhode Island adolescents received the 1+MenACWY vaccine, 97% received the 2+MMR vaccine, 95% received the 1+Tdap vaccine, 94% received the 2+VAR vaccine, 95% received the 3+HepB vaccine, and 73% of females and 69% of males received the 3+HPV vaccine.[21]

◆ To ensure that all high school seniors are fully vaccinated before beginning college or work, the Rhode Island Office of Immunization runs the *Vaccinate Before You Graduate (VBYG)* program in high schools throughout the state. The program holds vaccination clinics at each participating school. The immunizations are offered at no cost to students.[22,23]

◆ During the 2016-2017 school year, 107 schools participated in *VBYG*. In total, 5,060 vaccine doses were administered to 2,433 students. Vaccines administered included influenza, HPV, MCV4, hepatitis A (HepA), hepatitis B (HepB), measles, mumps, and rubella (MMR), polio (IPV), tetanus, diphtheria, pertussis (Tdap), and varicella (chicken pox).[24]

◆ The School Located Vaccination (SLV) program administered over 25,932 doses of the influenza vaccine to both children and adults at school-based clinics throughout Rhode Island from October to December 2017. The goal of SLV is to ensure all Rhode Island children receive their annual flu vaccination with no out-of-pocket cost.[25]

References

[1] Centers for Disease Control and Prevention. (2017). *Why are childhood vaccines so important?* Retrieved November 21, 2017, from www.cdc.gov

[2] *Immunization.* (2015). Washington, DC: Child Trends.

(continued on page 178)

Access to Dental Care

DEFINITION

Access to dental care is the percentage of children under age 21 who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service on June 30 who had received dental services at any point during the previous State Fiscal Year.

SIGNIFICANCE

Dental caries (tooth decay) is a 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]

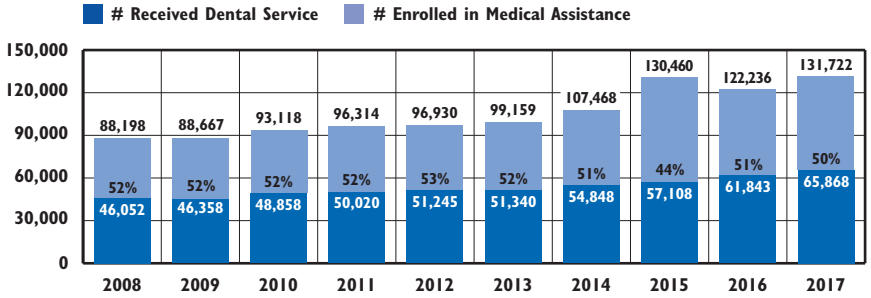
Insurance is a strong predictor of access to health and dental care. Fifteen percent of uninsured children in the U.S. have unmet dental needs, compared with 4% of those with Medicaid and 3% of those with private health insurance.[3] In 2014, 94% of children in Rhode Island had dental insurance that paid for routine dental care, up from 73% in 2001 and 62% in 1990.[4,5]

Children living in poverty are more likely to have untreated tooth decay than higher-income children. Medicaid-eligible children are more than three times as likely to have untreated tooth decay as 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]

Minority children have the highest rates of tooth decay and untreated dental problems. In Rhode Island and the U.S., non-Hispanic White children are more likely to have had a recent dental visit than non-Hispanic Black or Hispanic children.[9,10,11] Poor oral health during pregnancy has been shown to be a potential risk factor contributing to pregnancy complications and poor birth outcomes, including preterm birth and low birthweight infants.[12,13] Although oral health care can be safely delivered during pregnancy, about half (53%) of Rhode Island women report having a dental visit during their pregnancy. Women with low incomes are less likely to see a dentist; 41% of women with RIte Care coverage and 42% of women participating in WIC reported a dental visit during their pregnancy.[14]

Children with special health care needs may have problems finding and accessing providers who are trained and equipped to address their special dental, medical, behavioral, and mobility needs. A dental home can provide comprehensive, continuously accessible, coordinated, and family-centered dental care for all children, especially those with special needs.[15,16]

Children Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2008-2017



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2008-2017. *Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service.

◆ **Fifty percent (65,868) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service on June 30, 2017 received a dental service during State Fiscal Year (SFY) 2017. The number of children receiving dental services has increased by 52% since 2006, when RIte Smiles launched.[17]**

◆ **The federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate requires that states provide comprehensive dental benefits to children with Medicaid coverage, including preventive dental services.[18] In Rhode Island, 46% of children with Medicaid in Rhode Island received a preventive dental visit in FFY 2016, which is an increase from FFY 2015 (42%).[19]**

◆ **RIte Smiles, Rhode Island's managed care oral health program for children born on or after May 1, 2000, has been credited with improving access to dental care (both preventive and treatment services) for young children.[20,21,22] As of December 31, 2017, there were 103,584 children enrolled in RIte Smiles.[23]**

◆ **The federal Affordable Care Act (ACA) made pediatric dental benefits mandatory offerings for plans sold in the individual and small group market.[24] As of October 2017 1,694 children under age 19 were enrolled in commercial coverage in the individual market of HealthSource RI (Rhode Island's state-based insurance marketplace). Thirty-three percent obtained commercial dental coverage through HealthSource RI, whereas 39% obtained dental coverage through HealthSource RI in 2016.[25,26]**

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 for payment. Dental providers cite low reimbursement rates, administrative requirements, and patient-related issues (e.g., missed appointments and poor treatment compliance) as reasons why they do not see more patients with Medicaid coverage. Additional access barriers for children and families with public insurance include difficulty with transportation, limited language proficiency, lack of oral health literacy, and negative provider experiences.[27,28]

◆ Since RIte Smiles (Rhode Island's managed care oral health program) started in 2006, reimbursement rates have been raised for participating dental providers.[29] The number of dentists accepting qualifying children increased from 27 before RIte Smiles began to 90 at the launch of RIte Smiles.[30] In June 2017, there were 385 unduplicated dentists in 250 practice locations participating in RIte Smiles.[31]

◆ General dentists and dental specialists who provide dental care to older children who do not qualify for enrollment in the RIte Smiles program continue to be reimbursed at the Medicaid fee-for-service reimbursement rate.[32] Medicaid reimbursement rates often lag behind fees charged by dental providers and private commercial rates, which reduces incentives for providers to treat children with Medicaid coverage. Rhode Island had the second lowest Medicaid fee-for-service reimbursement rate for pediatric dental services in the nation in 2013.[33]

Consequences of Untreated Dental Disease

◆ Between 2012 and 2016, an average of 593 children under age 21 were treated for a primary dental-related condition in Rhode Island emergency departments annually. Of these children and youth, 22% were ages five and under, 17% were ages six to 11, 16% were ages 12 to 17, and 44% were age 18-20.[34]

◆ Each year between 2012 and 2016 in Rhode Island, an average of 73 children under age 19 were hospitalized with a diagnosis that included an oral health condition. During this time period, an average of 18 children per year under age 19 were hospitalized with an oral health condition as the primary reason for the hospitalization.[35]

Note: Effective October 1, 2015, the International Classification of Disease (ICD) Codes changes from the 9th classification to the 10th classification, which may impact comparability across the years.

Importance of Early Dental Visits for Very Young Children

◆ Clinical recommendations are that children first visit the dentist before age one.[36] However, only 1.8% of infants and one year old children in the U.S. have ever visited a dentist, compared with 89% who have seen a physician annually.[37] In Rhode Island, children under age six (63%) are less likely to have received a dental check-up or cleaning in past 12 months than children over age six (97% of 6-11 year olds and 93% of 12-17 year olds).[38]

◆ There are too few dentists trained to treat very young children, and too few who treat children with special health care needs or those who have public insurance.[39]

◆ In 2016, 39% of Rhode Island children under age five with Medicaid coverage received any dental service, and 36% received a preventive dental service.[40]

◆ 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.[41]

◆ Primary care providers can conduct oral health risk assessment, refer for dental care, and provide preventive services, all of which can improve oral health outcomes.[42]

◆ In addition to covering dental visits for children before the age of one, Rhode Island is one of 49 state Medicaid programs that reimburse primary care medical providers for preventive oral health services for very young children, including risk assessment, anticipatory guidance, and fluoride varnish application.[43,44]

References

[1,6,9,15,27,36,39] *The state of little teeth.* (2014). Chicago, IL: American Academy of Pediatric Dentistry.

[2] *Oral health in America: A report of the Surgeon General.* (2000). Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health.

[3,10] National Health Interview Survey. (2016). *Table C-11a: Age-adjusted percent distributions (with standard errors) of unmet dental need due to cost in the past 12 months and of length of time since last visit with a dentist or other dental health care professional for children aged 2-17 years, by selected characteristics: United States, 2016.* Retrieved February 15, 2018, from www.cdc.gov/nchs/nhis/shs/tables.htm

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Children's Mental Health

DEFINITION

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

SIGNIFICANCE

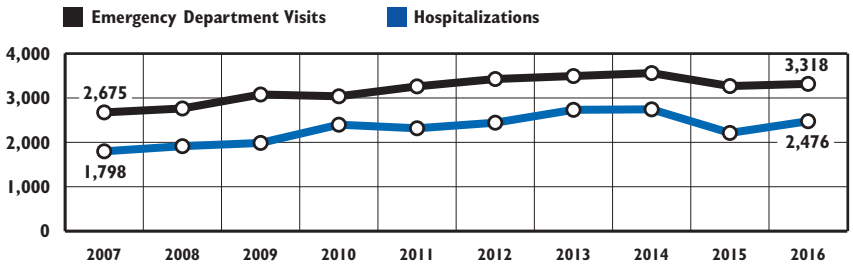
Mental health in childhood and adolescence is defined as the achievement of expected developmental, cognitive, social, and emotional milestones and the ability to use effective coping skills. Mental health status influences children's health and behavior at home, in child care or school, and in the community. 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. Nationally, 10% of children under age five experience a significant mental health issue.[5] In Rhode Island, one in five (19.0%) children ages six to 17 has a diagnosable mental health problem; one in ten (9.8%) has significant functional impairment.[6]

Risk factors for childhood mental disorders include prenatal exposure to alcohol, tobacco and other drugs; low birthweight; abuse and neglect; toxic stress; a family history of mental health issues and/or an inherited predisposition to a mental disorder; involvement with juvenile justice and child welfare systems; and living in poverty.[7,8,9]

Mental health treatment systems tend to be fragmented and crisis-driven with disproportionate spending on high-end care and often lack adequate investments in prevention and community-based services.[10,11,12] In Rhode Island, an estimated 55% of children ages three to 17 who needed mental health treatment or counseling had a problem obtaining needed care.[13] In Federal Fiscal Year (FFY) 2017, 462 Rhode Island children and youth awaited psychiatric inpatient admission for an average of four days on medical floors at Hasbro Children's Hospital. This is up from 212 children and three days in FFY 2016. Also during that time, an average of nine children per day were ready to leave the psychiatric hospital (up from the FFY 2016 average of six kids per day), but were unable due to a lack of step-down availability or there being no other safe placement (including at home).[14,15]

Emergency Care for Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2007-2016*



Source: Rhode Island Department of Health, Hospital Discharge Database, 2007-2016. *Data are for emergency department visits and hospitalizations, not children. Children may visit emergency department or be hospitalized more than once. Trend line is comparable to Factbooks since 2012. *Note: Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th to the 10th classification, which may impact comparability across the years.*

◆ **In 2016, there were 3,318 emergency department visits and 2,476 hospitalizations of Rhode Island children with a primary diagnosis of mental disorder. Between 2007 and 2016, emergency department visits increased 24% and hospitalizations increased 38%.[16]**

Type of Care for Primary Diagnosis of Mental Disorder by Select Subgroups, Children Under Age 18, Rhode Island, 2016

	EMERGENCY DEPARTMENT VISITS		HOSPITALIZATIONS	
	#	%	#	%
Female	1,789	54%	1,395	56%
Male	1,529	46%	1,081	44%
Age 6 and Under	129	4%	92	4%
Age 7-12	755	23%	620	25%
Age 13-17	2,434	73%	1,764	71%
Medicaid/RIte Care	2,063	62%	1,305	53%
Commercial Insurance	1,100	33%	1,119	45%
Black	319	10%	209	8%
White	2,116	64%	1,622	66%
Hispanic*	691	21%	464	19%
TOTAL	*3,318*		*2,476*	

Source: Rhode Island Department of Health, Hospital Discharge Database, 2016. Totals may not sum to 100% due to small categories not being reported. *Hispanic children can be of any race. *Note: Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th to the 10th classification, which may impact comparability across the years.*

Psychiatric Hospitals

Children Under Age 19 Treated at Rhode Island Psychiatric Hospitals, October 1, 2016 – September 30, 2017 (FFY 2017)

	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	791	21 days	116	38 days	509*	8 days
Residential	41	235 days	34	238 days	--	--
Partial Hospitalization	824	20 visits	102	20 visits	166	5 visits
Home-Based	0	0	20	27 visits	--	--
Outpatient	1,609**	**	**	**	55	NA

Source: Lifespan, 2016-2017 and Butler Hospital, 2016-2017. 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 2017). The average length of stay is based on discharges. *An additional 81 youth were treated in adult programs. **Only total number treated with outpatient services by the Lifespan Physician Group is available for Bradley Hospital this year.

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

◆ **The two hospitals in Rhode Island that specialize in providing psychiatric care to children and youth are Bradley Hospital and Butler Hospital. Inpatient treatment at a psychiatric hospital is the most intensive type of mental health care. The most common diagnoses for youth treated at Butler or Bradley Hospitals in FFY 2017 in an inpatient setting were depressive disorders, anxiety disorders, adjustment disorders, bipolar disorders, and schizophrenia.[18,19]**

◆ **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 eight community based classrooms/public school partnerships for children with behavioral health problems and developmental disabilities. Together, the programs had an average daily enrollment of 348 students in FFY 2017. Lifespan School Solutions previously operated the East Providence High School partnership program and the Martin Middle School Program, which were closed in 2017.[20]**

Children with Medicaid and RIte Care with a Mental Health Diagnosis

◆ **In State Fiscal Year (SFY) 2017, 21% (25,084) of children under age 19 enrolled in Medicaid/RIte Care had a mental health diagnosis, including but not limited to anxiety, alcohol/drug dependence, or psychosis as well as depressive, mood, and personality disorders. Of those children with a mental health diagnosis, 21% were ages 6 and under, 39% were ages seven to 12, and 40% were ages 13 to 18. In addition, 41% were females and 59% were males.[21]**

◆ **In SFY 2017, 1,168 children under age 19 enrolled in Medicaid/RIte Care were hospitalized due a mental health related condition (up from 983 in SFY 2016) and 2,401 children had a mental health related emergency department visit (up from 1,690 in SFY 2016). Ninety-one percent of those mental health-related emergency department visits did not result in a hospitalization.[22]**

Suicide Among Rhode Island Children and Youth

◆ **Children and youth with mental health conditions are at increased risk for suicide.[23] In 2017, 11% of Rhode Island high school students reported attempting suicide one or more times during the past year.[24] In Rhode Island between 2012 and 2016, there were 864 emergency department visits and 522 hospitalizations of youth ages 13-19 due to suicide attempts. Twenty-two children under age 20 died due to suicide in Rhode Island between 2012-2016.[25]**

Rhode Island's Community Mental Health Organizations

◆ **The six Community Mental Health Organizations (CMHOs) in Rhode Island are the primary source of public mental health treatment services available in the state for children and adults. During 2017, 4,506 children under age 18 were treated at CMHOs, and 3,915 children were receiving treatment as of December 31, 2017.[26]**

References

[1] Centers for Disease Control and Prevention. (2013). Mental health surveillance among children: United States, 2005-2011. *Morbidity and Mortality Weekly Report, 62*(Supp.2):1-35.

[2,23] Murphey, D., Barry, M., & Vaughn, B. (2013). *Adolescent health highlight: Mental health disorders.* (Publication No. 2013-1). Washington, DC: Child Trends.

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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 that 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

In 2016, an estimated 19% of children in the U.S. and 22% of children in Rhode Island had 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 Rhode Island in 2016, 32% of parents with young children reported developmental screenings, compared to 27% of parents nationally.[3] Nationally, 18% of children have two or more health conditions, compared to 21% of children in Rhode Island. Commonly reported health conditions include Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, asthma, learning disabilities, speech disorders, developmental delays, behavioral problems, anxiety, and depression.[4]

In Rhode Island in 2015, high school students with disabilities reported experiencing physical fights and being bullied at school more than their non-disabled peers. They were also more than three times as likely to feel sad or hopeless and more than four times as likely to have attempted suicide as their non-disabled peers. They also reported higher rates of physical inactivity, poor grades, sexual activity, forced sexual intercourse, cigarette smoking, drinking, and using marijuana.[5]

CSHCN may require physical health, mental health, and education services, special equipment, or assistive technology. Health-related needs are best met via 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 upset parents' finances, employment, and family lives.[6,7,8]

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 cover a range of expenses related to living a life with disabilities, including health care, education, housing, transportation, and employment training.[9,10] In 2015, the Rhode Island General Assembly established *ABLE* savings accounts for Rhode Islanders with special health care needs.[11]

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.[12]**

◆ **As of June 30, 2017, nine certified EI provider agencies served 2,040 children in Rhode Island. Nearly two-thirds (63%) of those children receiving EI services were male and just over one-third (37%) were female. Of these children, 59% were White, 28% were Hispanic, 8% were Black, 3% were Mixed Race, 2% were Asian, and <1% were American Indian or Alaska Native.[13]**

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.[14]**

◆ **As of June 30, 2017 in Rhode Island, there were 3,045 children ages three to five who received preschool special education services.[15]**

◆ **In Rhode Island as of June 30, 2017, 21,008 students in public schools ages six to 21 received special education services (15% of all students). Thirty-seven percent of students receiving special education services in Rhode Island had a learning disability.[16]**

◆ **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 2017, 65% of the 1,002 children who reached age three while in EI were determined to be eligible for preschool special education, 18% were found not eligible, and 14% 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.[17]**

Medical Assistance for Children With Special Health Care Needs

◆ As of December 31, 2017, there were 5,216 Rhode Island children and youth under age 19 receiving Medical Assistance benefits through their enrollment in the federal SSI program.[18,19]

◆ In Rhode Island, the Katie Beckett eligibility provision provides Medical Assistance coverage to children under age 19 who have serious disabling conditions, in order to enable them to be cared for at home instead of in an institution.[20] As of December 31, 2017, there were 936 Rhode Island children enrolled through the Katie Beckett provision, a decline of 47% from the peak enrollment of 1,770 in 2007.[21,22]

◆ 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 of the services they need, either as a direct benefit or wrap-around benefit to commercial coverage they might have.[23,24]

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.[25,26]

◆ As of December 31, 2017, 2,067 children in Rhode Island were enrolled in Medical Assistance through the child welfare system.[27] 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.[28] In Rhode Island, estimates show that 66% of all eligible former foster youth were enrolled in Medicaid coverage as of December 31, 2017, up from 61%* in 2016.[29]

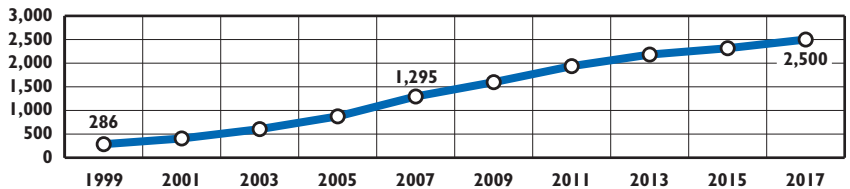
◆ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for Medical Assistance coverage.[30] As of December 31, 2017, 2,685 children were enrolled in Medical Assistance because of special needs adoptions.[31]

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.[32,33]

◆ The national ASD prevalence among children age eight is estimated to be 14.6 per 1,000 children. ASD prevalence is significantly higher among boys (23.6 per 1,000 boys) than girls (5.3 per 1,000 girls). ASD prevalence is higher among non-Hispanic White children than non-Hispanic Black children and Hispanic children (15.5 per 1,000 children, compared to 13.2 and 10.1 per 1,000).[34]

Children Ages Three to 21 With Autism Spectrum Disorder (ASD), Rhode Island, December 1999 – June 2017



Source: Rhode Island Department of Education, December 1999-June 2017. All data prior to 2000 is a December point in time run, and all data starting in 2000 and beyond is a June point in time run. Numbers include parentally placed students.

◆ In June 2017, there were 2,500 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]

Methodology & References

*Data for 2016 should be interpreted with caution. In September 2016, the state of Rhode Island instituted a new integrated eligibility determination system (Unified Health Infrastructure Project/UHIP), which may have affected data counts for RIte Care, RIte Smiles, Katie Beckett, former foster youth, and special needs adoptions.

References are on page 179.

Infants Born at Risk

DEFINITION

Infants born at risk is the number of babies born in Rhode Island to Rhode Island women who were low-income, single, did not have a high school diploma, and/or were under age 20.

SIGNIFICANCE

The basic architecture of the human brain develops during the infant and toddler years. By age three, a child's brain has grown to 90% of its adult size and the foundation of many cognitive structures and systems are in place. Early experiences lay the foundation for future learning, and strong, positive relationships are the building blocks for healthy development. Babies who have positive, predictable relationships with parents and other caregivers have a sturdy foundation to achieve healthy growth and development, while babies who do not have a strong relationship with a nurturing caregiver often encounter challenges in future learning and development.[1,2,3]

Infancy is a time of great opportunity and vulnerability. A child's development can be compromised by "toxic stress" caused by a variety of adverse childhood experiences and risk factors, including poverty, maternal depression, family chaos, exposure to violence, child maltreatment, parental substance abuse, and/or parental incarceration. These negative experiences in early childhood place a child at increased risk for chronic disease, reduced quality of life in adulthood, reduced life expectancy, and lower rates of school engagement.[4,5,6]

Economic hardship in early childhood is associated with poor educational and health outcomes. Differences in development are evident by age two, with children born into low-income families lagging behind children born into higher income families. When economic insecurity is combined with other risk factors such as having a single parent, a parent with low education levels, and/or a teen parent, children are at markedly increased risk for poor outcomes.[7] In the U.S., 45% of all infants and toddlers live in low-income families (below 200% of the federal poverty line), a significantly higher proportion than older children and adults. In fact, children under age three are more than twice as likely to live in poverty as adults age 65 or older.[8]

Family planning programs help individuals avoid unintended pregnancies which are associated with negative educational, health, and economic outcomes for women and children.[9,10] In addition, evidence-based home visiting programs for vulnerable families beginning during pregnancy (or as early as possible) and continuing through infancy and toddlerhood help parents develop critical nurturing skills and improve outcomes for children.[11]

Births by Key Risk Factors, Four Core Cities and Rhode Island, 2017

CITY/TOWN	BIRTHS	# TO LOW-INCOME MOTHERS	# TO SINGLE MOTHERS	# TO MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA	# TO MOTHERS YOUNGER THAN 20
Central Falls	321	277	209	85	35
Pawtucket	864	588	514	121	30
Providence	2,366	1,737	1,395	493	158
Woonsocket	519	381	317	95	45
Rhode Island	*10,050*	*4,992*	*4,524*	*1,098*	*397*

Source: Rhode Island Department of Health, KIDSNET Database, 2017.

◆ **The U.S. birth rate has been declining since 2007, reaching an historic low in 2016. The U.S. teen birth rate also reached a record low in 2016. Rhode Island had the fifth lowest overall birth rate and the seventh lowest teen birth rate in the U.S. in 2016, with 10.2 births per 1,000 women ages 15 to 44 and 12.9 births per 1,000 women ages 15 to 19.[12]**

◆ **The total number of babies born in Rhode Island to Rhode Island women declined 16% between 2007 and 2017, from 12,010 to 10,050 births. The proportion of Rhode Island births that were to mothers without a high school diploma fell from 18% to 11% and the proportion of all births that were to teen mothers fell from 10% to 4% of all births during the same time period.[13]**

◆ **All babies born in Rhode Island are screened through the Rhode Island Department of Health's Newborn Risk Assessment Program. In 2017, there were 6,303 newborns (63%) who "screened positive," indicating the presence of one or more risk factors associated with poor developmental outcomes.[14]**

◆ **Of the 10,050 babies born in Rhode Island to Rhode Island women in 2017, nearly one-third (3,129) had a mother with a documented history of treatment for mental health conditions. Also, 571 (6%) had a mother with a documented history of substance abuse problems, and 211 (2%) had a mother with documented involvement in the child welfare system (either as an adult or as a child).[15]**

Table 16.

Infants Born at Risk, Rhode Island, 2017

CITY/TOWN	TOTAL # OF BIRTHS	# OF BIRTHS TO LOW-INCOME MOTHERS	# OF BIRTHS TO SINGLE MOTHERS	BIRTHS TO MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA	# OF BIRTHS TO MOTHERS YOUNGER THAN AGE 20
Barrington	103	12	10	1	*
Bristol	128	44	47	5	*
Burrillville	116	36	44	6	*
Central Falls	321	277	209	85	35
Charlestown	36	9	14	0	0
Coventry	301	78	113	19	*
Cranston	772	346	305	68	20
Cumberland	325	81	73	12	5
East Greenwich	108	13	13	1	0
East Providence	447	175	181	22	12
Exeter	44	11	16	1	*
Foster	42	15	16	0	0
Glocester	47	16	19	1	0
Hopkinton	30	9	8	0	*
Jamestown	26	7	5	1	0
Johnston	250	103	106	9	*
Lincoln	171	50	60	8	*
Little Compton	7	3	2	0	0
Middletown	162	45	49	7	*
Narragansett	53	14	15	1	*
New Shoreham	5	4	3	1	0
Newport	226	101	94	28	9
North Kingstown	211	58	58	10	7
North Providence	291	121	131	14	8
North Smithfield	63	19	22	3	*
Pawtucket	864	588	514	121	30
Portsmouth	110	21	18	2	*
Providence	2,366	1,737	1,395	493	158
Richmond	43	9	9	0	0
Scituate	79	17	15	1	0
Smithfield	142	28	27	2	*
South Kingstown	150	40	39	7	6
Tiverton	75	28	25	6	*
Warren	88	28	27	4	*
Warwick	737	227	265	32	19
West Greenwich	46	8	14	1	0
West Warwick	330	161	182	24	13
Westerly	144	51	42	7	*
Woonsocket	519	381	317	95	45
Unknown	*72*	*21*	*22*	*0*	*0*
Four Core Cities	*4,070*	*2,983*	*2,435*	*794*	*268*
Remainder of State	*5,908*	*1,988*	*2,067*	*304*	*129*
Rhode Island	*10,050*	*4,992*	*4,524*	*1,098*	*397*

Source of Data for Table/Methodology

Rhode Island Department of Health, KIDSNET Database, 2017. Birth data from 2017 are provisional. Data include only births that occurred in Rhode Island to Rhode Island residents. This table shows the number of births with key risk factors that place a child at high risk for poor developmental outcomes. Births to low-income women are births to women with public health insurance (Medicaid/RIteCare) or no insurance. Of the 4,992 births to low-income families in 2017, 4,947 had Medicaid/RIte Care coverage and 45 had no insurance.

* Fewer than 5 births to mothers younger than age 20 are suppressed by the RI 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 four core cities, remainder of state, and state totals.

The definition for this indicator changed in 2016. The percentage of births with specific risk factors (births to women under age 20, single, and without a high school diploma) and the number and percentage of all births with all three risk factors is no longer being reported.

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

References

[1] U.S. Department of Health and Human Services. (2011). *Supporting brain development in traumatized children and youth.* Washington, DC: Child Welfare Information Gateway.

[2] U.S. Department of Health and Human Services. (2009). *Understanding the effects of maltreatment on brain development.* Washington, DC: Child Welfare Information Gateway.

[3,4] *Early experiences matter: A guide to improved policies for infants and toddlers.* (2009). Washington, DC: Zero to Three National Center for Infants and Toddlers.

[5] Shonkoff, J. P., Garner, A. S. & The Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, and Section on Developmental and Behavioral Pediatrics. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics, 129*(1), e232-e246.

(continued on page 180)

Evidence-Based Family Home Visiting

DEFINITION

Evidence-based family home visiting is the number of families enrolled in evidence-based home visiting programs funded/coordinated by the Rhode Island Department of Health.

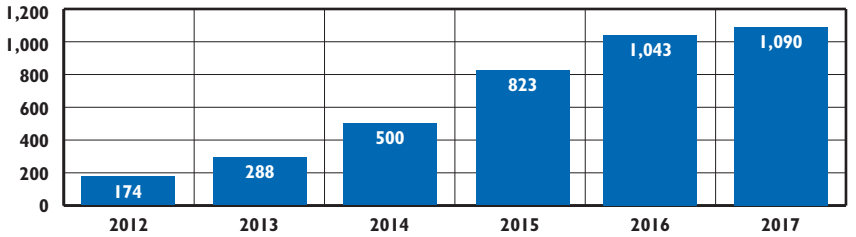
SIGNIFICANCE

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, their 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 at-risk families who participate in high-quality home visiting programs have improved language, cognitive, and social-emotional development and are less likely to experience abuse and neglect. Families who participate are more likely to provide an enriching home environment, use appropriate discipline strategies, and become more economically secure through education and employment. Some home visiting programs can also improve maternal and child health, reducing long-term health care costs.[3,4,5]

In 2010, federal legislation established the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to expand and improve state-administered home visiting programs for at-risk families with young children. This funding must be spent by states on approved models that meet rigorous evidentiary standards.[6] In 2017, there were 20 home visiting models that were identified as effective, evidence-based programs for families during the prenatal period and early childhood years, with evidence showing they produced 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 visiting model.[8] In order to achieve improved outcomes for children, evidence-based programs must follow national program guidelines, use professional staff trained in the model, be implemented in the appropriate timeframes, and be implemented with fidelity.[9]

Families Enrolled in Evidence-Based Family Home Visiting Coordinated by the Rhode Island Department of Health, Rhode Island, 2012-2017



Source: Rhode Island Department of Health, enrollment in MIECHV-funded evidence-based home visiting programs, October 2012-2017.

◆ **As of October 2017, of the 1,090 families enrolled in evidence-based home visiting programs 12% had mothers under age 20, 26% had mothers ages 20 to 24, and 62% had mothers age 25 or older at enrollment. Thirty percent of the mothers had less education than a high school diploma or GED, 35% had a high school diploma or GED, 25% had some college or vocational training, 5% had a four-year college degree, and 5% had an unknown amount of education. At the time of enrollment, 53% of the mothers were single (had never married), 33% were married or had a domestic partner, 3% were divorced or separated, less than 1% were widowed, and 11% had an unknown marital status. Among the enrolled children, 6% were not born yet, 36% were under age one, 28% were age one, 18% were age two, 11% were age three, and 1% were age four.[10]**

◆ **Home-based Early Head Start is also recognized as an evidence-based home visiting program that improves child outcomes.[11] As of October 2017 in Rhode Island, there were 383 children enrolled in home-based Early Head Start.[12]**

◆ **Early Intervention (EI) programs serve infants and toddlers with developmental delays and disabilities in Rhode Island and deliver nearly all (95%) services through home visits. As of June 2017, there were 2,040 children enrolled in EI in Rhode Island.[13]**

◆ **Rhode Island also operates First Connections, a statewide, short-term home visiting program designed to help families get connected to needed resources.[14] In 2017, 2,900 children received at least one First Connections home visit (57% lived in one of the four core cities and 43% in the remainder of the state).[15]**

Table 17.

Evidence Based Family Home Visiting, Rhode Island, 2017

CITY/TOWN	COMMUNITY CONTEXT, 2017: TOTAL # OF BIRTHS	COMMUNITY CONTEXT, 2017: # OF BIRTHS WITH 1 OR MORE RISK FACTORS	COMMUNITY CONTEXT, 2017: # OF BIRTHS TO LOW-INCOME FAMILIES	# RECEIVED FIRST CONNECTIONS VISIT IN 2017	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2017: HEALTHY FAMILIES AMERICA	NURSE-FAMILY PARTNERSHIP	PARENTS AS TEACHERS*	TOTAL
Barrington	103	21	12	4	1	0	0	1
Bristol	128	72	44	25	1	1	0	2
Burrillville	116	65	36	22	2	0	1	3
Central Falls	321	273	277	154	36	14	20	70
Charlestown	36	22	9	21	5	0	0	5
Coventry	301	163	78	83	10	0	7	17
Cranston	772	443	346	179	50	7	27	84
Cumberland	325	128	81	33	4	3	2	9
East Greenwich	108	33	13	13	1	1	1	3
East Providence	447	276	175	71	14	1	7	22
Exeter	44	24	11	12	1	0	0	1
Foster	42	23	15	2	0	0	0	0
Glocester	47	26	16	8	0	0	0	0
Hopkinton	30	15	9	9	3	0	0	3
Jamestown	26	14	7	4	0	0	0	0
Johnston	250	147	103	43	2	2	1	5
Lincoln	171	80	50	21	3	2	2	7
Little Compton	7	5	3	2	0	0	0	0
Middletown	162	70	45	26	1	0	4	5
Narragansett	53	22	14	14	0	0	1	1
New Shoreham	5	5	4	0	0	0	0	0
Newport	226	131	101	54	6	1	6	13
North Kingstown	211	102	58	64	6	0	0	6
North Providence	291	181	121	38	4	3	1	8
North Smithfield	63	33	19	13	0	0	1	1
Pawtucket	864	644	588	334	82	19	56	157
Portsmouth	110	35	21	15	2	0	3	5
Providence	2,366	1,836	1,737	1,027	259	76	100	435
Richmond	43	16	9	12	0	0	0	0
Scituate	79	33	17	8	0	0	1	1
Smithfield	142	61	28	10	0	0	0	0
South Kingstown	150	71	40	48	12	0	4	16
Tiverton	75	38	28	9	4	0	0	4
Warren	88	51	28	12	2	1	2	5
Warwick	737	396	227	198	23	3	5	31
West Greenwich	46	18	8	9	3	0	0	3
West Warwick	330	229	161	112	17	3	10	30
Westerly	144	70	51	54	11	0	34	45
Woonsocket	519	402	381	137	45	10	36	91
Unknown	*72*	*29*	*21*	*0*	*1*	*0*	*0*	*1*
Four Core Cities	*4,070*	*3,155*	*2,983*	*1,652*	*422*	*119*	*212*	*753*
Remainder of State	*5,908*	*3,119*	*1,988*	*1,248*	*188*	*28*	*120*	*336*
Rhode Island	*10,050*	*6,303*	*4,992*	*2,900*	*611*	*147*	*332*	*1,090*

Source of Data for Table/Methodology

Birth and home visiting data are from the Rhode Island Department of Health KIDSNET database. Birth data from 2017 are provisional. Number of births with one or more risk factor is the "risk positive" definition from the Developmental Risk Assessment. Births to low-income women are births to women with public health insurance (Medicaid/RIteCare) or no insurance.

*The city/town table includes families enrolled in MIECHV-funded programs as well as three additional Parents as Teachers programs that report data to the Department of Health. There were also 113 families enrolled in Parents as Teachers programs serving Bristol Warren, North Kingstown, and Warwick.

Unknown: Specific city/town information is unavailable.

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

References

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[8,10,14,15] Rhode Island Department of Health, 2017.

[9] Howard, K. S. & Brooks-Gunn, J. (2009). The role of home-visiting programs in preventing child abuse and neglect. *The Future of Children, 19*(2), 119-146.

[12] Rhode Island Early Head Start program reports to Rhode Island KIDS COUNT, October 2017.

[13] Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, June 30, 2017.

Women with Delayed Prenatal Care

DEFINITION

Women with delayed prenatal care is the percentage of women beginning prenatal care 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]

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.[2,3] A prenatal visit is the first step in establishing an infant's medical home and can provide valuable links to other services.[4,5]

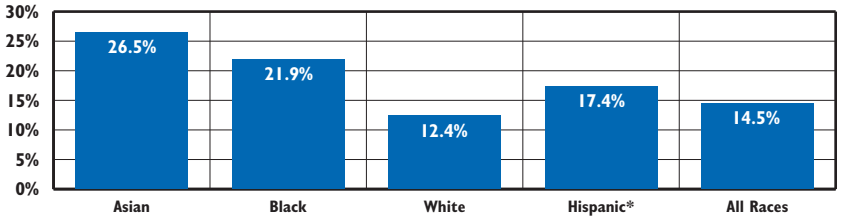
Timely initiation of prenatal care is especially important for women who face multiple risks for poor birth outcomes, as is ensuring access to health care services before pregnancy. Effective monitoring and treatment of chronic disease, education on preventive health practices, implementing and enhancing Medicaid policies to improve health insurance coverage, and ensuring access to culturally and linguistically competent health providers can improve health care for women of childbearing age.[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 and/or money to pay for care.[7]

Rhode Island women with delayed or no prenatal care were more likely to report their pregnancy was unintended than women who initiated care in the first trimester.[8] Between 2009 and 2011, 22.0% of Rhode Island mothers with an unintended pregnancy had delayed or no prenatal care, compared with 7.9% of mothers with an intended pregnancy.[9]

In Rhode Island between 2012 and 2016, 14.5% of women who gave birth did not begin care until the second or third trimester. Of all age groups in Rhode Island, adolescents were the most likely to delay prenatal care.[10]

Women With Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2012-2016



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Database, 2012-2016. *Hispanic may be included in any racial category. Data for births in 2015 are provisional.

◆ **Between 2012 and 2016 in Rhode Island, Black women (21.9%), Hispanic women (17.4%), and Asian women (26.5%), were more likely to receive delayed prenatal care than White women (12.4%).[11]**

◆ **Between 2012 and 2016 in Rhode Island, women with a high school degree or less were more likely to receive delayed prenatal care than women with more than a high school education (19.4% compared to 11.1%). The percentage of pregnant women with delayed prenatal care in the four core cities was 18.6%. Rhode Island women who are older, married, and have higher levels of education were also most likely to initiate care in the first trimester.[12,13]**

Insurance Coverage Improves Access to Prenatal Care

◆ **In the U.S. and Rhode Island, women with commercial insurance have the highest rates of timely prenatal care. Between 2012 and 2016, pregnant women who were uninsured were most likely to receive delayed prenatal care (33%) compared to pregnant women with health coverage through RIte Care (Rhode Island's Medicaid managed care health program) (19%), and pregnant women with private insurance coverage (10%).[14,15]**

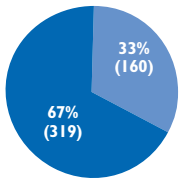
◆ **RIte Care has had a positive impact on health care services for its members. RIte Care health plans rank above the 90th percentile in member access to timely prenatal care when compared to other Medicaid health plans in the nation.[16]**

Delayed Prenatal Care by Mother's Insurance Type, Rhode Island, 2012-2016

Delayed Prenatal Care (2nd or 3rd Trimester)

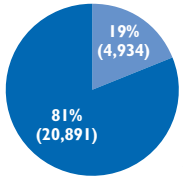
Prenatal Care in 1st Trimester

Uninsured



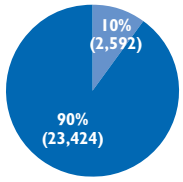
n=479

Public Insurance (RIte Care)



n=25,825

Private Insurance



n=26,016

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016.

Table 18. **Delayed Prenatal Care, Rhode Island, 2012-2016**

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	537	56	10.4%
Bristol	719	91	12.7%
Burrillville	645	83	12.9%
Central Falls	1,613	292	18.1%
Charlestown	238	14	5.9%^
Coventry	1,480	177	12.0%
Cranston	3,927	514	13.1%
Cumberland	1,661	176	10.6%
East Greenwich	576	62	10.8%
East Providence	2,347	310	13.2%
Exeter	246	27	11.0%
Foster	166	19	11.4%^
Glocester	337	40	11.9%
Hopkinton	288	28	9.7%
Jamestown	115	11	9.6%^
Johnston	1,330	150	11.3%
Lincoln	977	113	11.6%
Little Compton	78	13	16.7%
Middletown	804	91	11.3%
Narragansett	330	27	8.2%
New Shoreham	58	9	*
Newport	1,305	162	12.4%
North Kingstown	1,081	106	9.8%
North Providence	1,625	215	13.2%
North Smithfield	415	46	11.1%
Pawtucket	4,885	884	18.1%
Portsmouth	583	55	9.4%
Providence	12,511	2,351	18.8%
Richmond	307	22	7.2%^
Scituate	385	57	14.8%
Smithfield	641	62	9.7%
South Kingstown	854	78	9.1%
Tiverton	530	63	11.9%
Warren	434	63	14.5%
Warwick	3,831	449	11.7%
West Greenwich	223	25	11.2%
West Warwick	1,741	254	14.6%
Westerly	873	52	6.0%
Woonsocket	2,890	548	19.0%
Unknown	*166*	*22*	*13.3%*
Four Core Cities	*21,899*	*4,075*	*18.6%*
Remainder of State	*31,687*	*3,720*	*11.7%*
Rhode Island	*53,752*	*7,817*	*14.5%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016.

The denominator is the total number of live births to Rhode Island residents from 2012-2016.

*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.

Due to birth certificate changes that began in 2015 (the last two years in the 2012-2016 five-year average), 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

[1] *Late or no prenatal care: Indicators on children and youth.* (2015). Washington, DC: Child Trends.

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(continued on page 180)

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 preterm (before 37 weeks of gestation) are at higher risk than full term infants for neurodevelopmental, respiratory, gastrointestinal, immune 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] While the specific causes of preterm births are largely unknown, research indicates that there are a number of inter-related risk factors involved. The three leading risk factors are a history of preterm birth, current multifetal pregnancy, and uterine and/or cervical abnormalities. Other risk factors include maternal health conditions, maternal depression, late or no prenatal care, stress, domestic violence, and maternal use of tobacco, alcohol, and other drugs.[4,5]

Infants born very preterm (<32 weeks gestation) are at highest risk for death and enduring health problems, high hospitalization costs during their first year, and increased health care-related costs later in life. Even "late preterm" infants (34-36 weeks gestation) can experience immediate and long-term complications.[6,7] Preventive interventions can improve outcomes for very preterm infants and their caregivers.[8,9]

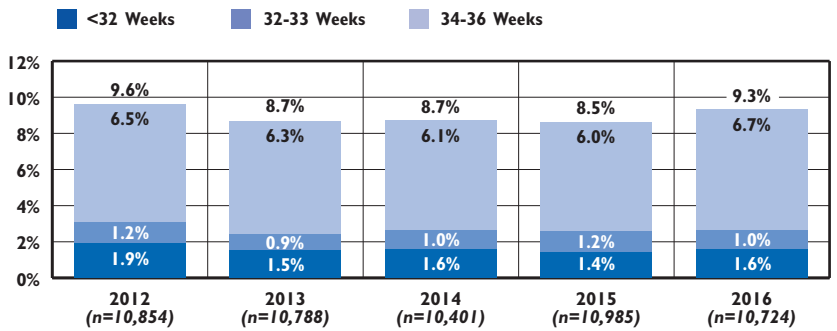
The U.S. preterm birth rate rose between 2015 and 2016, from 9.6% to 9.9%. This is the second year of an increase after steady declines between 2007 and 2014. The preterm birth rate varies by race/ethnicity, with non-Hispanic Black women (13.8%) continuing to have the highest preterm birth rate in the U.S. in 2016. That same year, Hispanic women had a preterm birth rate of 9.5% and non-Hispanic white women had a rate of 9.0%. The rate increased for each group between 2015 and 2016.[10,11] Nationally, racial and ethnic disparities continue in the outcomes for preterm infants, with the preterm-related infant mortality rate for Black infants about three times the rate for White infants.[12]

Preterm Births		
	2007	2016
RI	10.8%	9.3%
US	10.4%	9.8%
National Rank*		*20th*
New England Rank**		*5th*

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

Sources: For 2016: Martin, J. A., et al. (2018). Births: Final data for 2016. *NVSR, 67*(1), 1-54. For 2007: Martin, J. A., et al. (2015). Measuring gestational age in vital statistics data: Transitioning to the obstetric estimate. *NVSR, 64*(5), 1-19.

Preterm Births by Gestational Age*, Rhode Island, 2012-2016



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016. Percentages by gestational age may not sum to total percentage of preterm births due to rounding.
*See note regarding new methodology for calculating preterm births, starting with the 2016 Factbook. Data for births in 2015 are provisional.

◆ **The single-year preterm birth rate in Rhode Island increased from 2015 to 2016 (8.5% to 9.3%). Between 2012 and 2016, 70.5% of all preterm births in Rhode Island were late preterm births (34-36 weeks gestation) and 17.7% of all preterm births were very preterm (<32 weeks gestation).[13]**

◆ **Multiple births are more likely to be born preterm. In Rhode Island between 2012 and 2016, 56.6% of multiple births were preterm, compared with 7.1% of singleton births.[14]**

◆ **Between 2012 and 2016, 11.3% of births of Black infants in Rhode Island were preterm, compared with 8.1% of Asian and 8.5% of White infants. During this same time period, 9.6% of births to Hispanic women in Rhode Island were preterm.[15]**

◆ **The rate of preterm births varies by age. In Rhode Island between 2012 and 2016, 9.4% of births among teen girls under age 20, 8.6% of births among women ages 20 to 34, and 10.4% of births among women age 35 and older were preterm.[16]**

◆ **Among women with private health insurance coverage in Rhode Island between 2012 and 2016, 8.4% of births were preterm, compared with 9.5% of those with public insurance coverage and 15.7% of births to women with no health insurance.[17]**

◆ **In Rhode Island between 2012 and 2016, 9.4% of births to women with a high school degree or less were preterm, compared with 8.2% of those with higher education levels.[18]**

Table 19. **Preterm Births, Rhode Island, 2012-2016**

CITY/TOWN	# BIRTHS	# PRETERM BIRTHS	% PRETERM BIRTHS
Barrington	537	35	6.5%
Bristol	719	54	7.5%
Burrillville	645	61	9.5%
Central Falls	1,613	144	8.9%
Charlestown	238	22	9.2%^
Coventry	1,480	112	7.6%
Cranston	3,927	372	9.5%
Cumberland	1,661	118	7.1%
East Greenwich	576	54	9.4%
East Providence	2,347	191	8.1%
Exeter	246	16	6.5%^
Foster	166	15	9.0%^
Glocester	337	34	10.1%
Hopkinton	288	23	8.0%
Jamestown	115	6	*
Johnston	1,330	104	7.8%
Lincoln	977	93	9.5%
Little Compton	78	11	14.1%
Middletown	804	64	8.0%
Narragansett	330	22	6.7%
New Shoreham	58	6	*
Newport	1,305	123	9.4%
North Kingstown	1,081	89	8.2%
North Providence	1,625	160	9.8%
North Smithfield	415	36	8.7%
Pawtucket	4,885	490	10.0%
Portsmouth	583	44	7.5%
Providence	12,511	1,250	10.0%
Richmond	307	28	9.1%
Scituate	385	34	8.8%
Smithfield	641	31	4.8%
South Kingstown	854	66	7.7%
Tiverton	530	48	9.1%
Warren	434	38	8.8%
Warwick	3,831	326	8.5%
West Greenwich	223	16	7.2%^
West Warwick	1,741	140	8.0%
Westerly	873	48	5.5%
Woonsocket	2,890	273	9.4%
Unknown	*166*	*15*	*9.0%^*
Four Core Cities	*21,899*	*2,157*	*9.8%*
Remainder of State	*31,687*	*2,640*	*8.3%*
Rhode Island	*53,752*	*4,812*	*9.0%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016. Data for births in 2015 are provisional and 2014 data do not include births among Rhode Island residents that occurred out-of-state.

The denominator is the total number of live births to Rhode Island residents from 2012-2016.

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 date of the last normal menses (LMP).

The 2012-2016 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

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

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

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

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

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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 than infants of normal weights. Factors that influence infant birthweight include maternal smoking, poverty, periodontal health, level of educational attainment, violence, stress, prenatal nutrition, and environmental hazards.[1,2,3]

Low birthweight often is a result of a premature birth but also can occur after a full-term pregnancy. In 2015 in the U.S., 58.1% of all preterm infants (under 37 weeks gestation) were born at low birthweight, while 2.8% of fullterm infants (37 to 41 weeks gestation) were born at low birthweight.[4]

Cigarette smoking during pregnancy is a leading cause of low birthweight.[5,6] In Rhode Island, 7.1% of babies born between 2012 and 2016 had mothers who smoked during their pregnancy. During that time, Rhode Island smokers (13.2%) were nearly twice as likely to deliver a low birthweight infant as women who did not smoke (6.9%).[7]

Children born at low birthweight are at a greater risk of physical and developmental health problems and death than those born at a normal birthweight. Children born at very low birthweight (less than 1,500 grams or 3.3 pounds) 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 significantly higher risk of severe problems, including physical and sensory difficulties, developmental delays, and cognitive impairments. Low birthweight babies are also at greater risk for long-term cognitive problems and school difficulties than their peers.[8,9,10]

In the U.S. in 2016, 8.2% of infants were born at low birthweight, which was a 17% increase from 7.0% in 1990. Rhode Island's low birthweight rate increased from 6.2% in 1990 to 8.0% in 2016, a 29% increase.[11,12] The Healthy People 2020 national target is 7.8%.[13]

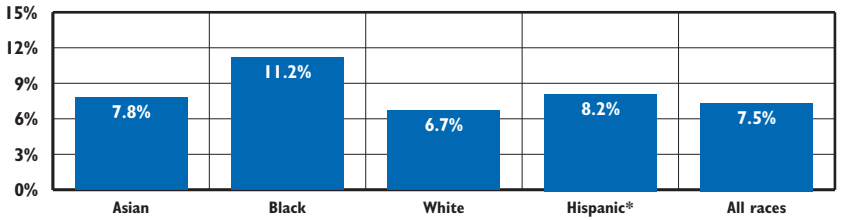
Low Birthweight Infants

	2006	2016
RI	8.0%	8.0%
US	8.3%	8.2%
National Rank*		*23rd*
New England Rank**		*6th*

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

Source: For 2016: Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Drake, P. (2018). Births: Final data for 2016. *National Vital Statistics Reports, 67*(1), 1-55. For 2006: Martin, J. A., et al. (2009). Births: Final data for 2006. *National Vital Statistics Reports, 57*(7), 1-102.

Low Birthweight Infants by Race/Ethnicity, Rhode Island, 2012-2016



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016. *Hispanic infants can be of any race. Data for births in 2016 are provisional.

◆ **There are racial and ethnic disparities in rates of low birthweight.[14] In Rhode Island between 2012 and 2016, 7.8% of Asian infants, 8.2% of Hispanic infants, and 11.2% of Black infants, were born at low birthweight, compared to 6.7% of White infants.[15]**

◆ **Factors that persist throughout a woman's life, such as increased stress, insufficient health care, and/or lack of social supports, have been shown to increase the likelihood of delivering a low birthweight baby, particularly among Black women and other women of color.[16,17]**

◆ **Between 2012 and 2016 in Rhode Island, 9.0% of births among women under age 20 were low birthweight compared to 7.4% of those over age 20; 8.8% of infants born to women living in the four core cities were low birthweight compared to 6.7% in the remainder of the state; and 8.4% of infants born to women with a high school degree or less were low birthweight, compared to 6.4% of those born to women with higher education levels.[18]**

◆ **Among women with private health insurance coverage in Rhode Island between 2012 and 2016, 6.6% of births were low birthweight, compared with 8.4% of those with public insurance (RIte Care or Medicaid) and 12.3% of births to women with no insurance.[19]**

◆ **Rhode Island women who deliver a low birthweight infant are more likely to report smoking while pregnant, delayed or no prenatal care, a depression diagnosis, and intimate partner violence than those with a normal weight baby, as well as health issues during their pregnancy such as high blood pressure, hypertension, preeclampsia, or toxemia.[20]**

◆ **Between 2012 and 2016 in Rhode Island, 1.5% of all live births were born at very low birthweight (less than 1,500 grams).[21]**

Table 20. **Low Birthweight Infants, Rhode Island, 2012-2016**

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	537	25	4.7%
Bristol	719	40	5.6%
Burrillville	645	39	6.0%
Central Falls	1,613	132	8.2%
Charlestown	238	10	*
Coventry	1,480	99	6.7%
Cranston	3,927	298	7.6%
Cumberland	1,661	98	5.9%
East Greenwich	576	46	8.0%
East Providence	2,347	156	6.6%
Exeter	246	13	5.3%^
Foster	166	9	*
Glocester	337	19	5.6%^
Hopkinton	288	20	6.9%^
Jamestown	115	4	*
Johnston	1,330	94	7.1%
Lincoln	977	66	6.8%
Little Compton	78	5	*
Middletown	804	49	6.1%
Narragansett	330	21	6.4%^
New Shoreham	58	5	*
Newport	1,305	107	8.2%
North Kingstown	1,081	76	7.0%
North Providence	1,625	135	8.3%
North Smithfield	415	31	7.5%
Pawtucket	4,885	439	9.0%
Portsmouth	583	35	6.0%
Providence	12,511	1,107	8.8%
Richmond	307	19	6.2%^
Scituate	385	21	5.5%^
Smithfield	641	25	3.9%
South Kingstown	854	54	6.3%
Tiverton	530	33	6.2%
Warren	434	32	7.4%
Warwick	3,831	252	6.6%
West Greenwich	223	15	6.7%^
West Warwick	1,741	118	6.8%
Westerly	873	46	5.3%
Woonsocket	2,890	241	8.3%
Unknown	*166*	*11*	*6.6%*
Four Core Cities	*21,899*	*1,919*	*8.8%*
Remainder of State	*31,687*	*2,115*	*6.7%*
Rhode Island	*53,752*	*4,045*	*7.5%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016. Data for births in 2016 and 2015 are provisional. 2014 birth data do not include births among Rhode Island residents that occurred out-of-state.

The denominator is the total number of live births to Rhode Island residents between 2012 and 2016.

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

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

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

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

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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, quality of and access to medical care, socioeconomic conditions, and public health practices.[1] Communities with high poverty and disadvantaged social conditions tend to have higher infant mortality rates than more advantaged neighborhoods.[2]

The five main causes of infant death in the U.S. — congenital malformations, low birthweight, sudden infant death syndrome (SIDS), maternal complications, and unintentional injuries — account for 56% of all infant deaths with congenital malformations as the leading cause of infant deaths.[3] While infant mortality has declined nationally across all racial and ethnic groups, disparities remain. Nationally between 2005 and 2014, non-Hispanic Black women (10.9 per 1,000 live births) had twice the infant mortality rate of non-Hispanic White women (4.9 per 1,000 live births) and Hispanic women, (5.0 per 1,000 live births).[4]

The U.S. infant mortality rate declined from 26.0 deaths per 1,000 live births in 1960 to a low of 5.9 deaths per 1,000 live births in 2015 due to improvements in healthier behaviors, medical advances, improved access to care, and economic growth.[5,6,7,8] 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 that result in infant mortality.[9,10]

The overall infant mortality rate in Rhode Island between 2012 and 2016 was 5.6 deaths per 1,000 live births. The infant mortality rate was 6.9 per 1,000 live births in the four core cities, compared with 4.3 per 1,000 live births in the remainder of the state. Mothers with a high school degree or less had a higher infant mortality rate (5.7 per 1,000 live births) than mothers with higher educational attainment (4.1 per 1,000 live births) between 2012 and 2016.[11]

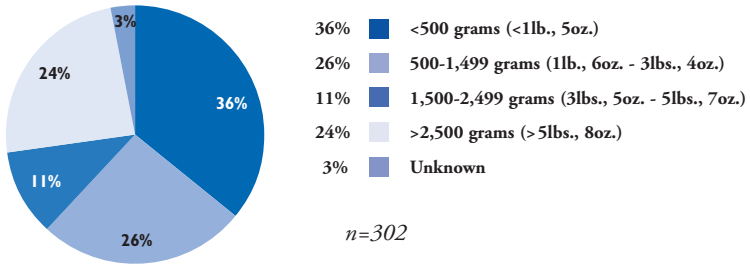
Infant Mortality Rate
(rate per 1,000 live births)

	2005	2015
RI	6.5	5.6
US	6.9	5.9
National Rank*		*18th*
New England Rank**		*4th*

**1st is best; 50th is worst*
***1st is best; 5th is worst*

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

Infant Mortality by Birthweight, Rhode Island, 2012-2016



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016. Data for births in 2016 are provisional.

◆ **Between 2012 and 2016, 302 infants died in Rhode Island before their first birthday, a rate of 5.6 per 1,000 live births. This is an improvement from the 2011-2015 infant mortality rate of 5.9 per 1,000 live births (when there were 316 infant deaths). Between 2012 and 2016, 73% of infants who died were low birthweight (less than 2,500 grams), 24% were born at normal weights, and 3% had unknown birthweights.[12]**

◆ **Preterm birth is the leading cause of infant death in Rhode Island.[13] Between 2012 and 2016, 70% (212) of all infant deaths were preterm (born before the 37th week of pregnancy).[14]**

◆ **Of the 302 infant deaths between 2012 and 2016 in Rhode Island, 77% (234) occurred in the neonatal period (during the first 27 days of life).[15] Generally, infant deaths in the neonatal period are related to short gestation and low birthweight (less than 2,500 grams), malformations at birth, and/or conditions occurring in the perinatal period.[16]**

◆ **Between 2012 and 2016, 23% (68) of the 302 infant deaths in Rhode Island occurred in the post-neonatal period (between 28 days and one year after delivery).[17]**

◆ **Racial and ethnic disparities exist in infant mortality. In Rhode Island between 2012 and 2016, the Black infant mortality rate was 9.9 deaths per 1,000 live births, the Asian infant mortality rate was 9.3 per 1,000 live births, and the White infant mortality rate was 4.3 per 1,000 live births. The Hispanic infant mortality rate was 5.7 per 1,000 live births, compared with 5.0 deaths per 1,000 live births among non-Hispanics in Rhode Island.[18]**

Reducing Infant Mortality

- Comprehensive state initiatives to reduce infant mortality should include the following seven broad strategies: improve health promotion efforts; ensure quality of care for all women and infants; improve maternal risk screening for all women of reproductive age; enhance service integration for women and infants; improve access to health care of women before, during and after pregnancy; develop data systems to understand and inform efforts; and promote social equity.[19]

- Infant mortality is a result of a variety of factors and interventions to prevent infant mortality should occur at multiple levels, including individual health education and counseling, ongoing evidence-based clinical interventions, long-lasting health protecting actions, creating health-promoting environments, and socioeconomic interventions to eliminate disparities.[20]

- Participation in enhanced prenatal and postnatal care programs, such as evidence-based family home visiting programs, have been shown to reduce the risk of infant death.[21] As of October 2017, there were 1,090 families enrolled in one of the evidence-based family home visiting programs coordinated by the Rhode Island Department of Health.[22]

Table 21. **Infant Mortality by City/Town, Rhode Island, 2012-2016**

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
Barrington	537	1	*
Bristol	719	0	*
Burrillville	645	2	*
Central Falls	1,613	9	*
Charlestown	238	3	*
Coventry	1,480	3	*
Cranston	3,927	19	4.8^
Cumberland	1,661	10	*
East Greenwich	576	4	*
East Providence	2,347	17	7.2^
Exeter	246	2	*
Foster	166	0	*
Glocester	337	1	*
Hopkinton	288	4	*
Jamestown	115	0	*
Johnston	1,330	7	*
Lincoln	977	5	*
Little Compton	78	0	*
Middletown	804	5	*
Narragansett	330	0	*
Newport	1,305	6	*
New Shoreham	58	0	*
North Kingstown	1,081	2	*
North Providence	1,625	8	*
North Smithfield	415	3	*
Pawtucket	4,885	45	9.2
Portsmouth	583	2	*
Providence	12,511	84	6.7
Richmond	307	4	*
Scituate	385	3	*
Smithfield	641	2	*
South Kingstown	854	1	*
Tiverton	530	0	*
Warren	434	0	*
Warwick	3,831	11	2.9^
Westerly	873	3	*
West Greenwich	223	0	*
West Warwick	1,741	7	*
Woonsocket	2,890	14	4.8^
Unknown	*166*	*15*	*
Four Core Cities	*21,899*	*152*	*6.9*
Remainder of State	*31,687*	*135*	*4.3*
Total	*53,752*	*302*	*5.6*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016.

The denominator is the total number of live births to residents between 2012 and 2016.

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

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

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

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

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(continued on page 180)

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 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, continuous breastfeeding for at least 12 months after birth, and thereafter as long as mutually desired by mother and child.[3]

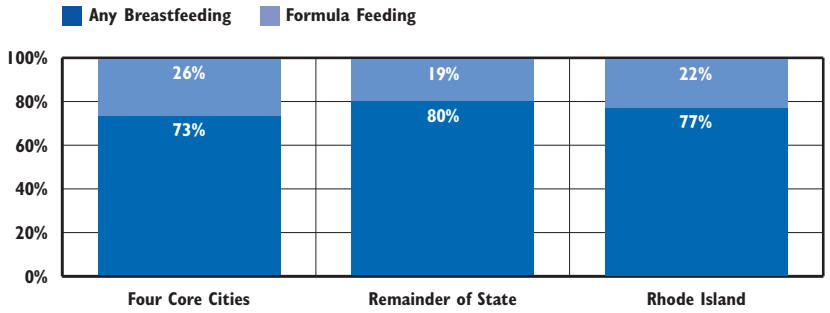
Breastfeeding decreases infant mortality and morbidity. Infant benefits include optimal nutrition and reduced risk for sudden infant death syndrome, infectious disease, and chronic conditions such as childhood obesity, type 1 and 2 diabetes, and otitis media. Breastfeeding benefits mothers by creating 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 mother-to-mother lactation 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. Rhode Island ranks best in the U.S. in the percentage of babies born at Baby-Friendly hospitals.[8]

Breastfeeding rates generally increase with maternal age, higher educational attainment, and higher income levels.[9] Whether or not the pregnancy was intentional or not also affects rate of breastfeeding. In Rhode Island between 2012-2015, 10% of babies from intended pregnancies were not breastfed at all, compared with 16% of babies from unintended pregnancies.[10]

Healthy People 2020 sets target breastfeeding rates of 82% of infants ever having been breastfed, 61% at six months of age, and 34% at one year of age.[11] Among babies born in the U.S. in 2013, 81% were ever breastfed, 52% were breastfed at six months, and 31% were breastfed at 12 months. In 2013, Rhode Island exceeded national rates in all three, reporting 82% of infants ever having been breastfed, 56% at six months, and 37% at one year of age.[12]

Breastfeeding and Formula Feeding, Rhode Island, 2012-2016*

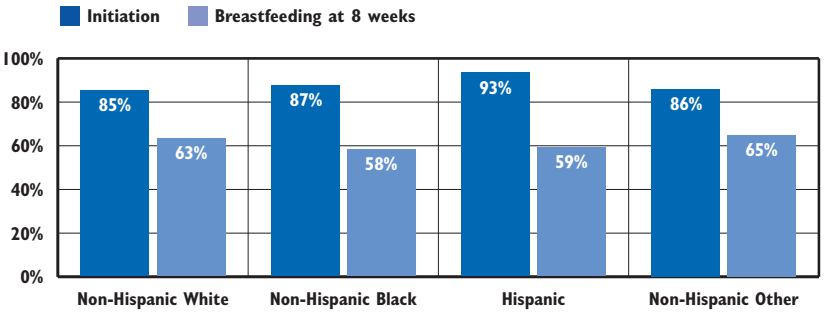


Source: Rhode Island Department of Health, Center for Health Data and Analysis, Newborn Developmental Risk Screening Program, 2012-2016. Breastfeeding and formula feeding are defined as intended feeding method at hospital discharge. Totals may not sum to 100% because data on feeding methods were not available for all births.

**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.*

◆ **Between 2012 and 2016, 77% of new mothers in Rhode Island indicated that they intended to breastfeed when discharged from the hospital, 22% intended to formula feed.[13] Nearly nine out of ten (87%) new mothers in Rhode Island who were surveyed about three months after giving birth between 2012-2015 reported ever having breastfed. Forty-six percent reported continued breastfeeding at the time of the survey.[14]**

Breastfeeding Initiation and at Eight Weeks, Rhode Island, 2014



Source: Rhode Island Department of Health, Division of Family Health, Pregnancy Risk Assessment Monitoring System (PRAMS), 2014.

Rhode Island Supports for Breastfeeding

◆ Rhode Island is one of 45 states with legislation that provides mothers with the explicit right to breastfeed in public places.[15] Since 2015, Rhode Island law has prohibited job discrimination based on pregnancy, childbirth, and related medical conditions and requires employers to make reasonable accommodations for workers for conditions related to pregnancy and childbirth, including breastfeeding.[16]

◆ 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 2016, Rhode Island had 55 IBCLCs.[17,18]

◆ Rhode Island is one of four states that have established paid family leave programs, which can support breastfeeding initiation and duration. U.S. mothers who have 12 or more weeks of paid maternity leave are nearly three times more likely to initiate breastfeeding and twice as likely to breastfeed for six or more months when compared to mothers with no paid leave.[19]

Table 22. **Breastfeeding at Time of Birth, Rhode Island, 2012-2016**

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER ANY BREASTFEEDING	PERCENT ANY BREASTFEEDING
Barrington	526	486	92%
Bristol	682	542	79%
Burrilville	605	459	76%
Central Falls	1,580	1,152	73%
Charlestown	232	192	83%
Coventry	1,454	1,128	78%
Cranston	3,873	3,060	79%
Cumberland	1,550	1,273	82%
East Greenwich	573	495	86%
East Providence	2,297	1,745	76%
Exeter	243	206	85%
Foster	163	145	89%
Glocester	324	259	80%
Hopkinton	287	244	85%
Jamestown	111	107	96%
Johnston	1,309	977	75%
Lincoln	942	756	80%
Little Compton	60	50	83%
Middletown	761	644	85%
Narragansett	318	275	86%
New Shoreham	55	48	87%
Newport	1,188	943	79%
North Kingstown	1,072	910	85%
North Providence	1,600	1,207	75%
North Smithfield	403	331	82%
Pawtucket	4,686	3,477	74%
Portsmouth	529	465	88%
Providence	12,231	8,960	73%
Richmond	307	265	86%
Scituate	389	323	83%
Smithfield	623	509	82%
South Kingstown	915	793	87%
Tiverton	349	291	83%
Warren	408	316	77%
Warwick	3,760	2,940	78%
West Greenwich	215	173	80%
West Warwick	1,710	1,195	70%
Westerly	781	645	83%
Woonsocket	2,687	1,814	68%
Four Core Cities	*21,184*	*15,403*	*73%*
Remainder of State	*30,614*	*24,397*	*80%*
Rhode Island	*51,798*	*39,800*	*77%*

Sources of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Newborn Developmental Risk Screening Program Database and Maternal and Child Health Database, 2012-2016.

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.

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

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[8] Women & Infants Hospital. (2015). *Women & Infants achieves baby-friendly designation* [Press release]. Retrieved February 9, 2018, from www.womenandinfants.org

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(continued on page 180)

Children with Lead Poisoning

DEFINITION

Children with lead poisoning is the percentage of three-year-old children with a confirmed elevated blood lead level (EBLL, ≥5 µg/dL) at any time prior to December 31, 2017.[1,2] These data are for children eligible to enter kindergarten in the fall of 2019 (i.e., children born between September 1, 2013 and August 31, 2014).

SIGNIFICANCE

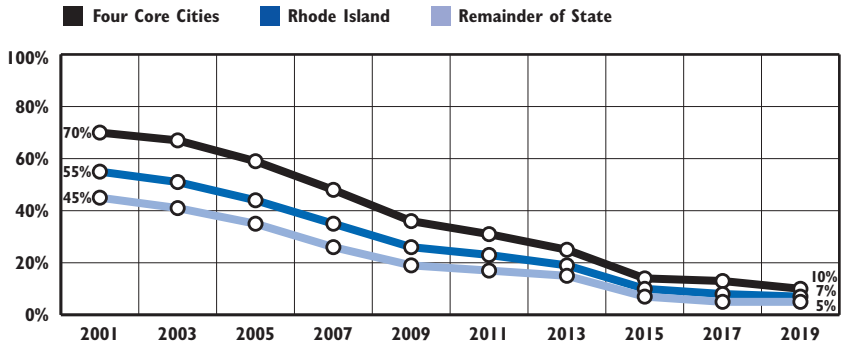
Lead poisoning is a preventable childhood disease. Infants, toddlers, and preschool-age children are most susceptible to the toxic effects of lead because they absorb lead more readily than adults and have inherent vulnerability due to developing central nervous systems.[3] Lead exposure, even at very low levels, can cause irreversible damage, including decreased hearing, delayed puberty, kidney damage, increased risk for behavioral problems, decreased cognitive abilities, and lower academic performance. 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 decreased cognition, and increased medical, special education, and juvenile justice costs.[6,7,8] Children can be exposed to lead in the places they spend the most time. Homes, schools, child care settings, and the surrounding soil 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 a house or building's water pipe connects to the public water main.[9]

There is no safe blood lead level in children. In an effort to better alert health officials and families to the dangers of any lead exposure in children, in 2012 the CDC lowered the threshold for which a child is deemed to have an elevated blood lead level from 10 µg/dL to 5 µg/dL. This new lower reference value allows parents and health officials to take corrective actions sooner.[10,11]

Although the percentage of children with elevated blood lead levels is declining nationally and in Rhode Island, low-income children and children of color remain the most likely to be lead poisoned.[12,13,14] 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.[15]

In 2017, 953 (4%) of the 24,501 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 (6%) were more than twice as likely as children in the remainder of the states (3%) to have confirmed elevated blood lead levels ≥5 µg/dL.[16]

Children Entering Kindergarten with History of Elevated* Blood Lead Level Screening (≥5 µg/dL), Rhode Island, Four Core Cities, and Remainder of State, 2001-2019



Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 2001 and 2019. *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. Compared to the remainder of the state, the core cities have twice the rate of children with elevated blood levels.[17]**

Lead Exposure and Academic Performance

◆ **Exposure to lead has been shown to negatively impact academic performance in early childhood.[18] 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. The most significant declines in academic performance occurred among children with the highest blood lead levels living in the four core cities. Children with lead exposure are also at increased risked for absenteeism, grade repetition, and special education services.[19,20]**

◆ **In an effort to better inform school administrators about the prevalence of lead exposure, the Rhode Island Department of Health and the Rhode Island Department of Education provide detailed reports to superintendents and heads of private schools on rates of lead exposure and immunization among students within their respective districts. Information regarding screenings, regulations, associated risks, and parent communication are also included.[21,22]**

Significantly Lead Poisoned Children Under Age Six

◆ Starting in 2015, a child is considered to be "significantly lead poisoned" if she or he has a single venous blood test result of ≥15 µg/dL. The number of children under age six who were significantly lead poisoned has decreased by 82% over the past 12 years, from 349 in 2005 to 64 in 2017.[23]

◆ Starting in 2015, an environmental inspection of a child's home is offered when a single venous test is ≥15 µg/dL (versus ≥20 µg/dL previously). The Rhode Island Department of Health sends certified lead inspectors to determine whether lead hazards are present and works with owners to make the properties lead-safe. In 2017, 112 environmental inspections were offered, of which 64 were performed, 22 were refused, nine were pending, and 17 the child moved.[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. In 2017, 76% of Rhode Island three-year-olds with an active status in KIDSNET received one blood lead test, 56% received two blood tests, and 24% were never tested.[25,26,27]

Table 23. **Lead Poisoning in Children Entering Kindergarten in the Fall of 2019, Rhode Island**

CITY/TOWN	NUMBER TESTED FOR LEAD POISONING	CONFIRMED WITH BLOOD LEAD LEVEL ≥5 µg/dL	
		NUMBER	PERCENT
Barrington	163	*	*
Bristol	157	9	5.7%
Burrillville	125	*	*
Central Falls	300	32	10.7%
Charlestown	44	*	*
Coventry	255	10	3.9%
Cranston	719	49	6.8%
Cumberland	334	11	3.3%
East Greenwich	156	*	*
East Providence	469	40	8.5%
Exeter	35	*	*
Foster	40	*	*
Glocester	65	*	*
Hopkinton	72	*	*
Jamestown	22	*	*
Johnston	250	9	3.6%
Lincoln	189	9	4.8%
Little Compton	11	0	0.0%
Middletown	193	7	3.6%
Narragansett	56	*	*
New Shoreham	8	0	0.0%
Newport	294	23	7.8%
North Kingstown	254	*	*
North Providence	294	10	3.4%
North Smithfield	87	0	0.0%
Pawtucket	841	73	8.7%
Portsmouth	134	6	4.5%
Providence	2,573	292	11.3%
Richmond	34	*	*
Scituate	96	6	6.3%
Smithfield	125	6	4.8%
South Kingstown	215	12	5.6%
Tiverton	122	6	4.9%
Warren	106	9	8.5%
Warwick	712	21	2.9%
West Greenwich	46	0	0.0%
West Warwick	302	15	5.0%
Westerly	186	7	3.8%
Woonsocket	603	36	6.0%
Unknown Residence	*2*	*NA*	*NA*
Four Core Cities	*4,317*	*433*	*10.0%*
Remainder of State	*6,370*	*296*	*4.6%*
Rhode Island	*10,689*	*729*	*6.8%*

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 is 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 2019 reflect the number of Rhode Island children eligible to enter school in the fall of 2019 (i.e., born between 9/1/13 and 8/31/14).

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 2017. 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 2019 who were tested for lead poisoning. Data include both venous and confirmed capillary tests.

Of the 743 children entering kindergarten in 2018 who had an initial blood lead screen of ≥5 µg/dL, fourteen did not receive a confirmatory second test. Their lead poisoning status is unknown.

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

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

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

See Methodology Section for more information.

References

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(continued on page 180)

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. Data are reported by place of child's residence at the time of the emergency department visit.

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. Asthma attacks can be triggered by respiratory infections, air pollutants, cigarette smoke, allergens, and exposure to cold air or sudden temperature change. While the exact cause of asthma is unknown, various genetic, environmental, birth, and health factors have been linked to an increased risk for asthma.[1,2,3]

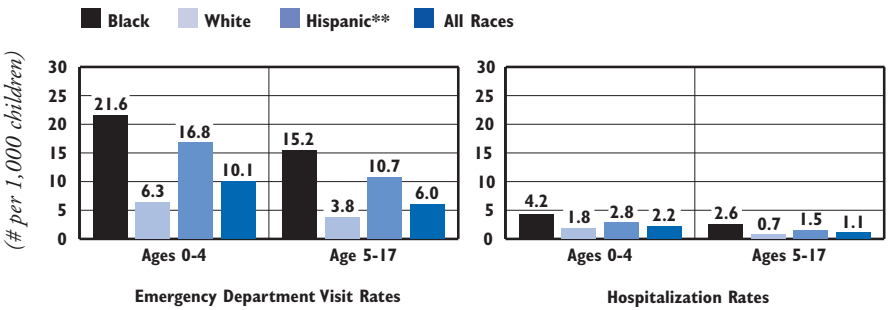
Nationally, asthma is one of the most common chronic conditions among children.[4] After peaking at 9.6% in 2009, asthma prevalence among U.S. children fell to 8.4% in 2016.[5,6] The highest rates of asthma are among males, Black and American Indian/Alaska Native children, and children living in poverty.[7] Racial and ethnic differences in asthma prevalence are believed to be correlated with poverty, exposure to indoor and outdoor air pollution, stress, acute exposure to violence, access to health care, and genetic factors.[8,9]

Compared with adults, children have higher rates for primary care and emergency department visits for asthma, similar hospitalization rates, and lower death rates.[10] Asthma remains the third leading cause of hospitalization for children under age 15, and one of the leading causes of school absenteeism.[11]

Proper asthma management requires continued assessment and monitoring, patient education, environmental control, and appropriate medication. Health care providers should work with the child and family to create an asthma action plan, which provides instruction on how to avoid asthma triggers and how to use medications properly. An asthma action plan can improve health outcomes and reduce costly asthma hospitalizations if adhered to and supported by enhanced care and community-based interventions.[12,13,14,15,16]

Rhode Island middle and high school staff provide information and referrals about asthma. In 2016, 73% of middle and high schools reported providing health care referrals for students diagnosed with or suspected of having asthma, 53% percent of schools reported providing asthma education to students, 31% percent reported using an assessment tool to evaluate school policies, activities, and programs related to asthma, and 18% provided families with information on asthma.[17]

Asthma* Emergency Department and Hospitalization Rates, by Age and Race/Ethnicity, Rhode Island Children, 2012-2016



Source: Rhode Island Department of Health, Hospital Discharge Database, 2012-2016; U.S. Census Bureau, Census 2010.
*Rates are for primary diagnosis of asthma. **Hispanic children can be of any race.

◆ **In Rhode Island between 2012 and 2016, Black children, Hispanic children, and children under age five were the most likely to visit the emergency department or be hospitalized as a result of asthma. Children of all ages were more likely to visit the emergency department than to be hospitalized for asthma.[18]**

◆ **In Rhode Island between 2012 and 2016, boys under age 18 had higher asthma emergency department (7.1 per 1,000 boys) and hospitalization (1.5 per 1,000 boys) rates than girls under age 18 (5.6 and 1.0 per 1,000 girls respectively).[19]**

◆ **Among all children who had an emergency department visit for a primary diagnosis of asthma in Rhode Island between 2012 and 2016, 66% had RIte Care/Medicaid coverage, 27% had private health insurance, 5% were self-pay (which could mean they were uninsured or that their insurance did not cover the cost of care), and 2% were unknown. Among hospital admissions during that time, 52% had RIte Care/Medicaid coverage, 42% had private health insurance, 5% were self-pay, and 1% were unknown.[20]**

◆ **In 2015, Rhode Island parents reported higher rates of current asthma prevalence of their children (10%) than the national average (9%). Rhode Island has the ninth highest self-reported child asthma prevalence among ranked states.[21]**

Child Hospitalizations for Asthma, Rhode Island

◆ In Rhode Island between 2012 and 2016, there were 1,452 hospitalizations with primary asthma diagnosis of children under age 18, a rate of 1.3 per 1,000 children. The rate of primary asthma hospitalizations was twice as high in the four core cities (2.0 per 1,000 children) than in the remainder of the state (1.0 per 1,000 children).[22]

◆ Primary asthma hospitalization rates for children were highest in Providence (2.2 per 1,000 children), Central Falls (2.0), East Providence (1.8), Johnston (1.8), Pawtucket (1.8), Barrington (1.7), and Warren (1.4), between 2012 and 2016.[23]

Table 24. **Asthma Emergency Department Visits for Children Under Age 18, Rhode Island, 2012-2016**

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	4,597	96	4.2
Bristol	3,623	54	3.0
Burrillville	3,576	47	2.6
Central Falls	5,644	325	11.5
Charlestown	1,506	21	2.8 ^
Coventry	7,770	166	4.3
Cranston	16,414	434	5.3
Cumberland	7,535	113	3.0
East Greenwich	3,436	39	2.3
East Providence	9,177	248	5.4
Exeter	1,334	24	3.6 ^
Foster	986	5	*
Glocester	2,098	23	2.2 ^
Hopkinton	1,845	38	4.1
Jamestown	1,043	14	2.7 ^
Johnston	5,480	145	5.3
Lincoln	4,751	96	4.0
Little Compton	654	7	*
Middletown	3,652	119	6.5
Narragansett	2,269	48	4.2
New Shoreham	163	0	0.0
Newport	4,083	220	10.8
North Kingstown	6,322	102	3.2
North Providence	5,514	196	7.1
North Smithfield	2,456	36	2.9
Pawtucket	16,575	800	9.7
Portsmouth	3,996	58	2.9
Providence	41,634	2,859	13.7
Richmond	1,849	21	2.3 ^
Scituate	2,272	25	2.2 ^
Smithfield	3,625	33	1.8
South Kingstown	5,416	98	3.6
Tiverton	2,998	13	0.9 ^
Warren	1,940	57	5.9
Warwick	15,825	406	5.1
West Greenwich	1,477	27	3.7 ^
West Warwick	5,746	228	7.9
Westerly	4,787	143	6.0
Woonsocket	9,888	529	10.7
Four Core Cities	*73,741*	*4,513*	*12.2*
Remainder of State	*150,215*	*3,404*	*4.5*
Rhode Island	*223,956*	*7,917*	*7.1*

Source of Data for Table/Methodology

Rhode Island Department of Health, Hospital Discharge Database, 2012-2016.

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.

The denominator used to compute the 2012-2016 rate of emergency department visits is the number of children according to the 2010 U.S. Census, multiplied by five.

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

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

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

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(continued on page 181)

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.[2] Healthy housing also protects families from weather, environmental hazards, and injury and provides a safe place for children to eat, sleep, play, and grow.[3]

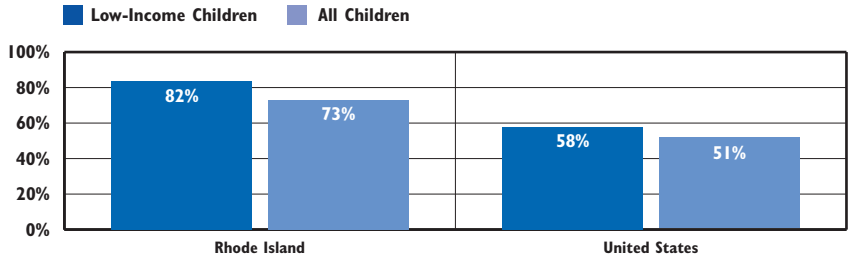
Unhealthy housing can cause or intensify many health conditions. Studies have connected poor quality construction, utility deficiencies, water intrusion, lead paint, radon, and pests to respiratory illnesses, asthma, unintentional injuries, lead poisoning, and cancer. Children under age 14, low-income children, and children of color under age five are at increased risk for fall injuries due to unsafe sleep and home environments, including aging and deteriorating housing.[4,5,6]

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.[7]

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.[8]

Adopting a comprehensive "healthy homes" approach that addresses multiple housing deficiencies simultaneously can help prevent housing-related injuries and illnesses, reduce health 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.[9,10]

Children Living in Older Housing*, 2012-2016, Rhode Island and the United States



Source: Population Reference Bureau analysis of 2012-2016 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 2012 and 2016, Rhode Island had the highest percentage of low-income children (82%) and the second highest percentage of children of all incomes (73%) 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 2017, 953 (4%) of Rhode Island children under age six had a confirmed blood lead level of ≥5 µg/dL.[13]**

◆ **Asthma: Asthma is a common chronic condition in children and is a leading cause of school absences and hospitalization for children under age 15 in the U.S.[14] Between 2012 and 2016, there were 4,186 emergency department visits of Rhode Island children ages six and under (10.3 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 2016, housing-related falls resulted in 1,629 emergency room visits by Rhode Island children age six and under.[17]**

◆ **Weatherization Assistance Program: The program helps income eligible households reduce heating bills by providing whole-house energy efficiency and safety services. In 2017, 1,159 Rhode Island children under age 18 benefited from 1,170 completed weatherization projects administered by seven Community Action Program agencies.[18,19]**

Table 25.

Housing and Health, Rhode Island

CITY/TOWN	# OF CHILDREN AGES 6 AND UNDER 2010	CHILDREN WITH LEAD POISONING 2017 #	TESTED	%	PRIMARY ASTHMA ED VISITS 2012-2016 #	RATE PER 1,000	HOUSING RELATED FALLS 2016	WEATHER-IZATION PROJECTS 2017	% HOUSING STOCK PRE-1980
Barrington	1,213	9	452	2.0%	50	8.2	25	8	82%
Bristol	1,316	13	367	3.5%	33	5.0	16	25	70%
Burrillville	1,186	8	299	*	22	3.7 ^	20	17	66%
Central Falls	2,374	46	826	5.6%	179	15.1	49	28	88%
Charlestown	493	2	73	2.7%	8	*	10	9	51%
Coventry	2,508	11	561	2.0%	95	7.6	51	59	66%
Cranston	5,814	62	1,765	3.5%	215	7.4	102	243	78%
Cumberland	2,603	12	699	1.7%	46	3.5	31	28	63%
East Greenwich	930	4	289	*	16	3.4 ^	14	10	69%
East Providence	3,545	40	1,076	3.7%	130	7.3	64	92	84%
Exeter	390	1	97	*	9	*	5	7	44%
Foster	315	1	68	*	2	*	9	11	66%
Glocester	633	3	143	*	7	*	13	21	64%
Hopkinton	618	6	122	4.9%	15	4.9 ^	7	6	60%
Jamestown	287	0	44	0.0%	10	*	9	3	61%
Johnston	1,930	11	566	1.9%	63	6.5	28	71	67%
Lincoln	1,490	13	429	3.0%	42	5.6	32	15	72%
Little Compton	188	1	34	*	3	*	2	8	72%
Middletown	1,331	3	326	*	54	8.1	45	5	69%
Narragansett	739	5	98	5.1%	21	5.7 ^	11	12	58%
New Shoreham	57	1	23	*	0	0.0	2	0	56%
Newport	1,792	25	497	5.0%	136	15.2	43	3	82%
North Kingstown	1,965	10	493	2.0%	49	5.0	37	32	67%
North Providence	2,040	14	658	2.1%	114	11.2	51	82	72%
North Smithfield	752	2	186	*	13	3.5 ^	13	13	67%
Pawtucket	6,835	88	2,063	4.3%	433	12.7	126	174	88%
Portsmouth	1,206	4	263	*	29	4.8 ^	23	13	62%
Providence	16,934	431	6,683	6.4%	1,600	18.9	411	325	84%
Richmond	635	2	74	*	10	*	9	12	45%
Scituate	608	6	208	2.9%	9	*	7	18	68%
Smithfield	1,076	4	298	*	13	2.4 ^	12	30	61%
South Kingstown	1,707	10	392	2.6%	50	5.9	29	35	58%
Tiverton	1,006	11	332	3.3%	4	*	11	41	63%
Warren	727	10	234	4.3%	28	7.7 ^	5	19	78%
Warwick	5,561	29	1,517	1.9%	194	7.0	121	103	81%
West Greenwich	446	0	71	0.0%	10	*	8	6	30%
West Warwick	2,351	13	620	2.1%	128	10.9	69	46	74%
Westerly	1,735	6	336	1.8%	67	7.7	22	36	62%
Woonsocket	4,212	36	1,218	3.0%	279	13.2	84	44	88%
Unknown	*0*	*0*	*1*	*0.0%*	*0*	*0.0*	*0*	*0*	-
Four Core Cities	*30,355*	*601*	*10,790*	*5.6%*	*2,491*	*16.4*	*670*	*571*	*86%*
Remainder of State	*51,193*	*352*	*13,711*	*2.6%*	*1,695*	*6.6*	*959*	*1,139*	*70%*
Rhode Island	*81,548*	*953*	*24,501*	*3.9%*	*4,186*	*10.3*	*1,629*	*1,710*	*74%*

Source of Data for Table/Methodology

Children Age Six and Under: U.S. Census Bureau, Census 2010. Table PCT12.

Children with Lead Poisoning: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, 2017. The numerator is the number of Rhode Island children with a confirmed blood lead level ≥5 µg/dL in calendar year 2017. The denominator is the number of children who were tested in calendar year 2017. Data are for children under age six.

Children with Asthma: Rhode Island Department of Health, Hospital Discharge Database, 2012-2016. 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. For details, see Children with Asthma indicator. Data are for children age six and under.

Housing Related Falls: Rhode Island Department of Health, Center for Health Data and Analysis, 2016. Data are for children age six and under who are residents of Rhode Island.

Weatherization Projects: Rhode Island Department of Human Services, Weatherization Assistance Program data, 2017. Weatherization projects are defined as those receiving a final inspection by end of calendar year 2017.

Housing Stock Pre-1980: Population Reference Bureau analysis of 2012-2016 American Community Survey (ACS) data. Table B25034. 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.

* 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.

Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th to the 10th classification, which may impact comparability across the years for *Housing Related Falls.*

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

References are on page 181.

Child and Adolescent Obesity

DEFINITION

Child and Adolescent Obesity is the percentage of children and adolescents who have a body mass index (BMI) at or above the 95th percentile for gender and age. Adolescents with a BMI at or above the 95th percentile are considered to be obese. Children and youth with a BMI between the 85th and 95th percentiles are considered to be overweight or at risk for obesity.[1]

SIGNIFICANCE

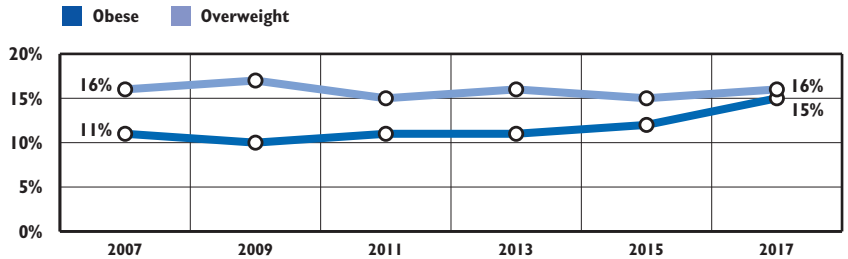
Children and adolescents who are overweight or obese are at immediate and/or long-term risk of many health problems, including type 2 diabetes, cardiovascular disease, asthma, joint pain, sleep apnea, and other acute and chronic health problems. Over time, these conditions may contribute to a shorter lifespan. They may also experience social and psychological problems, including depression, bullying, and social marginalization. Obese children and youth are also more likely to repeat a grade, be absent from school, and have reduced academic performance than their peers.[2,3,4,5]

Nationally, there is a continued upward trend in obesity.[6] In 2015-2016 in the U.S., the prevalence of obesity in children ages 2-19 was 19% with a significant increase in severe obesity for children ages two to five years.[7,8] There were differences by race and ethnicity, with non-Hispanic Black (22%) and Hispanic (26%) having higher prevalence of obesity than non-Hispanic White (14%) and non-Hispanic Asian (11%) children.[9]

No single factor is driving the increased prevalence of childhood obesity; rather it is the result of complex interactions among many factors, including excess calorie consumption, genes, metabolism, behavior, environment, and culture.[10] Low consumption of healthy foods, high consumption of sugar-sweetened beverages and energy dense foods, low levels of physical activity, and high levels of screen time are all associated with obesity.[11]

Prevention and intervention for at risk, overweight, and obese children should occur early and at all ages.[12] Reducing overweight and obesity will require a comprehensive, multi-system approach. Policy strategies to reduce obesity include improving access to nutritional and affordable foods and beverages, ensuring healthy food in schools, increasing options for physical activity before, during, and after school as well as with early learning programs, and improving access to safe and walkable neighborhoods and recreational areas.[13]

Obesity and Overweight Among Rhode Island High School Students, 2007-2017



Source: *Youth Risk Behavior Survey*, Rhode Island, 2007-2017. BMI calculated using self-reported student response.

◆ **Rhode Island's overall high school obesity prevalence has increased since 2007 while overweight prevalence has remained mostly level. In Rhode Island in 2017, 15% of high school students self-reported as obese and 16% self-reported being overweight. In Rhode Island, Hispanic students (21%), males (17%), and Black students (18%), were more likely to report being obese than their peers.[14] In the most recent national rankings from 2015, Rhode Island was seventh best for prevalence of obesity and ninth best for prevalence of overweight.[15]**

◆ **In September 2017, the BMI values of 9,157 electronic medical health records of children under age 18 residing in Providence who are active patients of a Providence Community Health Center site were examined. The analysis found 25% of Providence children were obese (down from 26% in 2016) and 19% were overweight (down from 20% the prior year). In 2017, obesity varied by age: 22% of children ages two to five, 29% of children ages six to 11, and 25% of children ages 12 to 17 were obese. Among Hispanic children, who accounted for 78% of all patients served, 27% were obese.[16]**

Nutrition and Eating Habits

◆ **The total number of calories a child and adolescent needs varies depending on age, gender, height, weight, and level of physical activity, as well as their need to lose, maintain, or gain weight. Many children and adolescents consume diets with too many calories and not enough nutrients.[17] Among Rhode Island high school students in 2017, 11% reported consuming one or more cans of soda daily (down from 25% in 2007) and 88% reported eating less than three servings of vegetables per day.[18]**

Promoting Increased Physical Activity

◆ **Recess is an important component in optimizing a child's social, emotional, physical, and cognitive development.[19] In 2016, legislation passed requiring at least 20 consecutive minutes of free-play recess daily for Rhode Island public school children in kindergarten through grade six.[20] Prior to this legislation, only 10 public school districts required 20 minutes or more of daily recess.[21]**

◆ **Physical Education (PE) curriculum and instruction are designed to develop age appropriate motor skills, knowledge and behaviors of active living.[22] In Rhode Island, students are required to receive an average of 20 minutes per day of health *and* PE instruction.[23] Nationally, the daily recommended amount of PE alone is 30 minutes in elementary school and 45 minutes in middle and high school.[24]**

◆ **Regular physical activity, including school-based, has been shown to have physical, cognitive and academic benefits, including improved grades.[25,26] In Rhode Island in 2017, 25% of middle school students and 23% of high school students reported being physically active every day for at least 60 minutes, which is the recommended amount.[27,28]**

Sedentary Behavior and Physical Activity, Rhode Island Middle School and High School Students by Race and Ethnicity, 2017

	MIDDLE SCHOOL			HIGH SCHOOL		
	BLACK*	WHITE*	HISPANIC	BLACK*	WHITE*	HISPANIC
2 or Fewer Days of Physical Education Weekly	47%	43%	51%	41%	41%	45%
3 or Fewer Days of Physical Activity** Weekly	51%	32%	57%	63%	43%	58%
3 or More Hours of TV on School Days	36%	17%	29%	27%	18%	25%
3 or More Hours of Computer*** Time/Video Games on School Days	51%	40%	46%	40%	42%	47%

Source: *2017 Rhode Island Youth Risk Behavior Survey*, Rhode Island Department of Health. *Non-Hispanic. **Defined as at least 60 minutes per day. ***Non-school related. Hispanic can be of any race. For gender and overall results, see the 2016 Factbook.

Obesity in Young Children in Rhode Island

Children Enrolled in Head Start

◆ **Head Start is a federally-funded comprehensive early childhood program for low-income preschool children and their families.[29] In Rhode Island during the 2016-2017 school year, 2,538 children aged three to five were enrolled in a Head Start program. Of those enrolled, 18% were obese, and 19% were overweight.[30] Comparable national data show that 16% of children enrolled in Head Start were obese and 13% were overweight during that time.[31] Overweight kindergartners are four times as likely as their healthy weight peers to become obese by eighth grade, and obese teens have a greater than 70% risk of becoming obese as adults.[32,33,34]**

Children Participating in WIC

◆ **The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded preventive program that provides eligible participants with nutritious food, nutrition education, and access to health care and social services.[35] In Rhode Island in 2017, 12,042 children aged two to four were enrolled in WIC, 18% of whom were obese and 13% were overweight.[36]**

◆ **WIC also tracks the number of children under age five who are at risk for being obese, which is defined as having a biological parent who is obese (i.e., have a BMI over 30). In 2017, 17% of infants (1,613) and 19% of children aged one to four (2,818) enrolled in WIC in Rhode Island were deemed at risk for being obese.[37]**

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(continued on page 181)

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 threaten the development of both teen parents and their children. Children of teen parents have higher risk of infant mortality, preterm delivery, low birthweight, child maltreatment and placement in foster care. Children of teen parents also have, lower test scores, academic outcomes, and are less likely to complete high school compared with children of older mothers. They are also more likely to become teen parents themselves.[1] There are strong links between maternal education among teen mothers and educational attainment, income, and well-being in their children.[2]

Only 50% of teen mothers have a high school diploma by age 22, compared with 90% of young women who did not give birth as a teen.[3] Teen girls in foster care are more than twice as likely as their peers to become pregnant by age 19.[4]

One in five births to teens are repeat births.[5] Repeat births to teens are more likely to be premature or have low birth weight than first teen births. In 2015, the prevalence of repeat teen births was highest among Hispanic teens (19%), non-Hispanic Black teens (18%), and non-Hispanic white teens (14%).[6]

Despite national declines in teen births, disparities in teen births persist. In 2016, the rate of teen birth for Hispanic teens (32 births per 1,000) and to non-Hispanic Black teens (29 per 1,000), were both more than twice the rate for non-Hispanic white teens (14 per 1,000).[7]

After peaking in 1991, the U.S. teen birth rate has steadily declined reaching a low in 2016, with decreases among all racial and ethnic backgrounds.[8,9] Despite this trend, the U.S. teen birth rate remains higher than many other developed countries.[10]

Rhode Island's teen birth rate mirrors national trends, peaking in 1993 at a rate of 48 per 1,000, and reaching a historic low in 2016 at a rate of 13 per 1,000.[11] In 2016 in Rhode Island, 474 babies were born to mothers under age 20, accounting for 4% of all babies born.[12] Nationally and in Rhode Island, fewer teens are having sex and those that are sexually active are more likely to use contraception.[13,14]

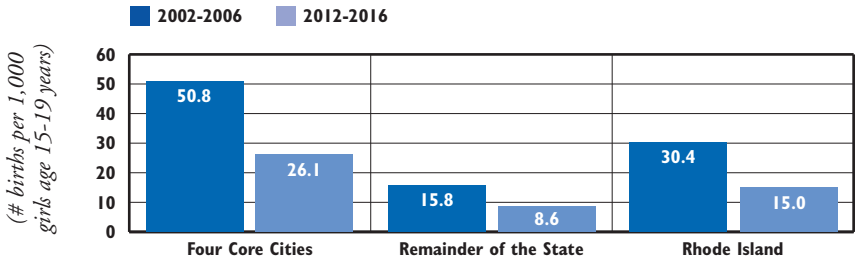
Teen Birth Rates
(rate per 1,000 girls ages 15-19)

	1991	2016
RI	44.7	12.9
US	61.8	20.3
National Rank*		*7th*
New England Rank**		*5th*

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

Source: For 2016: Martin, J. A., et al. (2016). Births: Final data for 2016. *National Vital Statistics Reports, 67*(1), 1-54. 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.

Teen Birth Rates, Rhode Island, Five-Year Averages Comparisons: 2002-2006, 2012-2016



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2002-2016.

◆ **In 2016, the birth rate for U.S. teens (20 births per 1,000 teen girls) and Rhode Island teens (13 births per 1,000 teen girls) were the lowest ever recorded.[15]**

◆ **The Rhode Island teen birth rate declined 51% between 2002-2006 and 2012-2016, from 30.4 births per 1,000 teen girls to 15.0. The teen birth rate in the four core cities declined by 49% during that time but remains three times higher than the remainder of the state.[16]**

◆ **Disparities persist in teen birth rates.[17] In Rhode Island between 2012 and 2016, the teen birth rates for Hispanic (37.9 per 1,000) and Black (24.9 per 1,000) teens were higher than rates for White (9.4 per 1,000) and Asian (8.3 per 1,000) teens.[18]**

Repeat Births to Teens, Rhode Island, 2012-2016

AGE	TOTAL NUMBER OF BIRTHS	NUMBER OF REPEAT BIRTHS	PERCENT REPEAT BIRTHS
15-17	775	38	5%
18-19	2,212	395	18%
TOTAL 15-19	*2,987*	*433*	*14%*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2012-2016.

◆ **Nationally, 17% of all births to teens ages 15-19 in 2015 were repeat births. Since 2004, repeat teen births have declined 54% nationwide.[19] To continue to reduce repeat teen births, pregnant and parenting teens should be connected with evidence-based home visiting programs that address their needs and educate mothers about effective contraception.[20]**

Teen Birth Rates by Age and Location

◆ In Rhode Island between 2012 and 2016, the rate of birth to teens ages 15-19 in the core cities (26.1 per 1,000) was more than three times higher than the remainder of the state (8.6 per 1,000). Among the core cities, Central Falls (at a rate of 59.5 per 1,000 teen births) and Woonsocket (at a rate of 43.7 per 1,000 teen births) have significantly higher rates than Pawtucket (26.1 per 1,000) and Providence (21.6 per 1,000).[21]

◆ Thirteen percent of teen births in the core cities were repeat births, while 7% of teen births in the rest of the state were repeat births.[22]

◆ Health care providers play a key role in reducing teen births, by integrating comprehensive reproductive health counseling to all women and men of reproductive age to help reduce unintended pregnancies.[23]

Table 26. **Births to Teens, Ages 15-19, Rhode Island, 2012-2016**

CITY/TOWN	# OF BIRTHS TO GIRLS AGES 15-17	# OF BIRTHS TO GIRLS AGES 18-19	# OF BIRTHS TO GIRLS AGES 15-19	BIRTH RATE PER 1,000 GIRLS AGES 15-19
Barrington	1	2	3	*
Bristol	6	18	24	*
Burrillville	7	20	27	11.2
Central Falls	59	158	217	59.5
Charlestown	4	19	23	20.1 ^
Coventry	9	35	44	7.7
Cranston	36	92	128	10.1
Cumberland	6	25	31	5.8
East Greenwich	0	9	9	*
East Providence	27	65	92	13.8 ^
Exeter	5	10	15	10.7 ^
Foster	2	3	5	*
Glocester	3	8	11	*
Hopkinton	3	5	8	*
Jamestown	0	1	1	*
Johnston	9	39	48	11.9
Lincoln	2	22	24	6.9 ^
Little Compton	0	1	1	*
Middletown	9	15	24	10.8 ^
Narragansett	2	3	5	*
New Shoreham	0	1	1	*
Newport	17	45	62	12.1
North Kingstown	9	23	32	7.2
North Providence	17	61	78	17.6
North Smithfield	4	6	10	*
Pawtucket	83	222	305	26.1
Portsmouth	6	5	11	*
Providence	303	787	1090	21.6
Richmond	2	11	13	11.2 ^
Scituate	1	9	10	*
Smithfield	1	9	10	*
South Kingstown	1	21	22	1.6 ^
Tiverton	5	8	13	6.0 ^
Warren	2	16	18	13.3 ^
Warwick	31	87	118	10.6
West Greenwich	1	10	11	10.8 ^
West Warwick	27	94	121	26.6
Westerly	10	30	40	18.6
Woonsocket	65	211	276	43.7
Unknown	*0*	*6*	*6*	-
Four Core Cities	*510*	*1,378*	*1,888*	*54.0*
Remainder of State	*265*	*834*	*1,099*	*8.6*
Rhode Island	*775*	*2,212*	*2,987*	*15.0*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016.

* 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 15-19 are from the Census 2010 Summary File 1, which are then multiplied by five.

In the 2012 *Factbook*, the denominators for the city/town table were updated with population data from Census 2010. *Factbooks* prior to 2012 used population data from Census 2000. Changes in rates are affected by the updated population data.

Factbooks published before 2007 reported only births to girls ages 15-17. The definition of teen childbearing was expanded to include teens ages 15-19 to align with reports from the U.S. Centers for Disease Control and Prevention's National Center for Health Statistics.

Births to teens ages 14 and younger are collected by the Rhode Island Department of Health but are not reported in the *Factbook*.

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

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

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(continued on page 181)

Alcohol, Drug, and Tobacco Use

DEFINITION

Alcohol, drug, and tobacco use is the percentage of middle school and high school students who report having used alcohol, illegal drugs, or tobacco products.

SIGNIFICANCE

The use and/or abuse of substances such as alcohol, tobacco, and other drugs by youth poses health and safety risks to them, 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. These transitions include shifts to middle school and high school, when youth experience new academic, social, and emotional challenges. Adolescents are especially vulnerable to developing substance abuse disorders because their brains are still developing; the prefrontal cortex, responsible for decision-making and risk-assessment, is not mature until the mid-20s.[4,5]

Pathways to substance use involve the relationship between risk and protective factors, which vary in their effect on different people. Risk factors include early aggressive behavior, poor school achievement, peer and parental substance abuse, chaotic home environment, and poverty. Protective factors lessen the risk of substance use, and include a strong parent-child bond, healthy school environment, academic competence, and attachment to their communities.[6,7] For over three decades, Hispanic and Black high school seniors in the U.S. have generally had lower rates of substance use than their White peers, but recently these differences have narrowed due to an increased use of marijuana.[8,9]

Enacting policies that support prevention, screening, early intervention, treatment, and recovery can prevent and reduce teen substance abuse. Policy examples include preventing underage substance use and restricting sales to minors, improving school climate and academic achievement, enacting sentencing reform, and sustaining adequate funding for multi-sector youth development, treatment, and recovery services.[10]

In Rhode Island in 2013-2014, 3% of youth ages 12-17 needed but did not receive treatment for an alcohol use problem, which is the 15th highest rate nationally. Four percent of Rhode Island youth ages 12-17 needed but did not receive any treatment for illicit drug use, which is the seventh highest rate nationally on this measure.[11]

Tobacco Use Among Rhode Island Youth

◆ **In 2017, 26% of Rhode Island high school students reported currently smoking cigarettes or cigars, or using smokeless tobacco or e-cigarettes (i.e. e-cigars, e-pipes, vaping pipes/pens, e-hookahs/pens). Current use is defined as use on at least one day during the 30 days before the survey.[12]**

◆ **Cigarettes: Cigarette use has reached record low levels among U.S. middle and high school students.[13] In 2017, 6% of Rhode Island high school students reported currently smoking cigarettes. Fifty-nine percent of Rhode Island high school students who reported current cigarette use in 2017 also reported trying to quit smoking in the past year.[14]**

◆ **E-Cigarettes: Among U.S. adolescents in 2016, e-cigarette use was higher than use of traditional tobacco cigarettes or any other tobacco product.[15] In Rhode Island in 2017, 20% of high school students reported current use of e-cigarettes and 40% reported ever using e-cigarettes. The Rhode Island General Assembly passed legislation prohibiting the use of e-cigarettes in schools, effective January 1, 2018.[16,17]**

◆ **Hookah: The prevalence of smoking tobacco with a hookah has declined nationally for the past two years and most use is occasional.[18] In 2017, 5% of Rhode Island high school students reported currently smoking tobacco in a hookah.[19]**

◆ **Cigars: Use of small cigars, or cigarillos, among U.S. adolescents has declined significantly since 2010.[20] In Rhode Island in 2017, 7% of high school students reported currently smoking cigars.[21]**

◆ **Smokeless Tobacco: After rising in the mid-2000s, use of smokeless tobacco by U.S. adolescents has declined since 2010.[22] In 2017, 5% of Rhode Island high school students reported current use of smokeless tobacco.[23]**

◆ **Tobacco to 21: The Institute of Medicine and the Centers for Disease Control and Prevention (CDC) suggest that raising the minimum legal sale age (MLA) for tobacco products to 21 may prevent or delay initiation of tobacco use by adolescents. The American Academy of Pediatrics also recommends increasing the MLA to 21.[24,25,26] Rhode Island's minimum sale age is 18 years. Nationally, as of January 2018, five states have set the age to 21 (CA, HI, ME, NJ, OR).[27,28]**

Current Substance Use, Rhode Island High School Students by Select Subgroups, 2017

	ALCOHOL USE*	E-CIGARETTE USE*	CIGARETTE USE*	MARIJUANA USE*	PRESCRIPTION DRUG MISUSE***
Female	26%	17%	5%	23%	3%
Male	20%	22%	7%	23%	4%
Black, Non-Hispanic	19%	12%	1%	27%	4%
White, Non-Hispanic	25%	23%	7%	22%	3%
All other races, Non-Hispanic	NA	16%	1%	19%	2%
Multiple races, Non-Hispanic	29%	20%	6%	38%	1%
Hispanic	20%	16%	6%	23%	4%
9th Grade	16%	17%	6%	15%	4%
10th Grade	20%	21%	5%	20%	5%
11th Grade	26%	22%	4%	26%	3%
12th Grade	33%	21%	9%	33%	2%
All Students	*23%*	*20%*	*6%*	*23%*	*4%*

Source: *2017 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 those without a doctor's prescription. NA is not available due to small sample size.

◆ Among Rhode Island high school students in 2017, 23% reported current alcohol consumption, 23% reported current marijuana use, 20% reported current use of e-cigarettes, 11% reported current binge drinking, 6% reported current cigarette use, 5% reported currently using over the counter drugs to get high, and 4% reported currently misusing prescription drugs.[29]

◆ In 2017, 81% of Rhode Island high school students reported that they have never smoked a cigarette and 60% reported they have never used an e-cigarette product.[30]

◆ Cigarette excise taxes pose a potential funding stream for state tobacco control programs.[31] Between SFY 2002-2017, Rhode Island cigarette tax revenue increased from $79.4 million to $138.7 million while state tobacco control funding decreased from $3 million to $377,000. Only 0.27% of the cigarette tax in SFY 2017 went toward tobacco control and smoking cessation programs.[32,33,34]

Family and Community Risk Factors

◆ Having parents or friends who use tobacco, alcohol, and other drugs, as well as living in communities where there is drug dealing and substance use are risk factors for teen substance use.[35] In Rhode Island in 2017, 35% of middle school students and 33% of high school students reported living with someone who smokes cigarettes. One in six (17%) Rhode Island high school students under age 18 who used an e-cigarette during the past 30 days reported buying it in a store, despite laws prohibiting sales to minors. One in seven (14%) high school students who had ever taken a prescription drug without a doctor's prescription reported taking it from a friend or relative without their knowledge.[36]

Babies Born with Exposure to Substances

◆ Babies born with exposure to opioids (pain medication) face immediate and potential long-term negative outcomes. Neonatal Abstinence Syndrome (NAS) refers to the withdrawal and negative effects experienced by newborns born to mothers who use opioids and other drugs during pregnancy.[37]

◆ In Rhode Island in 2016, 96 babies were diagnosed with NAS, a rate of 89.5 per 10,000 births; down from 114 babies (103.8 per 10,000 births) in 2015 but more than double the rate of 37.2 in 2006. Eighty-six percent of babies born with NAS between 2012 and 2016 in Rhode Island were born to White mothers, 86% were born to mothers who were covered by Medicaid, and 38% lived in the four core cities.[38]

◆ Smoking during pregnancy is associated with adverse outcomes for children, including preterm births, low birthweight, and infant mortality.[39] Nationally, one in ten women who gave birth in 2014 smoked during the three months before they became pregnant and nearly one-quarter of those women did not smoke during pregnancy.[40]

◆ In Rhode Island between 2012 and 2016, 7% (3,843) of all births were to women who smoked during their pregnancy. During that time, Rhode Island mothers who smoked had higher percentages of low birthweight (13%) and preterm births (12%) compared to mothers who did not smoke (7% and 9% respectively).[41]

References

[1,4,6] *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health.* (2016). Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.

[2] *Substance-free youth.* (2015). Washington, DC: Child Trends.

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Safety

I Opened a Book

by Julia Donaldson

I opened a book and in I strode.
Now nobody can find me.
I've left my chair, my house, my road,
My town and my world behind me.

I'm wearing the cloak, I've slipped on the ring,
I've swallowed the magic potion.
I've fought with a dragon, dined with a king
And dived in a bottomless ocean.

I opened a book and made some friends.
I shared their tears and laughter
And followed their road with its bumps and bends
To the happily ever after.

I finished my book and out I came.
The cloak can no longer hide me.
My chair and my house are just the same,
But I have a book inside me.

Child Deaths

DEFINITION

Child deaths is the number of deaths from all causes among children ages one to 14, per 100,000 children. The data are reported by place of residence, not place of death.

SIGNIFICANCE

The child death rate is a reflection of the physical health of children, maternal health, access to health care, the dangers to which children are exposed in the community, access to and use of safety devices and practices (such as bicycle helmets and smoke alarms), and the level of adult supervision children receive.[1,2]

The U.S. child death rate has declined over the past three decades but disparities still exist by age group, gender, and race and ethnicity. Children ages one to four are more likely to die than children ages five to 14, and the child death rate is higher for boys than girls. The child death rate is also higher for Black children than for children of other racial and ethnic groups.[3,4]

In Rhode Island between 2012 and 2016, there were 90 deaths of children ages one to 14 (a rate of 11.06 per 100,000 children). Of these children, 36 (40%) lived in the four core cities and 54 (60%) lived in the remainder of the state. Of the 90 deaths, 64 (71%) were due to disease, 18 (20%) were due to unintentional injuries, and 8 (9%) were due to intentional injuries (six suicides and two homicides).[5,6]

Children are particularly vulnerable to unintentional injury deaths due to their size, development, inexperience, and natural curiosity.[7] Unintentional injuries are the second highest cause of death for children ages one to 14 in Rhode Island and the leading cause in the U.S. accounting for more than a quarter of all deaths among children ages one to 14 nationally.[8,9,10]

Nationally, the leading causes of child injury deaths are motor vehicle crashes and drowning.[11] Child injury deaths can be reduced by raising awareness about injury prevention strategies and the importance of using safety products (such as seat belts), enforcing laws that promote safety (such as speed limits and the mandatory use of child passenger restraints), and through continued environmental and product design improvements (such as flame-resistant sleepwear and safety surfacing on playgrounds).[12]

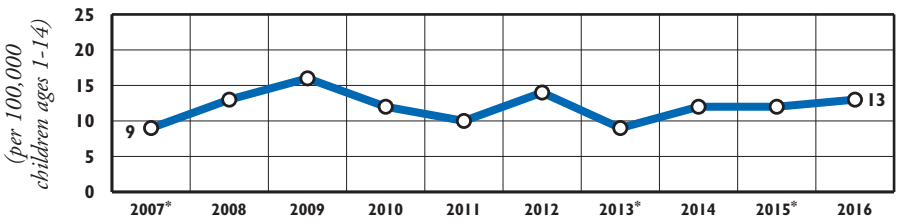
Child Death Rate
(per 100,000 Children Ages 1-14)

	2006	2016
RI	16	13
US	19	17
National Rank*		*4th*
New England Rank**		*3rd*

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

Source: Centers for Disease Control and Prevention, CDC WONDER, wonder.cdc.gov

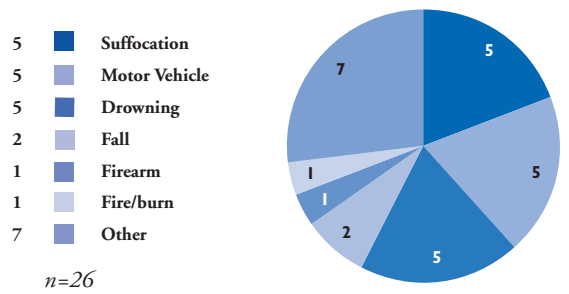
Child Death Rate per 100,000 Children Ages One to 14, Rhode Island, 2007-2016



Source: Centers for Disease Control and Prevention, CDC WONDER, wonder.cdc.gov
*Caution should be used with small numbers in numerators and denominators.

◆ **In 2016, Rhode Island's child death rate for children ages one to 14 was 13 per 100,000 children, which was a small increase from 2015. Rhode Island's New England rank improved from fourth in 2015 to third in 2016, and its U.S. rank remained the same at fourth lowest.[13]**

Child Deaths Due to Injury, by Cause, Rhode Island, 2012-2016



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2012-2016.

◆ **Between 2012 and 2016, 26 Rhode Island children ages one to 14 died as a result of injury. Suffocation, motor vehicle crashes, and drowning were the leading causes of child deaths due to injury in Rhode Island during this time period.[14]**

References

[1] *2017 KIDS COUNT data book.* (2017). Baltimore, MD: The Annie E. Casey Foundation.

[2,3,10] *Infant, child, and teen mortality.* (2016). Washington, DC: Child Trends.

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

(continued on page 182)

Teen Deaths

DEFINITION

Teen deaths is the number of deaths from all causes among teens ages 15 to 19, per 100,000 teens. The data are reported by place of residence, not place of death.

SIGNIFICANCE

Adolescents' health and safety can be threatened by a variety of risk behaviors, including alcohol, drug abuse, and violence.[1] Teens' mental health, including mood disorders and depression, further impacts their safety.[2] Nationally, the leading causes of teen deaths are motor vehicle collisions, homicides, and suicides, all of which are preventable.[3,4]

Factors that protect against teen deaths include parent involvement, access to mental health services, state regulated teen driving programs, as well as violence and substance abuse prevention programs. School, community, and therapeutic programs such as support groups, parent education interventions, and community improvement initiatives can reduce risk behaviors and support positive youth development.[5,6,7]

Between 2012 and 2016, there were 90 deaths of teens ages 15 to 19 in Rhode Island, a rate of 24.1 per 100,000 teens. Of these teens, 30 (33%) lived in the four core cities and 60 (67%) lived in the remainder of the state.[8,9] Of these 90 teen deaths, 37 (41%) were due to unintentional injuries, 24 (27%) were due to intentional injuries (16 suicides and eight homicides), 20 (22%) were due to disease, eight (9%) were due to overdose, and one (1%) was of other or unknown cause.[10]

According to the *2017 Rhode Island Youth Risk Behavior Survey*, 11% of Rhode Island high school students reported attempting suicide one or more times in the 12 months before the survey was administered, which was the same as in 2015.[11] Of the 16 youth ages 15 to 19 who died from suicide between 2012 and 2016, 13 were male and three were female.[12] Nationally, depression and suicide among adolescents have increased in recent years, with more females reporting symptoms of depression and attempting suicide nationally than males.[13] Mental health problems, such as depression and substance abuse, are associated with an increased risk of suicide among youth.[14]

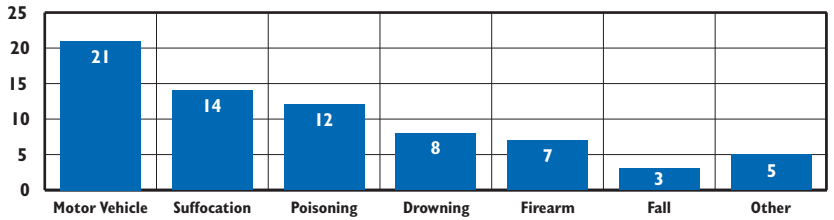
Teen Death Rate
(per 100,000 Youth Ages 15-19)

	2006	2016
RI	34	22
US	63	51
National Rank*		*1st*
New England Rank**		*1st*

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

Source: Centers for Disease Control and Prevention, CDC WONDER, wonder.cdc.gov

Injury Deaths by Cause, Teens Ages 15 to 19, Rhode Island, 2012-2016



n=70

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016. 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. Data for 2016 are provisional. 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 2012 and 2016 in Rhode Island, 64% of the 70 teen deaths caused by injury were unintentional. Thirty percent of all injury deaths involved motor vehicles.[15]**

◆ **Among the 23 teens ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2012 and 2016, ten were driving, ten were passengers in vehicles driven by others, two were bicyclists, and one was a pedestrian.[16]**

◆ **Four (40%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2012 and 2016 had been drinking and two teen fatalities occurred with adult drivers who had been drinking (waiting for update).[17]**

◆ **Nine (50%) of teen drivers and passengers killed in automobile accidents in Rhode Island between 2012 and 2016 were not wearing a seatbelt.[18]**

◆ **In 2017, 37% 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*. Fourteen percent reported riding in a vehicle driven by someone who had been drinking in the prior month, and 7% reported that they never or rarely wear a seatbelt while riding in a car driven by someone else.[19]**

References

[1,5] Office of Disease Prevention and Health Promotion. (2014). *Healthy People 2020: Adolescent health.* Retrieved January 19, 2018, from www.healthypeople.gov

[2] *Teen homicide, suicide, and firearm deaths.* (2015). Washington, DC: Child Trends.

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Youth Violence

DEFINITION

Youth violence is the number of arrests of youths under age 18 in Rhode Island for assault and weapons offenses and the percentage of high school students who report experiencing violence at school. These two measures of youth violence are used to account for violence that leads to arrest as well as some of the violence experienced by youth that may not come to the attention of the police.

SIGNIFICANCE

Youth violence refers to a variety of harmful behaviors that youth can experience as victims, witnesses, or offenders and that can cause emotional harm, physical injury, or death. Violence can impact 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 reduce factors that increase risk for violent behavior and promote factors that decrease risk for perpetrating violence.[3] 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 strengthening youth capacity to choose nonviolence, promoting supportive relationships between youth and adults, and improving economic conditions and safety in communities.[4]

Youth at risk for committing violent acts often live in high-poverty neighborhoods. They are more likely to have histories of substance use, association with delinquent peers, academic failure, poor family functioning, and be victims 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 in 2015, 23% 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 16% reported carrying a weapon during the previous month.[9]

The number of youth arrested for violent crimes in the U.S. reached a 33-year low in 2012, with youth making up 12% of all serious violent crime arrests. The Rhode Island juvenile arrest rate for serious violent crimes in 2012 was 128 per 100,000 youth ages 10 to 17, compared to the U.S. rate of 187 per 100,000 youth ages 10 to 17.[10] In 2016 in Rhode Island, there were 447 juvenile arrests for assault offenses and 123 juvenile arrests for weapons offenses.[11] In 2017, violent crimes made up 10% (274) of the 2,704 juvenile offenses referred to Rhode Island Family Court.[12]

Bully Status by Gender and Grade Level, Rhode Island, 2017

	MIDDLE SCHOOL		HIGH SCHOOL	
	MALE	FEMALES	MALES	FEMALE
Bullied on School Property	27%	40%	15%	19%
Bullied Electronically	13%	31%	11%	17%
Been in a Physical Fight*	21%	10%	13%	8%

Source: *Youth Risk Behavior Survey*, 2017, 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 2017, 7% of high school students (6% of males and 7% of females) reported not going to school due to safety concerns.[14]**

◆ **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]**

◆ **Cyberbullying is bullying that takes place online or by digital communication through text messages, instant messengers, social media, and/or other digital applications.[16] In 2017 in Rhode Island, 21% of middle school students (31% of females and 13% of males) and 14% of high school students (17% of females and 11% of males) reported being electronically bullied.[17]**

Youth Witnessing Violence and Youth Gun Violence

◆ **Witnessing 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]**

◆ **Guns are the leading cause of fatal violence to teens and are used in 88% of teen homicides and 41% of teen suicides in the U.S.[19] In Rhode Island between 2012 and 2016, there were 113 emergency department visits, 43 hospitalizations, and seven deaths of children and youth ages 15 to 19 attributed to firearms.[20]**

Table 27.

Youth Violence, Rhode Island

	COMMUNITY CONTEXT		VIOLENCE IN HIGH SCHOOLS, 2014*		JUVENILE ARRESTS FOR VIOLENCE, 2016		
CITY/TOWN	VIOLENT CRIME OFFENSES (ALL AGES) 2016	TOTAL POPULATION AGES 11-17 2010	% OF STUDENTS SAW ANOTHER STUDENT BRING A WEAPON TO SCHOOL IN PAST YEAR	% OF STUDENTS IN A PHYSICAL FIGHT AT SCHOOL IN PAST YEAR	# FOR ASSAULT OFFENSES	# FOR WEAPONS OFFENSES	TOTAL # FOR ASSAULT AND WEAPONS OFFENSES
Barrington	4	2,186	14%	6%	1	1	2
Bristol	18	1,545	12%	11%	1	0	1
Burrillville	15	1,526	10%	8%	4	1	5
Central Falls	126	2,089	12%	11%	17	12	29
Charlestown	7	659	23%	9%	0	0	0
Coventry	NA	3,509	23%	8%	11	1	12
Cranston	124	6,984	16%	10%	9	1	10
Cumberland	35	3,271	21%	8%	3	0	3
East Greenwich	8	1,671	13%	5%	2	0	2
East Providence	69	3,730	18%	8%	20	0	20
Exeter	NA	673	11%	7%	NA	NA	NA
Foster	5	467	20%	10%	0	0	0
Glocester	1	1,000	20%	10%	0	0	0
Hopkinton	6	826	23%	9%	2	0	2
Jamestown	1	528	14%	8%	0	0	0
Johnston	43	2,376	24%	11%	14	2	16
Lincoln	20	2,189	12%	7%	5	1	6
Little Compton	0	284	11%	7%	0	0	0
Middletown	14	1,504	12%	9%	5	2	7
Narragansett	11	1,052	21%	6%	5	0	5
New Shoreham	0	64	NA	NA	1	0	1
Newport	62	1,484	24%	10%	15	0	15
North Kingstown	22	2,917	14%	8%	6	1	7
North Providence	43	2,303	17%	7%	20	0	20
North Smithfield	10	1,132	10%	6%	3	0	3
Pawtucket	305	6,268	15%	10%	67	14	81
Portsmouth	18	1,881	11%	7%	4	0	4
Providence	1,031	16,024	18%	10%	147	63	210
Richmond	5	759	23%	9%	5	1	6
Scituate	4	1,143	13%	8%	0	0	0
Smithfield	12	1,729	10%	8%	5	1	6
South Kingstown	13	2,498	16%	9%	5	0	5
Tiverton	22	1,318	13%	12%	5	1	6
Warren	12	777	12%	11%	1	0	1
Warwick	61	6,781	14%	10%	14	1	15
West Greenwich	5	678	11%	7%	2	0	2
West Warwick	60	2,139	13%	9%	7	2	9
Westerly	19	2,003	13%	7%	7	4	11
Woonsocket	212	3,649	22%	12%	32	12	44
State Police/Other	*NA*	*NA*	*NA*	*NA*	*2*	*2*	*4*
Four Core Cities	*1,674*	*28,030*	*NA*	*NA*	*263*	*101*	*364*
Remainder of State	*749*	*65,586*	*NA*	*NA*	*184*	*22*	*206*
Rhode Island	*2,423*	*93,616*	*16%*	*9%*	*447*	*123*	*570*

Sources of Data for Table/Methodology

Total violent crime offense data are from U.S. Department of Justice, Federal Bureau of Investigation. (2016). *Crime in the United States 2016: Rhode Island offenses known to law enforcement.* Retrieved March 7, 2018, from ucr.fbi.gov

Total population ages 11–17 data are from U.S. Census Bureau, Census 2010.

* Due to a change in the *SurveyWorks!* question format, the weapons data in *Violence in High Schools* cannot be compared to previous Factbooks. In earlier years, the *SurveyWorks!* survey asked students if they had brought a weapon to school in the past year; since then, students are asked if they had seen another student with a weapon at school in the past year.

Data on high school students experiencing violence at school are from the 2016-2017 administration of *SurveyWorks!,* Rhode Island Department of Education. Percentages reflect students answering yes to the question of whether "they saw a student with a weapon like a gun, knife, or club at this school" and "they were in a physical fight at school" in the 12 months prior to the survey. *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.

Juvenile arrests for assault and weapons offenses data are from Mongeau, T. & Tocco, G. (2017). *2016 juvenile detention data.* Providence, RI: Rhode Island Department of Public Safety, Grant Administration Office. A complete list of assault and weapons offenses can be found in the Methodology Section of this Factbook.

NA indicates that the data are not available. Exeter arrest numbers are included in the State Police totals.

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

References for Youth Violence

[1,6] Centers for Disease Control and Prevention. (2015). *Understanding youth violence: Fact sheet.* Retrieved March 8, 2018, from www.cdc.gov

(continued on page 182)

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, (such as increased fear, anxiety, depression, attachment problems, and conduct disorders) as well as cognitive and attention difficulties, and involvement in the child welfare and juvenile justice systems.[2,3]

In the U.S. during 2016, 59% (1,849) of the 3,155 firearm deaths of children and youth under age 20 were the result of homicide, 35% (1,102) were the result of suicide, 4% (127) were the result of unintentional injuries, 2% (50) were was the result of shootings with an undetermined intent, and 1% (27) were the result of a legal intervention (e.g., law enforcement shooting).[4]

In the U.S., firearms are the third leading cause of death among children ages one to 17.[5] Of the 3,155 U.S. children and youth under age 20 killed by firearms during 2016, 84% (2,665) were ages 15 to 19.[6] In the U.S., 2016 marked the highest number of child and teen gun related deaths since 2006. Although Black children made up only 14% of all children and teens in the nation in 2016, 43% of all gun deaths were among Black children and teens.[7] Nationally, males ages 15 to 19 are eight times more likely to die from a firearm-related incident than females of the same age. In the U.S. in 2014, the rate of firearm deaths for Black males (47 per 100,000) was more than three times the rate of Hispanic males (13 per 100,000) and more than four times the rate of White males (11 per 100,000).[8,9]

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. Possessing a gun also increases a person's risk for being shot in an assault. 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.[10,11,12]

Gun-Related Deaths, Emergency Department (ED) Visits, Hospitalizations, and Deaths Among Children and Youth, Rhode Island, 2012-2016

AGE	# OF ED VISITS	# OF HOSPITALIZATIONS	# OF DEATHS
1 to 14	57	4	1
15 to 17	47	15	2
18 to 19	66	28	5
TOTAL	*170*	*47*	*8*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2012-2016. Data for 2016 are provisional.

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 2012 and 2016 in Rhode Island, 8% (8) of the 96 injury deaths of children and youth under age 20 were the result of firearms, down from 12 deaths between 2011 and 2015. Of these, 5% (5) were among youth ages 18 to 19, 2% (2) were among youth ages 15 to 17, and 1% (1) was among children ages 14 or younger. Between 2012 and 2016 in Rhode Island, there was one youth under age 20 who committed suicide using a firearm.[13]**

◆ **In Rhode Island between 2012 and 2016, there were 170 emergency department visits and 47 hospitalizations of children and youth for gun-related injuries.[14]**

Weapon Carrying Among Rhode Island Public Middle and High School Students, 2017

	FEMALES	MALES	TOTAL
High School students who carried a weapon on school property at least once in the past 30 days	3%	7%	5%
Middle School students who ever carried a weapon	11%	33%	22%

Source: *2017 Rhode Island Youth Risk Behavior Survey*, Rhode Island Department of Health, Center for health Data and Analysis.

◆ **Nationally and in Rhode Island, male students report higher rates of weapon carrying on school property and gun carrying than females. In 2015, Rhode Island ranked 15th among 32 states for self-reported weapon carrying on school property.[15,16,17]**

References

[1] Murphy, S. L., Xu, J., Kochanek, K. D., Curtin, S.C., & Arias, E. (2017). Deaths: Final data for 2015. *National Vital Statistics Reports, 66*(6).

(continued on page 183)

Homeless and Runaway Youth

DEFINITION

Homeless and runaway youth is the number of youth in Rhode Island who accessed emergency shelter services without their families or who were absent without leave (AWOL) from state care placements (including youth in child welfare and juvenile justice community placements).

SIGNIFICANCE

There are three primary causes of homelessness among youth – family conflict, residential instability resulting from foster care and institutional placements, and economic problems. Many youth run away due to physical and sexual abuse, strained family relationships, substance abuse by a family member, and/or parental neglect. While there are estimated to be more than one million homeless youth in the U.S., there has not been a standardized definition and standard methodology for measuring homeless youth.[1,2]

Youth may become homeless when they run away from or are discharged from the foster care system. Youth with foster care histories often become homeless at an earlier age and remain homeless longer than their peers. Youth who "age out" of foster care without permanent families are more likely to experience homelessness.[3,4]

Youth who identify as lesbian, gay, bisexual, transgender, or questioning (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 while on the streets and in shelters than their heterosexual peers.[5,6]

It can be difficult for homeless youth to obtain needed food, clothing, and shelter. To meet these basic needs, many turn to prostitution, theft, and/or selling drugs which risks exploitation, arrest, assault, and/or contracting sexually transmitted infections.[7,8,9]

Homelessness often has a negative impact on education, employment, and health outcomes for youth. Homeless youth are more likely than their peers to be chronically absent, face disciplinary actions, be held back, and drop out.[10] They experience higher rates of physical and mental health problems, substance abuse, chronic physical conditions, and death than youth with stable housing.[11,12] Homeless youth often have trouble accessing health services because they may lack health insurance, information about their coverage, and/or parental consent for treatment.[13] They may also face difficulties attending school due to a lack of required enrollment records, as well as lack of transportation to school.[14]

Homeless Youth in Rhode Island

◆ **In 2017, Rhode Island conducted a pilot *Youth Point in Time Count* to determine the number of youth who were homeless on a single night in July. The *2017 Youth Point in Time Count* identified 80 young adults ages 18 to 24 and five youth under age 18 experiencing homelessness and also collected information on age, gender, race/ethnicity, education level, sexual orientation, history of housing stability, and where the individual spent the previous night.[15]**

◆ **During the 2016-2017 school year, Rhode Island public school personnel identified 31 unaccompanied homeless youth.[16]**

◆ **In 2017, 184 single young adults ages 18 to 24 received emergency shelter services though the adult emergency shelter system in Rhode Island, compared to 188 18 to 24 year-olds in 2016.[17,18]**

◆ **In 2016, the National Runaway Safeline handled 75 crisis phone calls and online crisis chats regarding youth ages 21 and under who were homeless, runaways, or at risk of homelessness in Rhode Island, down from 93 in 2015. Nationally, 74% of callers to the Safeline were youth and the remainder were friends, family, and other adults.[19]**

◆ **On December 31, 2017, there were 45 youth in the care of the Rhode Island Department of Children, Youth and Families between the ages of 13 and 19 who were classified as AWOL, 22 females and 23 males. These youth were AWOL from either foster care or juvenile justice placements.[20]**

◆ **There were an additional 131 youth ages 13 to 17 who received emergency shelter services with their families in Rhode Island in 2017.[21] These youth are vulnerable to being separated from their families due to child welfare policies that result in child removal, or shelter policies that do not allow males and females to stay together or otherwise accommodate families.[22]**

References

[1,8,10] Ingram, E. S., Bridgeland, J. M., Reed, B., & Atwell, M. (2016). *Hidden in plain sight: Homeless students in America's public schools.* Washington, DC: Civic Enterprises & Hart Research Associates.

[2,4,7] Fernandes-Alcantara, A. L. (2016). *Runaway and homeless youth: Demographics and programs.* Washington, DC: Congressional Research Service.

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Youth Referred to Family Court

DEFINITION

Youth referred to Family Court is the percentage of youth ages 10 to 17 referred to Rhode Island Family Court for wayward or delinquent offenses.

SIGNIFICANCE

Risk factors for juvenile delinquency and involvement in the juvenile justice system include association with other delinquent youth, cognitive impairments, academic and learning difficulties, poor parental supervision and attachment, child maltreatment, and community disorganization, poverty, and crime.[1]

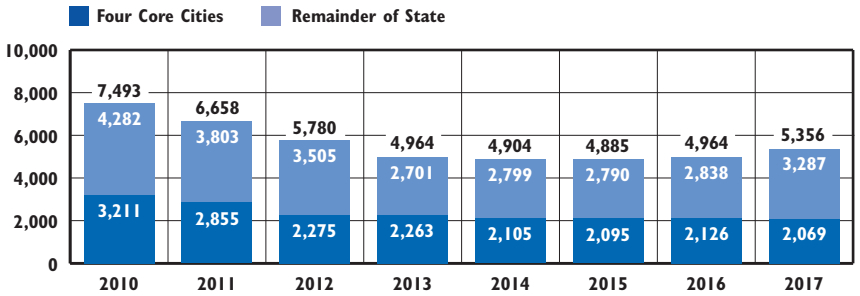
The Rhode Island Family Court has jurisdiction over children and youth under age 18 referred for wayward and delinquent offenses. When a police or school department refers a youth to Family Court, a petition is submitted, accompanied by an incident report, detailing the alleged violation of law.[2] During 2017 in Rhode Island, 2,704 youth (3% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court, down from 2,634 youth during 2016. The number of offenses referred during 2017 (5,356) increased over 2016, when 4,964 offenses were referred. Of the juvenile offenses in 2017, 276 (5%) involved violent offenses (56% of which occurred in the four core cities). In addition, 366 probation violations also came before the Family Court in 2017.[3,4,5]

In 2017 in Rhode Island, 22% of juvenile offenses referred to Family Court were committed by youth from Providence, 17% were committed by youth from the other three core cities, and 61% were committed by youth living in the remainder of the state.[6]

Using validated assessment tools to determine the risk of re-arrest, prioritizing and addressing the behavior and learning needs of each individual youth, and focusing efforts on youth most likely to reoffend can help prevent recidivism.[7,8] Sixty-four percent of youth referred to the Rhode Island Family Court in 2017 were referred for the first time, 18% had been referred once before, and 18% had been referred at least twice before.[9]

Research shows that incarceration of youth is not cost-effective and leads to worse public safety outcomes and higher recidivism rates than the use of community-based alternatives to incarceration.[10] Community-based programs that improve a youth's skills, relationships, and insight are more effective at preventing recidivism than those that emphasize discipline and threat of consequences. Effective interventions include individual, group, and family counseling, mentoring programs, academic and vocational training, case management services, and restorative justice practices.[11]

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2010-2017

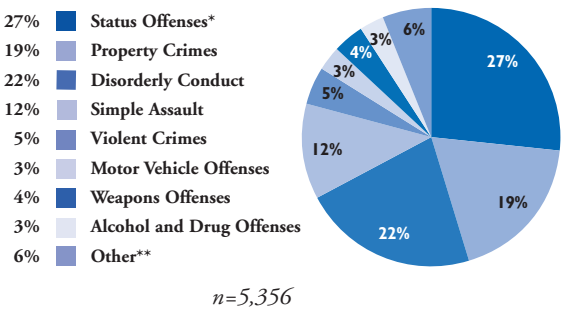


◆ **The number of juvenile offenses fell by 29% since 2010, from 7,493 to a low of 4,885 in 2015, before increasing to 5,356 in 2017. The number of children and youth referred to Family Court for wayward and delinquent offenses declined 37% between 2010 and 2017, from 4,288 to 2,704.**

◆ **In 2017, 73% of offenses referred to the Family Court involved males and 27% females. Forty-seven percent of offenses involved White youth, 21% Black youth, 18% Hispanic youth, 1% Asian youth, and 13% of offenses involved youth of some other race or an unknown race.**

◆ **In 2017, 8% of offenses referred to Family Court involved youth ages 12 or younger, 43% youth ages 13 to 15, 48% youth ages 16 to 17, and 1% of unknown age.**

BY TYPE OF OFFENSE



n=5,356

Source: Rhode Island Family Court, *2010-2017 Juvenile Offense Reports.*
Percentages may not sum to 100% due to rounding.

**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, crank/obscene phone calls, computer crimes and possession of a manipulative device for automobiles, etc. Probation violations, contempt of court, and other violations of court orders are not included in the offenses above.*

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.[12] In 2017 in Rhode Island, 45% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing, up from 21% in 2016.[13]

◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2017, 1,264 juveniles were referred to the Truancy Court by schools, down from 1,324 in 2016. In 2016, 110 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication, up from 88 in 2016.[14] Juveniles referred to the Drug Court undergo a six- to twelve-month program that includes intensive court supervision, drug treatment, and educational and employment services.[15]

◆ In 2016, there were 34 Juvenile Hearing Boards in Rhode Island. Three communities did not have Juvenile Hearing Boards (Little Compton, Richmond, and South Kingstown), one had no activity (New Shoreham), one had been inactive for two years (North Kingstown), and two were in the process of reorganizing (Central Falls and Providence). Comprised of volunteer community members, these Boards permit the diversion of juveniles accused of status offenses or misdemeanors. Sanction options in this process include, but are not limited to, community service, restitution, and counseling. Rhode Island Juvenile Hearing Boards reported hearing 427 cases in 2016 (the most recent year for which full data are available).[16]

LGBT Youth in the Juvenile Justice System

◆ Many lesbian, gay, bisexual, and transgender (LGBT) youth experience family rejection, conflicts at home, and bullying and harassment in school due to their gender identity or sexual orientation. These factors increase LGBT 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. LGBT youth are more likely to be subjected to profiling, detained for low-level offenses, and 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 LGBT youth could help keep them safe and support positive outcomes while they are in the community, in detention, or in correctional settings.[17,18]

Juveniles Tried as Adults

◆ Youth tried and punished in the adult court system are more likely to re-offend and to commit future crimes than youth who commit similar crimes but who are in juvenile systems. Adolescents in the adult criminal justice system are at risk for sexual and physical victimization, and disruptions in their development, including identity formation, learning, and relationship skills.[19]

◆ Behavioral research shows that most youth offenders will stop breaking the law as part of normal development and that adolescents are less able than adults to weigh risks and consequences and to resist peer pressure. Research also shows that judgment and decision-making skills are not fully developed during adolescence due to biological immaturity of the brain.[20,21]

◆ When a juvenile has committed a heinous and/or premeditated felony offense or has a history of felony offenses, the Rhode Island Attorney General may request that the Family Court Judge voluntarily waive jurisdiction so that the juvenile may be tried as an adult in Superior Court. Waiver of jurisdiction is mandatory for juveniles who are 17 years old and who are charged with murder, first degree sexual assault, or assault with intent to commit murder.[22]

◆ In 2017, the Attorney General's Office filed 13 (seven discretionary and six mandatory) motions to waive jurisdiction to try juveniles as adults. Of the discretionary waiver motions, two were waived voluntarily and five remain pending before the Family Court at the end of 2017.[23]

◆ A juvenile in Rhode Island also may be "certified," allowing the Family Court to sentence the juvenile beyond age 19 if there is otherwise an insufficient period of time in which to accomplish rehabilitation. There were four certification motions filed in 2017 (all of which resulted in certification). While the child is a minor, the sentence is served at the Training School. The youth can be transferred to an adult facility upon reaching age 19, if the Court deems it appropriate.[24,25]

References

[1] Development Services Group, Inc. (2015). *Risk factors for delinquency-Literature review.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention. Retrieved February 17, 2017 from www.ojjdp.gov

[2] Rhode Island Family Court. (n.d.). *About the Family Court.* Retrieved February 17, 2017, from www.courts.ri.gov

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Youth at the Training School

DEFINITION

Youth at the Training School is the number of youth age 18 or under who were in the care or custody of the Rhode Island Training School at any time during the calendar year, including youth in community placements while in the care or custody of the Training School.

SIGNIFICANCE

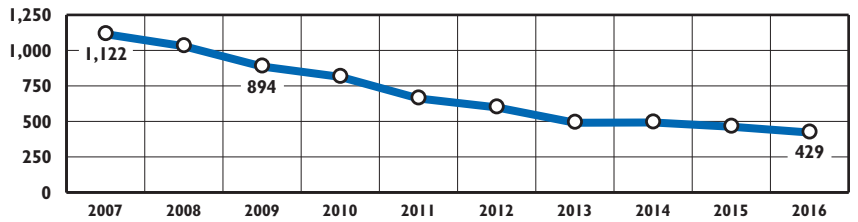
The juvenile justice system is responsible for ensuring community safety by promoting the positive development of youth in its care while recognizing that children have different developmental needs than adults.[1]

During adolescence, the brain's executive functions (including the ability to regulate emotions, control impulses, and weigh benefits and risk) have not fully developed. Judgment and decision-making skills continue to grow into the mid-twenties.[2] Compared to adults, adolescents often show poor self control, are easily influenced by peers, and are less likely to think through the consequences of their actions. Most youth involved in delinquency in adolescence will cease engaging in lawbreaking behavior when they become adults as part of the normal maturation process.[3]

Juvenile justice systems have a range of options for monitoring and rehabilitating youth in addition to incarceration, including probation, restorative justice programs, and evidence-based treatment programs such as Functional Family Therapy, and Multi-Dimensional Treatment Foster Care. Alternatives to incarceration have been shown to be 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.[4,5,6]

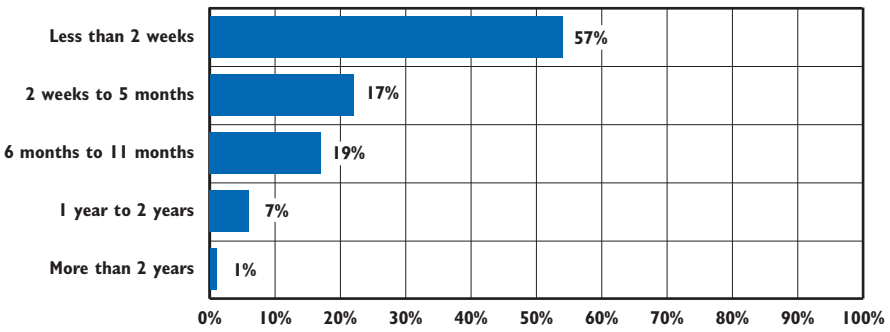
The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School, the state's secure facility for adjudicated youth and youth in detention awaiting trial. A total of 383 youth (82% male and 18% female) were in the care or custody of the Training School at some point during 2017, down from 429 during 2016. Between 2016 and 2017, the number of females at the Training School decreased by 8% and the number of males decreased by 11%. On December 31, 2017, there were 88 youth in the care or custody of the Training School, 41 of whom were physically at the Training School.[7]

Youth in the Care and Custody of the Rhode Island Training School, Calendar Years 2008-2017



◆ **Between 2008 and 2017, the annual total number of youth in the care and custody of the Training School at any point during the year declined from 1,122 to 379. Some of this decline is due to the cap that was placed on the population at the Training School in July 2008 of 148 boys and 12 girls on any given day. The population further declined by 58% between 2009 and 2017.**

Discharges From the Rhode Island Training School, by Length of Time in Custody, Calendar Year 2017



n=448

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2017. Total discharges (448) are higher than the total number of youth who passed through the Training School (379) due to some youth being discharged from the Training School more than once in 2017.

Youth at the Training School

Youth at the Training School by Age

◆ During 2017, there were no children age 10 or under, five children ages 11-12, 66 youth ages 13-14, 191 youth ages 15-16, and 142 youth ages 17-18 held at the Training School. The average age for youth at the Training School was 16 years.[8]

◆ Rhode Island is one of 12 states that has no statutory minimum age for holding children in secure confinement and no minimum age of delinquency jurisdiction.[9,10]

Promoting Rehabilitation and Preventing Recidivism

◆ Nationally and in Rhode Island, youth crime, including violent crime, has fallen sharply since 1995.[11] In 2010, the rate at which states hold youth in secure confinement reached a 35-year low, with almost every state reducing the number and percentage of youth held in secure facilities.[12]

◆ The Rhode Island Training School is an important resource for the rehabilitation of youth who commit serious offenses and who pose a danger to the community. However, a growing body of research shows that incarceration of youth does not reduce and can even increase criminal behavior, as well as increase recidivism among youth with less serious offense histories. Research also suggests that increasing the length of time a youth is held in secure confinement has no impact on future offending and that sentencing youth to long stays in correctional facilities is an ineffective rehabilitation strategy.[13,14]

◆ Jurisdictions throughout the country have used objective admissions screening tools to limit the use of secure detention to serious offenders. The Rhode Island General Assembly passed a law in 2008 that mandates the use of a screening tool (called a Risk Assessment Instrument, RAI) for Rhode Island youth being considered for secure detention. The RAI has been piloted but has not yet been fully implemented.[15,16]

◆ Of the 379 youth who were in the care or custody of the Training School at some point during 2017, 20% (77) were admitted at least twice in 2017, and 3% (11) were admitted to the Training School three or more times.[17]

Probation for Rhode Island Youth

◆ The purpose of Juvenile Probation is to provide supervision and monitoring to youth who are under court jurisdiction to ensure that they comply with court orders.[18] The Juvenile Probation division at DCYF serves youth placed in community-based residential settings as well as those living at home and in foster care. Youth on probation have access to an array of services to help support them in the community and reduce the likelihood that they will reoffend.[19]

◆ On January 2, 2018, there were 438 youth on the DCYF probation caseload (385 males and 53 females). Two percent of youth on probation were ages 11-13, 23% were ages 14-15, 55% were ages 16-17, and 19% were age 18.[20]

◆ More than half (58%) of youth on probation on January 2, 2018 were White, 21% were Black, 1% were American Indian, 11% were multiracial, and 9% were of undetermined race. Thirty-eight percent of youth identified as Hispanic, who may be of any race.[21]

Juvenile Detention Alternatives Initiative (JDAI)

◆ The Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) works in jurisdictions across the U.S. to strengthen juvenile justice systems by promoting policies and practices to reduce inappropriate and unnecessary use of secure detention, reduce racial and ethnic disparities, and improve public safety. JDAI promotes the vision that youth involved in the juvenile justice system are best served using proven, family-focused interventions, and creating opportunities for positive youth development. For youth who are not a threat to public safety, JDAI promotes the use of high-quality community-based programs that provide supervision, accountability, and therapeutic services while avoiding the negative outcomes associated with incarceration.

◆ Since 2009, Rhode Island juvenile justice stakeholders have partnered with the Annie E. Casey Foundation to become a statewide JDAI site. The Rhode Island initiative has used JDAI's strategies to focus on reducing unnecessary and inappropriate use of secure confinement and enhancing community-based alternatives to detention.[22]

Youth at the Training School

Disproportionate Minority Contact in Juvenile Justice Systems

◆ Youth of color, especially Black youth, are disproportionately represented at every stage of the juvenile justice system. Youth of color are more likely to be arrested, formally charged in court, placed in secure detention, and receive harsher treatment than White youth.[23] The federal *Juvenile Justice and Delinquency Prevention Act (JJDPA)* requires states to collect data disaggregated by race and implement strategies to reduce disproportionate minority contact with the juvenile justice system.[24]

Disproportionate Minority Contact in Rhode Island

	% OF TOTAL CHILD POPULATION, 2010	% OF YOUTH IN THE CARE AND CUSTODY OF RHODE ISLAND TRAINING SCHOOL, 2017
White	64%	56%
Hispanic	21%	37%
Black	6%	30%
Asian	3%	1%
Multi-Racial	5%	8%
Other*	<1%	1%
Unknown	NA	5%
TOTAL	*223,956*	*383*

◆ Youth of color are disproportionately more likely than White youth to be in the care and custody of the Training School. During 2017, Black youth made up 30% of youth at the Training School, while making up 6% of the child population.

Sources: Child Population data by race are from the U.S. Census Bureau, 2010 Census. Youth at the Training School data are from the Rhode Island Department of Children, Youth and Families (DCYF). Percentages may not sum to 100% due to rounding.

Girls in the Juvenile Justice System

◆ Girls make up a growing share of youth involved in the juvenile justice system. Girls in the juvenile justice system enter with different personal and offense histories and needs than their male peers. Girls are more likely than boys to be detained for non-serious offenses and many have experienced traumatic events, including physical and sexual abuse. Effective programs for girls in the juvenile justice system use a developmental approach that addresses the social contexts that influence girls' behavior, including family, peers, and community.[25]

Risk Factors for Rhode Island Youth at the Training School

History of Child Abuse and Neglect

◆ In 2017, 3% (13) of the 383 youth in the care or custody of the Training School had at some point in their childhood been victims of documented child abuse or neglect.[26]

◆ Children who experience child abuse or neglect are at an increased risk for developing behavior problems and becoming involved in the juvenile justice system.[27]

Behavioral Health Needs

◆ In 2017, 149 youth (119 males and 30 females) received mental health services at the Training School for psychiatric diagnoses other than conduct disorders and substance abuse disorders. During 2017, 75 residents (64 males and 11 females) received substance abuse treatment services. Of these, 57 (all males) received residential substance abuse treatment.[28]

Educational Attainment

◆ While the average age of youth at the Training School in 2017 was 16 years, students' math skills were on average at the sixth grade level and their reading levels were on average at the fifth grade level at entry to the Training School.

◆ Of the 201 youth in ninth through twelfth grades who received educational services at the Training School during the 2017 academic year, 25% (51) received special education services based on Individualized Education Programs (IEPs).

◆ During 2017, 23 youth graduated from high school while serving a sentence at the Training School (21 earned a GED, and two graduated with a high school diploma). An additional 25 youth received post-secondary education services at the Training School during the 2017 academic year.[29]

Teen Pregnancy and Parenting

◆ Nationally, 20% of youth in custody report having a child or expecting a child. The percentage of youth in custody who report they already have children (15% of teen males and 9% teen females) is much higher than the general teen population (2% and 6% respectively).[30]

Youth in Detention in Rhode Island

◆ In Rhode Island, the term "detention" is used to describe the temporary custody of a juvenile, who is accused of a wayward or delinquent offense, at the Training School pending the adjudication of his or her case. 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.[31,32]

◆ Some youth are detained for short periods of time and released at their first court appearance (usually the following business day). Of the 448 discharges from the Training School during 2017, 27% resulted in stays of two days or less, 30% resulted in stays of three days to two weeks, and 43% resulted in stays of more than two weeks.[33]

Table 28. **Youth in the Care or Custody of the Rhode Island Island Training School, 2017**

CITY/TOWN	TOTAL POPULATION AGES 13-18	# OF ADJUDICATED YOUTH AT THE RITS	TOTAL # OF YOUTH AT THE RITS
Barrington	1,802	0	2
Bristol	1,780	1	3
Burrillville	1,319	2	9
Central Falls	1,859	4	13
Charlestown	554	0	0
Coventry	3,010	3	10
Cranston	6,184	8	25
Cumberland	2,746	2	4
East Greenwich	1,362	4	4
East Providence	3,243	2	9
Exeter	642	0	1
Foster	430	0	0
Glocester	878	0	2
Hopkinton	693	0	1
Jamestown	436	0	0
Johnston	2,025	1	2
Lincoln	1,851	1	4
Little Compton	228	0	0
Middletown	1,229	1	2
Narragansett	948	0	1
New Shoreham	50	0	0
Newport	1,604	1	10
North Kingstown	2,407	1	7
North Providence	2,027	2	5
North Smithfield	970	0	1
Pawtucket	5,514	11	43
Portsmouth	1,596	1	2
Providence	16,515	34	143
Richmond	637	0	0
Scituate	963	0	0
Smithfield	1,856	0	0
South Kingstown	3,540	2	2
Tiverton	1,115	0	1
Warren	675	0	1
Warwick	5,883	3	9
West Greenwich	568	0	0
West Warwick	1,891	0	9
Westerly	1,705	4	8
Woonsocket	3,112	8	25
Out-of-State	*NA*	*3*	*16*
Four Core Cities	*27,000*	*57*	*224*
Remainder of State	*58,847*	*36*	*118*
Rhode Island	*85,847*	*96*	*358*

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2017; and the U.S. Census Bureau, Census 2010.

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

Youth included in the adjudicated column may or may not have been in detention at the Training School prior to adjudication.

Total number of youth includes adjudicated and detained youth who were in the care or custody of the Rhode Island Training School during calendar year 2017 (including youth from out of state, those with unknown addresses, and those in temporary community placements). Youth with out-of-state and unknown addresses are not included in the Rhode Island, four core cities, or remainder of state totals.

There is no statutory lower 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 serve time at the Training School. They are not included in the Rhode Island total.

References

[1,3,5,14,23] National Research Council. (2013). *Reforming juvenile justice: A developmental approach.* Committee on Assessing Juvenile Justice Reform. Bonnie, R.J., Johnson, R.J., Chemers, B.M., Schuck, J. A., Eds. Committee on Law and Justice, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

[2] Gottesman, D. & Schwarz, S. W. (2011). *Juvenile justice in the U.S.: Facts for policymakers.* New York, NY: Columbia University, National Center for Children in Poverty.

[4] Juvenile Justice Information Exchange. (n.d.). *What are community-based alternatives?* Retrieved January 31, 2018, from www.jjie.org

[6,13] *No place for kids: The case for reducing juvenile incarceration.* (2011). Baltimore, MD: The Annie E. Casey Foundation.

(continued on page 183)

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. (7% of all U.S. children) have had a parent incarcerated in jail or state or federal prison at least once.[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, depression, and anxiety) and educational challenges (including grade retention, absenteeism, and dropping out). 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 1,725 parents incarcerated in Rhode Island on September 30, 2017 (including those awaiting trial), 94% (1,621) were fathers and 6% (104) were mothers.[7] Nationally, nearly half (48%) of incarcerated parents lived with their children one month prior to incarceration.[8]

Children of incarcerated parents are more likely than other children to be involved with the child welfare system. In the U.S. in 2013, 8% (almost 20,000) of children who entered foster care did so at least in part due to the incarceration of a parent. These children often represent complex cases for child welfare agencies, involving balancing parental rights with the safety and well-being of the child.[9]

Programs and policies targeted at the unique needs of incarcerated pregnant women and mothers can improve outcomes for them and their families. Keeping siblings together, providing family counseling and access to mental health care, mentoring, peer support services, and prison transition supports can alleviate the worst effects of parents' imprisonment on children and improve the family reunification process.[10,11]

Of the 1,725 parents incarcerated in Rhode Island on September 30, 2017 (including those awaiting trial), 41% were White, 30% were Black, 26% were Hispanic, and 3% were of another race. Sixty-two percent of incarcerated parents with a known in-state residence identified one of the four core cities as their last place of residence.[12]

Parents at the Rhode Island Adult Correctional Institutions (ACI), September 30, 2017

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	624	381	61%	875
Serving a Sentence	2,265	1,344	59%	3,262
TOTAL	*2,889*	*1,725*	*60%*	*4,137*

Source: Rhode Island Department of Corrections, September 30, 2017. **Does not include inmates who were missing responses to the question on number of children, inmates on home confinement, or those from another state's jurisdiction. Includes inmates who were already sentenced and inmates who were awaiting trial.*

◆ **Of the 2,889 inmates awaiting trial or serving a sentence at the ACI on September 30, 2017 who answered the question on number of children, 1,725 inmates reported having 4,137 children. Twenty-seven percent of sentenced mothers and 15% of sentenced fathers had sentences that were six months or less.[13]**

◆ **Of the 77 sentenced mothers on September 30, 2017, 45% were serving a sentence for a nonviolent offense, 35% for a violent offense, 13% for a drug-related offense, 4% for breaking and entering, and 3% for a sex-related offense. Of the 1,267 sentenced fathers, 47% were serving sentences for a violent offense, 18% for a nonviolent offense, 15% for a drug-related offense, 12% for a sex-related offense, and 6% for breaking and entering.[14]**

◆ **Thirty-seven percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2017 had less than a high school diploma, 49% had a high school diploma or a GED, and 13% had at least some college education.[15]**

◆ **A supportive family, access to education, job training, stable housing, employment assistance, medical and mental health services, and substance abuse treatment are critical to parents' successful transition to the community after incarceration and also to support the well-being of their children.[16,17]**

◆ **Families of parents with a criminal record can experience significant challenges even if the parent has never been incarcerated. A parent's criminal record is often an obstacle to securing employment, participating in education and training programs, accessing housing supports, and obtaining public assistance.[18]**

Table 29.

Children of Incarcerated Parents, Rhode Island, September 30, 2017

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2010 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	1	1	4,597	0.2
Bristol	4	12	3,623	3.3
Burrillville	14	30	3,576	8.4
Central Falls	48	122	5,644	21.6
Charlestown	4	5	1,506	3.3
Coventry	17	34	7,770	4.4
Cranston	76	163	16,414	9.9
Cumberland	16	43	7,535	5.7
East Greenwich	8	18	3,436	5.2
East Providence	29	71	9,177	7.7
Exeter	3	5	1,334	3.7
Foster	4	9	986	9.1
Glocester	4	7	2,098	3.3
Hopkinton	5	8	1,845	4.3
Jamestown	2	4	1,043	3.8
Johnston	20	42	5,480	7.7
Lincoln	2	3	4,751	0.6
Little Compton	0	0	654	0.0
Middletown	9	15	3,652	4.1
Narragansett	5	9	2,269	4.0
New Shoreham	0	0	163	0.0
Newport	26	76	4,083	18.6
North Kingstown	9	25	6,322	4.0
North Providence	36	81	5,514	14.7
North Smithfield	3	3	2,456	1.2
Pawtucket	144	318	16,575	19.2
Portsmouth	0	0	3,996	0.0
Providence	432	983	41,634	23.6
Richmond	4	10	1,849	5.4
Scituate	3	6	2,272	2.6
Smithfield	6	8	3,625	2.2
South Kingstown	14	30	5,416	5.5
Tiverton	7	17	2,998	5.7
Warren	5	11	1,940	5.7
Warwick	54	96	15,825	6.1
West Greenwich	2	4	1,477	2.7
West Warwick	47	306	5,746	53.3
Westerly	10	21	4,787	4.4
Woonsocket	101	253	9,888	25.6
Unknown Residence	*110*	*265*	*NA*	*NA*
*Out-of-State Residence***	*60*	*148*	*NA*	*NA*
Four Core Cities	*725*	*1,676*	*73,741*	*22.7*
Remainder of State	*449*	*1,173*	*150,215*	*7.8*
Rhode Island	*1,174*	*2,849*	*223,956*	*12.7*

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2017. Offenders who were on Home Confinement and the awaiting trial population are excluded from this table.

U.S. Census Bureau, Census 2010.

Since the 2007 Factbook, data are reported as of September 30, with the exception of the 2015 Factbook, in which data were reported as of October 10, 2014.

*Data on the number of children are self-reported by the incarcerated parents and may include some children over age 18. Nationally and in Rhode Island, much of the existing research has relied upon self-reporting by incarcerated parents or caregivers.

**Data on Out-of-State Residence includes inmates who are under jurisdiction in Rhode Island, but report an out-of-state address. Inmates who were from another state's jurisdiction, but serving time in Rhode Island, are not included in the Rhode Island, four core cities, or remainder of state rates, nor are those with an unknown residence.

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

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[7,12,13,14,15] Rhode Island Department of Corrections, September 30, 2017.

(continued on page 184)

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 10 million U.S. children are exposed to domestic violence each year. Rates of partner violence are higher among couples with children than those without children.[1,2] In Rhode Island in 2015 (the most recent year for which full data are available), police reports indicate that children were present at 28% of domestic violence incidents resulting in arrests.[3]

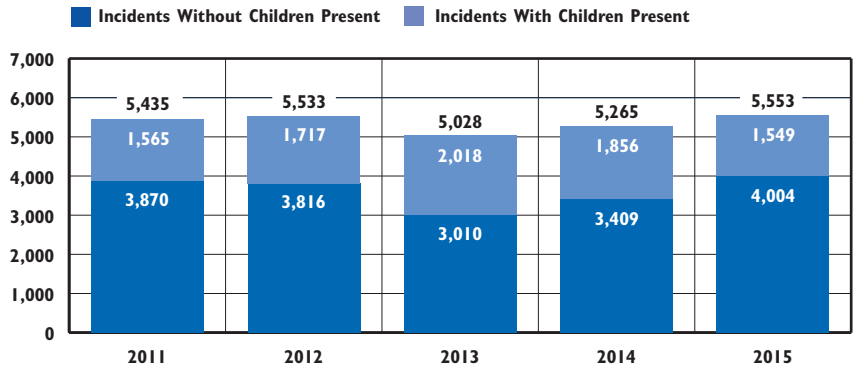
Children can be exposed to domestic violence in a number of ways. They may witness it directly (by seeing and/or hearing violent incidents), have their lives disrupted by moving or being separated from a parent, and/or may be used by the abusive parent to manipulate or gain control over the victim. Children who are exposed to domestic violence are also more likely to be victims of child abuse and neglect than those who are not.[4,5] Children may also lose a parent to domestic homicide.[6,7]

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.[8,9,10]

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. There is a strong association between witnessing domestic violence as a child and becoming a perpetrator of domestic violence as an adult.[11,12]

Incidents of domestic violence are historically under-reported. Nationally, it is estimated that 41% of family violence incidents are not reported to police.[13] Rhode Island data suggest similar under-reporting of the number of domestic violence incidents witnessed by children because not all incidents are reported to police and children may be unwilling to admit that they witnessed the incident.[14]

Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2011-2015



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2011-2015. Includes domestic violence reports resulting in an arrest by local police and Rhode Island State Police.

◆ **In Rhode Island in 2015, there were 5,553 domestic violence incidents that resulted in arrests, up 5% from 5,265 incidents in 2014. Children were reported present in 28% (1,549) of incidents in 2015.[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 2015, police reported that children saw the domestic violence incident in 1,130 arrests and children heard the incident in 1,255 arrests. These incidents were not mutually exclusive, and more than one child may have witnessed each incident.[17]**

◆ **Rhode Island's statewide network of five domestic violence shelters and advocacy programs provides services to victims, including shelter, transitional housing, advocacy, individual and group counseling, and assistance with the legal system.[18] During 2017, the network provided services to 8,758 individuals, including 604 children (up from 8,710 and 447, respectively, in 2016). In 2017, 261 children and 278 adults spent a total of 26,758 nights in domestic violence shelters. During 2017, 117 children and 111 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence) for a total of 21,688 nights.[19]**

Children Witnessing Domestic Violence

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, assisting parents in addressing mental health issues, and supporting parents' efforts to live in safe environments. Other strategies include connecting children to adult mentors, identifying and nurturing areas of strength, and encouraging children to contribute to their families or communities in a positive way.[20]

Domestic Homicide and Guns

◆ When firearms are present in a domestic violence situation, women are five times more likely to die.[21] Between 2006-2015, forty-two percent of Rhode Island women killed by intimate partners were shot to death.[22]

◆ Under the Protect Rhode Island Families Act, convicted domestic abusers are restricted from owning firearms. Signed into law in 2017, this legislation requires that domestic abusers convicted of misdemeanor domestic violence crimes and those subject to court-issued final protective orders, forfeit any guns in their possession within 24 hours.[23]

Table 30. **Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2015**

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # OF INCIDENTS WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	37	16	43%
Bristol	85	17	20%
Burrillville	62	19	31%
Central Falls	147	41	28%
Charlestown	30	9	30%
Coventry	125	45	36%
Cranston	357	86	24%
Cumberland	120	43	36%
East Greenwich	36	9	25%
East Providence	271	83	31%
Exeter**	NA	NA	NA
Foster	15	6	40%
Glocester	14	4	29%
Hopkinton	44	15	34%
Jamestown	6	3	50%
Johnston	126	22	17%
Lincoln	51	20	39%
Little Compton	9	4	44%
Middletown	98	19	19%
Narragansett	68	18	26%
New Shoreham	207	61	29%
Newport	4	1	25%
North Kingstown	79	18	23%
North Providence	187	54	29%
North Smithfield	53	12	23%
Pawtucket	764	204	27%
Portsmouth	99	19	19%
Providence	942	290	31%
Richmond	31	11	35%
Scituate	20	7	35%
Smithfield	47	9	19%
South Kingstown	80	26	33%
Tiverton	68	25	37%
Warren	67	17	25%
Warwick	310	89	29%
West Greenwich	155	45	29%
West Warwick	18	4	22%
Westerly	268	71	26%
Woonsocket*	362	86	24%
Rhode Island State Police	*91*	*21*	*23%*
Four Core Cities	*2,215*	*621*	*28%*
Remainder of State	*3,247*	*907*	*28%*
Rhode Island	*5,553*	*1,549*	*28%*

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, 2015 and December 31, 2015.

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.

*Data for Woonsocket are provisional.

**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.

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Child Abuse and Neglect

DEFINITION

Child abuse and neglect is the total unduplicated number of victims of child abuse and neglect per 1,000 children. Child abuse includes physical, sexual, and emotional abuse. Child neglect includes emotional, educational, physical, and medical neglect, as well as a failure to provide for basic needs.

SIGNIFICANCE

Children need love, affection, and nurturing from their parents or caregivers for healthy physical and emotional development. Experiencing child abuse or neglect can have lifelong consequences for a child's health, well-being, and relationships with others. Parents or caregivers are at increased risk for maltreating children in their care if they are overwhelmed by multiple risk factors such as poverty, divorce, substance abuse, and/or mental health problems.[1] The immediate effects of child abuse and neglect include isolation, fear, injury, and even death. Children who have been maltreated are at increased risk for delinquency, substance abuse, mental health problems, teen pregnancy, impaired cognition, and low academic achievement.[2,3]

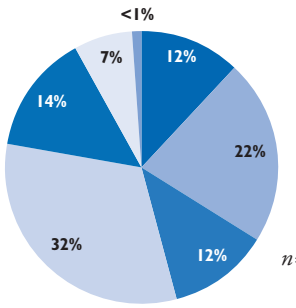
Responding to reports of child abuse and neglect and ensuring child safety are important functions of child protection systems. Maintaining the capacity to focus on prevention is equally critical and more cost-effective. In Rhode Island, if an investigation does not reveal maltreatment but family stressors and risk factors are identified, Child Protective Services (CPS) refers families to community-based support services to reduce the risk of future involvement with the Department of Children, Youth and Families (DCYF). When maltreatment has occurred, a determination may be made that it is safe for the children to remain at home when families are willing to work with community providers. In both of these cases, DCYF makes referrals to regional Family Care Community Partnerships agencies. They work with the family to identify appropriate services and resources, including natural supports (persons and resources that families can access independent from formal services).[4]

In 2017 in Rhode Island, there were 2,404 indicated investigations of child abuse and neglect involving 3,357 children. The rate of child abuse and neglect per 1,000 children under age 18 was more than two times higher in the four core cities (23.5 victims per 1,000 children) than in the remainder of the state (10.2 victims per 1,000 children). About half (52%) of the victims of child abuse and neglect in 2017 were young children under age six and one-third (34%) were ages three and younger.[5]

Child Abuse and Neglect, Rhode Island, 2017

By Age of Victim*

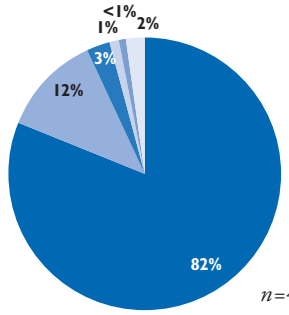
12% (397)	Under Age 1
22% (742)	Ages 1 to 3
12% (412)	Ages 4 to 5
32% (1,087)	Ages 6 to 11
14% (480)	Ages 12 to 15
7% (237)	Ages 16 and Older
<1% (2)	Unknown



*n=3,357**

By Type of Neglect/Abuse**

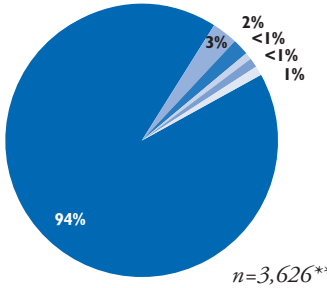
82% (3,701)	Neglect
12% (521)	Physical Abuse
3% (116)	Sexual Abuse
1% (53)	Medical Neglect
<1% (15)	Emotional Abuse
2% (83)	Other



*n=4,489***

By Relationship of Perpetrator to Victims***

94% (3,404)	Parents
3% (113)	Relatives/Household Members
2% (57)	Foster Parents
<1% (9)	Child Care Providers
<1% (11)	Residential Facility Staff
1% (32)	Other or Unknown



*n=3,626****

Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST), 2017. Percentages may not sum to 100% due to rounding.

Notes on Pie Charts

**These data reflect an unduplicated count of 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 abuse and neglect 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 Abuse and/or Neglect, Investigations,* and Indicated Investigations, Rhode Island, 2008-2017

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
2008	12,204	51% (6,214)	1,913
2009	12,189	52% (6,362)	2,075
2010	13,069	53% (6,956)	2,392
2011	13,382	49% (6,520)	2,225
2012	13,540	50% (6,784)	2,266
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

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2017.

**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).*

◆ **Between 2016 and 2017 in Rhode Island, the numbers of unduplicated child maltreatment reports, completed investigations, and indicated investigations all increased. This followed two years of declines in the numbers of both completed and indicated investigations. In 2017, 36% (2,404) of the 6,628 completed investigations of child maltreatment were indicated.[6] An indicated investigation is one in which there is a "preponderance of evidence that a child has been abused and/or neglected."[7]**

◆ **Of the 15,945 maltreatment reports in 2017, 48% (7,703) were classified as "information/referrals" (formerly "early warnings").[8] Information/referrals (IR) 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 a legal caretaker or is living in the home, there is reasonable cause to believe that abuse or neglect exist, and there is a specific incident or pattern of incidents suggesting that harm can be identified. In 2017, DCYF reinstated a practice of doing a second review of all maltreatment calls initially classified as IR within 24 hours to either confirm IR status or to reclassify for investigation. When essential criteria for investigation are not present, the report may lead to a referral to other services or to the information being passed on to a DCYF case-worker (depending on whether the family is active with DCYF).[9,10]**

Emergency Department Visits, Hospitalizations, and Deaths Due to Child Abuse and/or Neglect, Rhode Island, 2012-2016

YEAR	# OF EMERGENCY DEPARTMENT VISITS*	# OF HOSPITALIZATIONS*	# OF DEATHS**
2012	153	25	1
2013	133	34	3
2014	102	44	1
2015	92	28	0
2016	79	8	1
TOTAL	*559*	*139*	*6*

Source: Rhode Island Department of Health, 2012-2016. Data for 2015 and 2016 are provisional.

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 abuse and neglect.*

***Due to a change in data source, data for child deaths due to child abuse and/or neglect are only comparable with Factbooks since 2013.*

◆ **Between 2012 and 2016, there were 79 emergency department visits, eight hospitalizations, and six deaths of Rhode Island children under age 18 due to child abuse and/or neglect.[11] Nationally, 73% of child maltreatment deaths involved neglect and 44% involved physical abuse (because a victim may have suffered more than one type of maltreatment, these categories are not mutually exclusive).[12]**

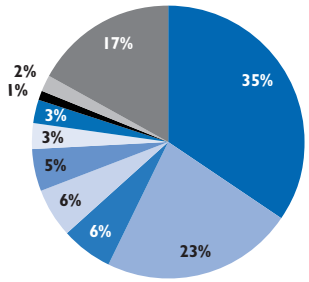
Child Abuse and Neglect in Rhode Island Communities

◆ **Many parents at risk of child abuse and neglect lack 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.[13] In addition, providing access to child care, early childhood learning programs, and evidence-based home visiting programs (such as the Nurse-Family Partnership) to families with multiple risk factors can prevent the occurrence and recurrence of child abuse and neglect.[14,15,16]**

◆ **In 2017, Rhode Island had 14.6 child victims of abuse and neglect per 1,000 children, up from a rate of 12.3 per 1,000 children in 2016. Woonsocket (35.9 victims per 1,000 children) had the highest rate of child victims of abuse and neglect in the state. Other cities and towns with rates higher than 20 victims per 1,000 children were Central Falls (30.8), Newport (27.9), Pawtucket (24.1), and West Warwick (25.9).[17]**

Child Abuse and Neglect

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2017



35% (1,890)	Lack of Supervision
23% (1,254)	Exposure to Domestic Violence
6% (326)	Neglect Resulting in Physical Injuries
6% (313)	Excessive/Inappropriate Discipline
5% (253)	Drug/Alcohol Abuse
3% (170)	Sexual Abuse
3% (154)	Inadequate Food or Shelter
1% (75)	Medical Neglect
2% (106)	Specific Other Small Categories
17% (908)	Unspecified "Other"

*n=5,449**

**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. Numbers do not include indicated allegations of institutional neglect.*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2017.

◆ **Of the 5,449 indicated allegations (confirmed claims) of neglect to children under age 18 in Rhode Island in 2017, 35% involved lack of supervision. This highlights the importance of access to high-quality, affordable child care, preschool, and after-school programs.[18]**

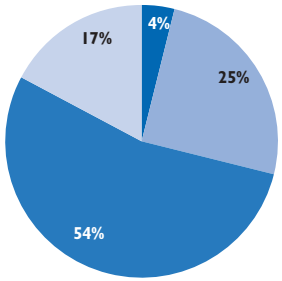
◆ **The second largest category of neglect (23%) is "exposure to domestic violence." These are instances where the neglect is related to the child witnessing domestic violence in the home.[19]**

◆ **The "specific other small categories" include: educational neglect (29), tying/close confinement (19), emotional abuse (15), abandonment (12), inappropriate restraint (11), corporal punishment (9), malnutrition/starvation (7), poisoning/noxious substances (2), and emotional neglect (2).[20]**

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2017

Girls

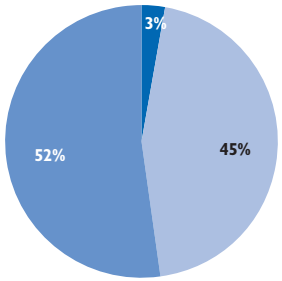
4% (5)	Age 5 and Under
25% (34)	Ages 6 to 11
54% (75)	Ages 12 to 15
17% (24)	Ages 16 and Older



n=138

Boys

3% (1)	Age 5 and Under
45% (14)	Ages 6 to 11
52% (16)	Ages 12 to 15
0% (0)	Ages 16 and Older



n=31

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2017.

◆ **In Rhode Island in 2017, there were 169 indicated allegations (confirmed claims) of child sexual abuse. Some children were victims of sexual abuse more than once. The victim was a female in 82% (138) of the 169 indicated allegations of sexual abuse. Twenty-eight percent of the female victims were known to be under age 12 while 48% of the male victims were under age 12.[21]**

◆ **In the majority of sexual abuse cases, the perpetrator is a relative or person known to the victim, and sexual abuse by a stranger is less likely.[22]**

Table 31. **Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2017**

CITY/TOWN	# OF CHILDREN UNDER AGE 18	# OF INDICATED INVESTIGATIONS OF CHILD ABUSE/NEGLECT	INDICATED INVESTIGATIONS PER 1,000 CHILDREN	# OF VICTIMS OF CHILD ABUSE/NEGLECT	CHILD ABUSE/NEGLECT VICTIMS PER 1,000 CHILDREN
Barrington	4,597	12	2.6	13	2.8
Bristol	3,623	45	12.4	57	15.7
Burrillville	3,576	27	7.6	23	6.4
Central Falls	5,644	104	18.4	174	30.8
Charlestown	1,506	15	10.0	12	8.0
Coventry	7,770	75	9.7	69	8.9
Cranston	16,414	104	6.3	157	9.6
Cumberland	7,535	53	7.0	72	9.6
East Greenwich	3,436	11	3.2	18	5.2
East Providence	9,177	79	8.6	120	13.1
Exeter	1,334	10	7.5	11	8.2
Foster	986	5	5.1	4	4.1
Glocester	2,098	13	6.2	15	7.1
Hopkinton	1,845	29	15.7	34	18.4
Jamestown	1,043	2	1.9	5	4.8
Johnston	5,480	51	9.3	56	10.2
Lincoln	4,751	31	6.5	35	7.4
Little Compton	654	0	0.0	1	1.5
Middletown	3,652	29	7.9	37	10.1
Narragansett	2,269	16	7.1	16	7.1
New Shoreham	163	1	6.1	1	6.1
Newport	4,083	77	18.9	114	27.9
North Kingstown	6,322	39	6.2	60	9.5
North Providence	5,514	60	10.9	63	11.4
North Smithfield	2,456	11	4.5	16	6.5
Pawtucket	16,575	285	17.2	400	24.1
Portsmouth	3,996	15	3.8	24	6.0
Providence	41,634	540	13.0	805	19.3
Richmond	1,849	4	2.2	3	1.6
Scituate	2,272	20	8.8	11	4.8
Smithfield	3,625	10	2.8	14	3.9
South Kingstown	5,416	26	4.8	43	7.9
Tiverton	2,998	26	8.7	37	12.3
Warren	1,940	19	9.8	27	13.9
Warwick	15,825	111	7.0	122	7.7
West Greenwich	1,477	5	3.4	6	4.1
West Warwick	5,746	87	15.1	149	25.9
Westerly	4,787	52	10.9	81	16.9
Woonsocket	9,888	226	22.9	355	35.9
Four Core Cities	*73,741*	*1,155*	*15.7*	*1,734*	*23.5*
Remainder of State	*150,215*	*1,170*	*7.8*	*1,526*	*10.2*
Rhode Island	*223,956*	*2,325*	*10.4*	*3,260*	*14.6*

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 2017.

Victims of child abuse/neglect are unduplicated counts of victims with substantiated allegations of child abuse and/or neglect. More than one victim can be involved in an investigation.

An indicated investigation is an investigated report of child abuse and/or neglect for which a preponderance of evidence exists that child abuse and/or neglect occurred. An indicated investigation can involve more than one child and multiple allegations. City/town reports of indicated investigations omit certain investigations, particularly those where there are data entry errors affecting location. For this reason, the city/town table includes fewer indicated investigations than the chart with reports/investigations and indicated cases.

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 2010 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.

In 2008, Rhode Island lowered the eligibility age for entry into DCYF services to under age 18, although some children remain eligible for services after their 18th birthday.

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

References

[1,13,14] U.S. Department of Health and Human Services, Administration for Children and Families. (2016). *Building community, building hope: 2016 prevention resource guide.* Washington, DC: U.S. Government Printing Office.

[2] Child Welfare Information Gateway. *Long-term consequences of child abuse and neglect.* (2013). Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

(continued on page 184)

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, shelter care, residential facilities, and medical facilities. Permanency can be achieved through reunification with the family, adoption, or guardianship.

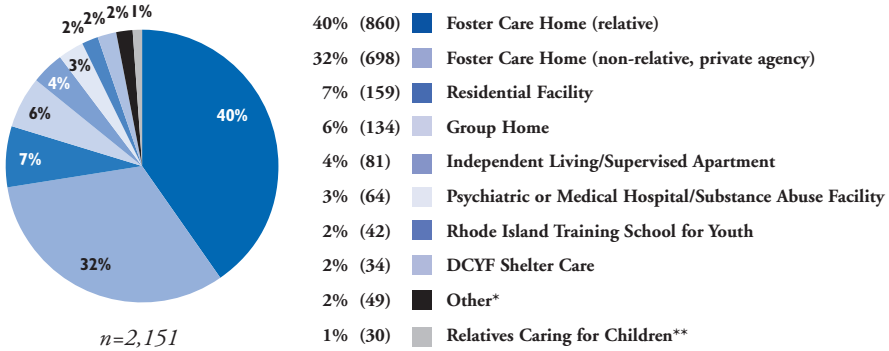
SIGNIFICANCE

Children need stability, permanency, and safety for healthy development. 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 often experience multiple placements, lose contact with family members, 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.[5,6] Long-term stays in care can cause emotional, behavioral, or educational problems that can negatively impact children's well-being and success.[7] Children in foster care are more likely than their peers to change schools, be suspended, qualify for special education, repeat a grade and drop out of school.[8] Appropriate supports and services can help youth in care maximize their potential and ensure that they are prepared for higher education and work.[9]

Children of color are overrepresented at all decision points in the child welfare system, including reporting, screening, investigation, assessment, recruiting and retaining resource families, and permanency.[10] Minority children in child welfare systems experience significantly worse outcomes, have more placement changes, receive fewer supports, stay in the child welfare system longer, are less likely to be adopted or reunited with their families, have fewer contacts with caseworkers, less access to mental health and substance abuse services, and are placed in detention or correctional facilities at higher rates than White children.[11]

Children in Out-of-Home Placement, Rhode Island, December 31, 2017



**The placement category "Other" includes: runaway youth in DCYF care or those with unauthorized absences (45), pre-adoptive homes (1), and minors with their mother in shelter/group home/residential facility (3).*

***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 initiated contact with DCYF to receive assistance from the agency.*

◆ **As of December 31, 2017, there were 2,151 children under age 21 in the care of DCYF who were in out-of-home placements, and 57 were in out-of-state placements/other agency custody.**

◆ **The total DCYF caseload on December 31, 2017 was 7,133, including 2,318 children living in their homes under DCYF supervision and 2,599 children living in adoption settings.**

◆ **Of the foster families caring for children age 12 and older on September 22, 2017, 48% (129) were relative kinship families, 20% (53) were non-relative kinship families, and 31% (83) were non-kinship families.**

◆ **On December 31, 2017, 293 children were living in a residential facility or group home, a decline from 355 children on December 31, 2016 and 400 children on December 31, 2015. The percentage of children in out-of-home placement who were in a relative foster care home increased from 35% on December 31, 2016 to 40% on December 31, 2017.**

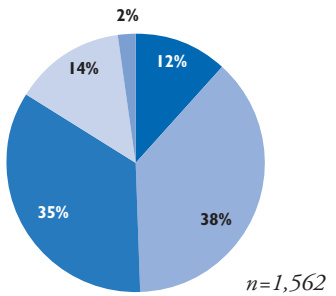
Source: RI Department of Children, Youth and Families, RICHIST, 2016-2017.

Note: A relative kinship foster family may be an aunt, grandparent, cousin, or adult sibling. A non-relative kinship foster family may be a stepparent, family friend, or adult who has a bond with the child. A non-kinship foster family is not known to the child.

Children and Youth in Out-of-Home Placement by Type of Setting and Age, Rhode Island*

In Foster Care Homes

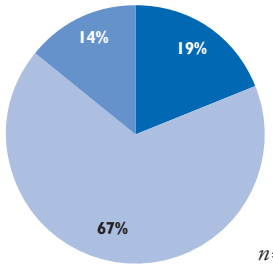
12% (181)	Under Age 1
38% (586)	Ages 1 to 5
35% (542)	Ages 6 to 13
14% (214)	Ages 14 to 17
2% (39)	Ages 18 and Over



n=1,562

In Group Homes and Residential Facilities**

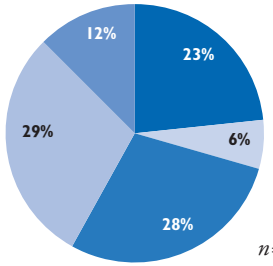
0% (0)	Under Age 1
0% (0)	Ages 1 to 5
19% (55)	Ages 6 to 13
67% (196)	Ages 14 to 17
14% (41)	Ages 18 and Over



n=292

In Medical Facilities***

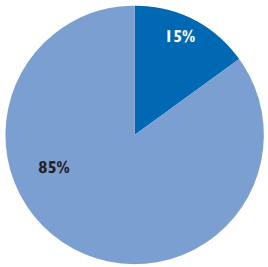
23% (15)	Under Age 1
6% (4)	Ages 1 to 5
28% (18)	Ages 6 to 13
29% (19)	Ages 14 to 17
12% (8)	Ages 18 and Over



n=65

In Shelter Care

0% (0)	Under Age 1
0% (0)	Ages 1 to 5
15% (5)	Ages 6 to 13
85% (29)	Ages 14 to 17
0% (0)	Ages 18 and Over



n=34

**Pie charts show data for a single point-in-time (Foster Care Homes-January 2, 2018; Group Homes and Residential Facilities, Medical Facilities, and Shelter Care-December 31, 2017.)*

***Residential facilities data do not include psychiatric hospitals, medical hospitals, or the Rhode Island Training School.*

****Medical facilities data includes medical hospitals (26), psychiatric hospitals (39), and substance abuse treatment facilities (0).*

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 2018. Percentages may not sum to 100% due to rounding. Data do not match chart on previous page due to different report dates.

Safety, Permanency, and Well-Being

Fostering Connections

◆ The federal *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.[12] Rhode Island's guardianship assistance program defines kin broadly and includes any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy.[13]

Congregate Care

◆ In Rhode Island, of the 422 adolescents age 12 and older who entered out-of-home placement for the first time in FY 2017, 67.1% (283) entered congregate care settings, including group homes, residential facilities, and emergency shelters as a first placement. Of the 171 children assessed by RI DCYF from January 1, 2017 to August 31, 2017, who were deemed appropriate for foster care but then placed into congregate care, 85% (145) were teens.[14,15]

Racial and Ethnic Disparities

◆ In Rhode Island in FY 2017, Black, Multiracial, and Hispanic youth ages 10 to 17 were overrepresented in entering into an out-of-home placement compared to their RI census population. Black Non-Hispanic children (45.2%) and Hispanic children (39.7%) who experienced out-of-home placement during were placed in congregate care as their first placement compared to their White peers (27.8%).[16]

Shelter Care

◆ The number of children in shelter care (facilities providing emergency care to eight children or less for no more than 90 days each) increased from 31 on December 31, 2016 to 34 on December 31, 2017. Five of these Rhode Island children in shelter care were ages six to 13; and 29 were age 14 and older.[17]

References

[1] Williams-Mbengue, N. (2008). *Moving children out of foster care - The legislative role in finding permanent homes for children. Permanency: A key concept for children in foster care.* Washington, DC: National Conference of State Legislatures.

[2] U.S. Department of Health and Human Services, Administration for Children and Families. 1998. *Program instruction: Adoption and Safe Families Act of 1997.* Retrieved January 10, 2018, from www.acf.hhs.gov

(continued on page 185)

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 who were in out-of-home placement with the Rhode Island Department of Children, Youth and Families (DCYF) during the Federal Fiscal Year.

SIGNIFICANCE

The uncertainty of multiple, prolonged, or unstable out-of-home placements can negatively affect children's emotional well-being, which has an impact on behavior, academic achievement, and the formation of secure relationships.[1,2] Particular attention must be paid to populations of children for whom permanency may be more difficult to achieve, including older children, minority children, sibling groups, and children with mental, emotional, or behavioral health needs.[3,4,5] Planning for permanency requires a mix of family-centered and legal strategies designed to ensure that children and youth have safe, stable, and lifelong connections with caring adults.[6,7,8]

Reunification with parents is the most common permanency outcome for children who have been in foster care.[9] When reunification is not possible, child welfare agencies focus on placing children in another permanent family through adoption or guardianship.[10] Federal law requires states to notify relatives when a child is placed in foster care, provides funding for states offering kinship guardianship assistance payments, provides incentive payments for adoptions of older children and children with special needs, and requires that states inform families considering adopting a child in foster care about the availability of the federal adoption tax credit.[11,12]

Children and youth who live in families (kinship or non-kinship) while in the child welfare system are better prepared to thrive in permanent homes, whether through reunification, adoption, or guardianship.[13] Youth who age out of foster care experience high rates of economic hardship (inability to pay rent, utilities, etc.), low educational attainment, homelessness, unemployment, and poor physical and mental health. They are more likely to enter the criminal justice system, become young parents, and enroll in public assistance programs.[14]

The federal *Fostering Connections Act* of 2008 and *Strengthening Families Act* of 2014 provide a wide range of incentives and strategies for states to support children and youth while in foster care as well as permanency.[15] The *Family First Prevention Services Act*, enacted February 2018, will provide federal funds for prevention services for children at risk of entering foster care and their families.[16]

Exits from Foster Care*, Rhode Island, FFY 2017

	ALL EXITS	OVER AGE 12 AT ENTRY
Adoption	**23%**	**3%**
Guardianship	**10%**	**7%**
Reunification	**55%**	**59%**
Aged Out	**7%**	**17%**
Other**	**5%**	**14%**
TOTAL	***1,048***	***357***

Source: RICHIST RPT406D. Percentages may not sum to 100% due to rounding.

*Foster Care refers to all out-of-home placements, consistent with language used in federal reports.

**Other includes discharge reason of absent from care, detained at the Rhode Island Training School, living with other relatives, or transfer to another agency.

Note: Percentages include some children over age 18 who are still in the care of DCYF.

◆ **In Federal Fiscal Year (FFY) 2017, 65% of children under age 18 in the care of DCYF exited foster care. Of the children who exited, 97% exited to permanency (reunification, guardianship, living with other relatives, or adoption). Children who were over age 12 when they entered foster care were more likely to age out of care without achieving permanency.[17]**

◆ **Among Rhode Island children who entered foster care during State Fiscal Year (SFY) 2015, 22% re-entered care within 12 months of achieving permanency (exited to guardianship, reunification, or living with a relative).[18]**

Reunification, FFY 2016

◆ **In FFY 2017, 65% of children under age 18 in the care of DCYF were reunified with their family of origin in less than 12 months from the time of removal from their home.[19]**

◆ **In FFY 2017, 57% of indicated child maltreatment in Rhode Island involved neglect.[20] Poverty, parental substance abuse, and mental health problems are leading contributors to neglect. Achieving timely and successful reunification requires access to substance abuse and mental health treatment, as well as interventions designed to improve the economic status of families.[21]**

Subsidized Guardianship, FFY 2016

◆ The federal *Fostering Connections Act* provides funding for states offering kinship guardianship assistance payments. Rhode Island's guardianship assistance program defines kin broadly as any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy.[22] Rates of children exiting foster care to guardianship in Rhode Island increased from 10.8% in FFY 2015 to 11.3%in FFY 2016. In FFY 2017, 11.7% of children under 18 in the care of DCYF exited foster care to guardianship.[23,24]

Adoptions of Children in DCYF Care, 2017

◆ During Calendar Year 2017, 261 children in the care of DCYF were adopted in Rhode Island, similar to the 265 children adopted in 2016. Of these children, 50% were White, 31% were multiracial, 19% were Black, <1% were American Indian or of unknown race. Twenty-five percent of children adopted in 2017 were Hispanic (belonging to any race category).[25]

◆ Of the 261 children adopted, 68% were under age six, 26% were ages six to 13, and 6% were age 14 or older.[26]

Rhode Island Children Waiting to be Adopted, March 19, 2018

◆ On March 19, 2018, there were 249 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these, 1% of children were under age one, 43% were ages one to five, 25% were ages six to 10, 23% were ages 11 to 15, and 8% were ages 16 to 17.[27]

◆ Of all waiting children, 50% were White Non-Hispanic, 32% were Hispanic (any race), 8% were Black Non-Hispanic, 10% were Multiracial or other Non-Hispanic, and 1% were of unknown race/ethnicity.[28]

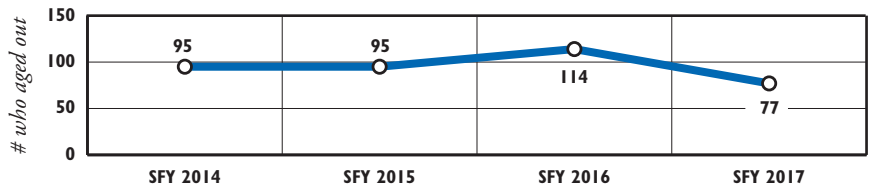
◆ Of the 249 children waiting to be adopted, 21% (52) were children of parents whose parental rights had been legally terminated.[29]

◆ In FFY 2017, 40% of children under age 18 exiting foster care to adoption were adopted within 24 months from the time of removal from their home.[30]

Youth Aging Out of Foster Care

◆ Youth who exit foster care to adulthood never having gained permanency through adoption, guardianship, or reunification are considered to have "aged out" of foster care. As of July 1, 2007, youth in Rhode Island age out of the foster care system at age 18, a change from age 21 in previous years. Youth with serious emotional disturbances, autism, or a functional developmental disability continue to have their cases managed by DCYF and remain legally entitled to services through age 21. On June 9, 2017, DCYF instituted a memorandum to all staff stating that children in DCYF care working on a GED or enrolled in high school can only be terminated from foster care at the age of 18 with approval from the Director of DCYF or a designee.[31,32]

Rhode Island Youth Aging Out of Foster Care, SFY 2014-2017



Source: Rhode Island Department of Children, Youth and Families, RICHIST 2013-2017.

◆ The number of Rhode Island youth who exited foster care never having gained permanency through reunification, adoption, or guardianship increased from 95 during SFY 2015 to 114 during SFY 2016, then decreased to 77 in SFY 2017.[33]

◆ Beginning January 1, 2014, the federal Affordable Care Act (ACA) allows youth who have aged out of foster care to have Medicaid coverage until age 26, regardless of their income. This provides former foster youth the same access to health coverage as other young adults, who are allowed to remain on their parents' commercial health coverage until age 26.[34]

◆ If states extend foster care to age 21, an option that the federal *Fostering Connections Act* encourages, the potential benefits in terms of increased educational attainment, reduced reliance on public assistance, and increased earnings will more than offset the costs to states.[35]

References

[1] Wedeles, J. (n.d.). *Placement stability in child welfare.* Retrieved March 5, 2018, from www.oacas.org

[2,3] Walsh, W. A. & Mattingly, M. J. (2011). *Long-term foster care – Different needs, different outcomes.* Durham, NH: The Carsey Institute.

(continued on page 185)

Education

Oda a la Escuela Bilingüe de Buena Vista

by Francisco X. Alarcón

aqui el español
va a la escuela
con el inglés

uno-dos-tres
es tan fácil como
one-two-three

aqui niños de todas
las razas escriben
bellos poemas

tanto en inglés
como en español
hasta en espiral

y siguiendo
la clave del
maestro Felipe

aqui los niños
aprenden a cantar
con el corazón

Ode to Buena Vista Bilingual School

here Spanish
goes to school
with English

uno-dos-tres
is as easy as
one-two-three

here children
of all races write
beautiful poems

in English
and Spanish
even in spirals

and following
the beat of teacher
Felipe's *clave*

here children
learn to sing
with their hearts


uno
Dondé
dos

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 that serves as a foundation for all future development and learning. Early and effective intervention for vulnerable young children yields improved long-term outcomes.[1]

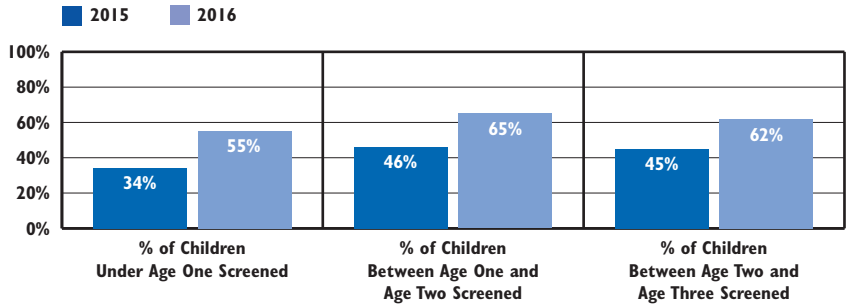
In 1986, Congress established Early Intervention (EI) services for infants and toddlers under the Individuals with Disabilities Education Act (IDEA). Part C of IDEA requires states to identify and provide appropriate EI services to children under age three who are developmentally delayed or have a diagnosed condition that is associated with a developmental delay. States may also choose to serve children who are at risk of experiencing a delay if early intervention services are not provided.[2]

In Rhode Island, children are eligible for EI if they have a diagnosed medical disorder bearing relatively well-known expectancy for developmental delay (single established condition) or if they have a developmental delay in one or more areas of development (cognitive, physical, communication, social-emotional, and adaptive). Current eligibility criteria allow children with significant circumstances (e.g., significant trauma/losses, history of abuse/neglect, family lacking basic resources, parental substance abuse, significant parental health/mental health issues, and intellectual disability of caretaker, among others) to qualify through informed clinical opinion if the circumstances impact child or family functioning.[3]

Approximately 15% of U.S. children ages three to 17 have developmental disabilities, with higher prevalence among children from low-income families and among boys. The percentage of children recognized with developmental disabilities has been increasing in recent years due to increased survival rates among preterm infants and children with birth defects/genetic disorders and improved awareness and diagnosis of many conditions.[4]

The American Academy of Pediatrics recommends that physicians use a standardized developmental screening tool during well-child visits in order to improve detection of developmental delays.[5] Early childhood developmental screenings are required and covered for all children with RIte Care coverage through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate.[6]

Developmental Screenings Completed, RIte Care Members Under Age 3, 2015 and 2016



Source: Rhode Island Executive Office of Health and Human Services, Calendar Years 2015 and 2016.

◆ **As of June 30, 2017, there were 2,040 infants and toddlers receiving Early Intervention (EI) services, 6% of the population under age three. Of these, 55% percent were eligible due to a measured significant developmental delay, 21% due to a single established condition category (such as Down Syndrome), 23% due to significant circumstances impacting child or family functioning, and 1% were undetermined.[7] Of the 2,040 children receiving EI services on June 30, 2017, 41% began receiving services before age one, 39% began at age one, and 20% began at age two.[8]**

◆ **In Calendar Year 2017 in Rhode Island, 4,140 children received EI services, down from 4,186 in 2016. In 2017, 1,002 children were discharged from EI upon reaching age three. Of these, 65% were found eligible and 18% were found not eligible for preschool special education. Fourteen percent were in the process of eligibility determination, and 2% left the program for other reasons.[9,10]**

◆ **Because maltreated infants and toddlers are six times more likely to have a developmental delay, federal legislation requires states to have procedures in place to refer children under age three who were victims of child abuse or neglect to EI. States may choose to refer these children for developmental screening to determine whether an EI referral is needed.[11,12] In 2017 in Rhode Island, there were 902 infants and toddlers under age three who were maltreated. Of these, 248 (27%) were referred to EI for an eligibility assessment, 461 (51%) were referred to First Connections for screening, 26 (3%) were already enrolled in EI or had otherwise been screened, and 167 (19%) refused consent for referral or were not referred. Of the 902 victims of maltreatment in 2017, 169 (19%) had been found eligible for EI as of March 2018.[13,14]**

Table 32. **Infants and Toddlers Enrolled in Early Intervention (EI) by Eligibility Type, Rhode Island, 2017**

CITY/TOWN	# OF CHILDREN UNDER AGE 3	CALENDAR YEAR 2017 ENROLLMENT		JUNE 30, 2017 ENROLLMENT BY ELIGIBILITY					
		# OF CHILDREN ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED IN EI	SINGLE ESTAB-LISHED CONDITION	MEASURED DEVELOP-MENTAL DELAY	CIRCUM-STANCES SIGNIFICANTLY IMPACTING CHILD/FAMILY FUNCTION*	DEVELOP-MENTAL DELAY NO SPECIFIC INFOR-MATION	# OF CHILDREN UNDER AGE 3 ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED IN EI
Barrington	366	53	14%	9	12	8	0	29	8%
Bristol	507	53	10%	7	9	4	0	20	4%
Burrillville	460	66	14%	4	19	5	1	29	6%
Central Falls	1,028	131	13%	9	42	10	1	61	6%
Charlestown	186	18	10%	2	3	0	0	5	3%
Coventry	940	100	11%	9	30	11	0	50	5%
Cranston	2,318	264	11%	30	71	31	0	132	6%
Cumberland	970	124	13%	17	36	9	0	62	6%
East Greenwich	299	48	16%	5	6	10	0	21	7%
East Providence	1,560	164	11%	15	49	14	0	78	5%
Exeter	166	16	10%	0	2	3	0	5	3%
Foster	113	4	4%	1	3	0	0	4	4%
Glocester	247	19	8%	0	4	7	0	12	5%
Hopkinton	258	29	11%	6	7	4	0	17	7%
Jamestown	85	16	19%	2	4	1	0	7	8%
Johnston	816	102	13%	13	18	14	1	46	6%
Lincoln	587	84	14%	7	29	6	0	41	7%
Little Compton	68	7	10%	1	1	2	0	4	6%
Middletown	502	73	15%	7	17	12	0	36	7%
Narragansett	271	20	7%	4	3	3	0	10	4%
New Shoreham	21	0	0%	0	0	0	0	0	0%
Newport	820	75	9%	11	19	7	0	37	5%
North Kingstown	728	88	12%	6	21	13	0	40	5%
North Providence	851	114	13%	13	39	10	2	64	8%
North Smithfield	290	39	13%	3	13	6	0	22	8%
Pawtucket	2,959	340	11%	33	98	32	0	163	6%
Portsmouth	429	65	15%	9	17	3	0	29	7%
Providence	7,609	964	13%	107	251	97	5	459	6%
Richmond	235	9	4%	0	1	4	0	5	2%
Scituate	193	32	17%	1	10	9	0	21	10%
Smithfield	402	47	12%	5	9	13	0	27	7%
South Kingstown	640	73	11%	10	13	12	2	37	6%
Tiverton	398	43	11%	4	7	8	0	19	5%
Warren	296	43	15%	4	12	11	1	28	9%
Warwick	2,322	297	13%	27	76	47	3	153	7%
West Greenwich	178	15	8%	3	4	1	1	9	5%
West Warwick	1,044	123	12%	13	34	12	1	60	6%
Westerly	726	61	8%	8	11	10	0	29	4%
Woonsocket	1,900	321	17%	22	120	26	1	169	9%
Four Core Cities	*13,496*	*1,756*	*13%*	*171*	*510*	*165*	*7*	*853*	*6%*
Remainder of State	*20,292*	*2,384*	*12%*	*256*	*609*	*310*	*12*	*1,187*	*6%*
Rhode Island	*33,788*	*4,140*	*12%*	*427*	*1,119*	*475*	*19*	*2,040*	*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, Calendar Year 2017 and June 30, 2017 enrollment (point-in-time).

The denominator is the number of children under age three, according to Census 2010, Summary File 1.

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

*See Early Intervention Policy Manual for list of circumstances.

References

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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

Established in 1995, Early Head Start is a comprehensive early childhood program serving low-income children birth to age three, pregnant women, and their families. Early Head Start programs serve children in families with incomes below the federal poverty level ($20,780 for a family of three in 2018).[1,2,3] 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, medical and dental referrals, and fostering the development of healthy family relationships.[4]

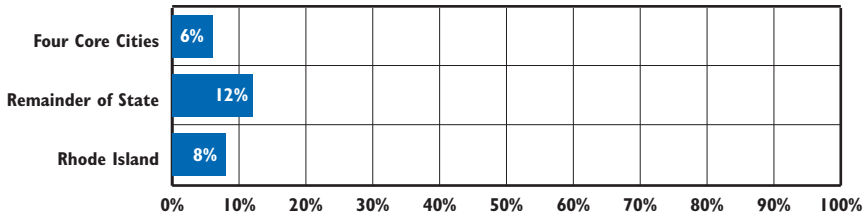
Pregnant women enrolled in Early Head Start are assessed for risks to a successful pregnancy. Individualized plans are developed to support prenatal health, promote healthy behaviors, and prepare for the baby's arrival.[5] After the baby is born, families participate by enrolling in either a center-based or a home-based program. Home-based programs use weekly home visits to support child development and twice-monthly group meetings. 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.[6]

As of October 2017, of the 641 children and pregnant women enrolled in Early Head Start, 383 (60%) were enrolled in home-based services and 258 (40%) were in center-based programs.[7] An Early Head Start-Child Care Partnership grant awarded in 2015 created 100 new center-based Early Head Start slots in Rhode Island through partnerships with child care programs to increase the number of infants and toddlers enrolled.[8,9]

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 and more opportunities for language and learning to their children, and are more likely to pursue education and job-training activities and to be employed.[10,11] Children who enroll in preschool after Early Head Start have better outcomes in early reading skills.[12]

As of October 2017, 629 infants and toddlers and 12 pregnant women were receiving Early Head Start services in Rhode Island and there were 191 eligible pregnant women or children on the waiting list.[13]

Estimated Percent of Eligible Infants and Toddlers Enrolled in Early Head Start, 2017



Source: Rhode Island Kid Count calculations using Early Head Start program enrollment October 2017 as the numerator and number of children under age 3 from Census 2010, Summary File 1 multiplied by the percent of children under age 6 living in families with incomes below the federal poverty level according to the Population Reference Bureau's (PRB) analysis of 2012-2016 American Community Survey data as the denominator.

◆ **As of October 2017 in Rhode Island, there were 641 children and pregnant women enrolled in Early Head Start, 8% of the population in poverty and 5% of the population in low-income families. There were 325 children and pregnant women from the four core cities (6% of the population in poverty and 5% of the population in low-income families). In the remainder of the state, 316 children and pregnant women were enrolled in Early Head Start (12% of the population in poverty and 6% of the population in low-income families).[14,15]**

◆ **As of October 2017, 2% of Early Head Start clients were pregnant women, 19% were infants under age one, 31% were age one, 46% were toddlers age two, and 3% were age three.[16]**

◆ **Rhode Island Early Head Start programs serve significant numbers of children with high needs including: 103 infants and toddlers with developmental delays or disabilities (16% of all children enrolled), 31 children who were in foster care, and 14 children who were homeless.[17] Early Head Start programs are required to prioritize enrollment for children with special needs and to screen all enrolled children to identify developmental delays and disabilities.[18]**

◆ **As of October 2017, 34% of the children enrolled in Early Head Start were also participating in the Child Care Assistance Program.[19] Center-based Early Head Start programs do not cover the entire day for many working parents. CCAP is used to provide additional coverage for working parents.[20]**

Table 33. **Children Ages Birth to Three and Pregnant Women Enrolled in Early Head Start, Rhode Island, 2017**

SCHOOL DISTRICT	ESTIMATED # 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	582	5%	29	0	0	0	0%
Bristol Warren	759	31%	235	8	0	8	3%
Burrillville	405	29%	117	4	8	12	10%
Central Falls	522	76%	397	38	25	63	16%
Chariho	552	17%	94	4	0	4	4%
Coventry	951	30%	285	7	8	15	5%
Cranston	2,109	43%	907	0	20	20	2%
Cumberland	1,026	22%	226	0	5	5	2%
East Greenwich	441	5%	22	3	0	3	14%
East Providence	1,122	51%	572	11	12	23	4%
Exeter-West Greenwich	345	14%	48	2	1	3	6%
Foster	93	20%	19	0	0	0	0%
Glocester	249	14%	35	0	0	0	0%
Jamestown	153	10%	15	0	0	0	0%
Johnston	687	45%	309	12	6	18	6%
Lincoln	594	23%	137	0	3	3	2%
Little Compton	60	9%	5	0	0	0	0%
Middletown	504	31%	156	5	7	12	8%
Narragansett	210	18%	38	0	4	4	11%
New Shoreham	24	18%	4	0	0	0	0%
Newport	570	64%	365	12	26	38	37%
North Kingstown	618	22%	136	7	0	7	5%
North Providence	738	52%	384	14	11	25	7%
North Smithfield	333	17%	57	0	1	1	2%
Pawtucket	1,986	61%	1,211	28	35	63	5%
Portsmouth	459	17%	78	0	0	0	0%
Providence	5,061	87%	4,403	162	26	188	4%
Scituate	234	16%	37	1	0	1	3%
Smithfield	447	14%	63	5	2	7	11%
South Kingstown	612	17%	104	6	3	9	9%
Tiverton	402	23%	92	1	1	2	2%
Warwick	1,932	31%	599	25	23	48	8%
West Warwick	558	37%	206	23	20	43	21%
Westerly	885	46%	407	5	0	5	1%
Woonsocket	1,434	72%	1,032	0	11	11	1%
Charter Schools	*2,343*	*67%*	*1,570*	*NA*	*NA*	*NA*	*NA*
RI School for the Deaf	*18*	*64%*	*12*	*NA*	*NA*	*NA*	*NA*
Four Core Cities	*9,003*	*79%*	*7,112*	*228*	*97*	*325*	*5%*
Remainder of State	*18,654*	*30%*	*5,596*	*155*	*161*	*316*	*6%*
Rhode Island	*30,018*	*47%*	*14,108*	*383*	*258*	*641*	*5%*

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled as of October 2017. 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 in each school district is based on October 2017 kindergarten enrollment (3x kindergarten enrollment) multiplied by the percentage of students who qualified for free or reduced price lunch (at or below 185% of the federal poverty level).

Due to changes in methodology, the percentage of children enrolled in Early Head Start should not be compared with Factbooks prior to 2018.

Charter Schools with kindergarten 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 South Side Elementary Charter School.

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

References

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(continued on page 185)

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 Children, Youth and Families 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

High-quality child care and early learning programs for infants, toddlers, and preschoolers can have long-lasting positive effects on how children learn and develop.[1]

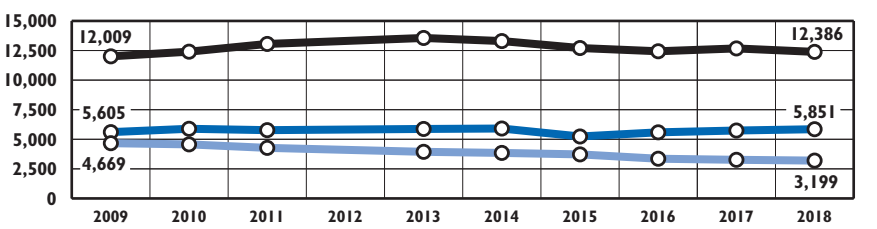
Early and ongoing enrollment in child care and early learning programs is common in the United States. Across the U.S., 42% of infants under the age of one and 73% of preschoolers between ages three and five regularly participate in a non-parental early care and education arrangement. Participation in early care and education varies by family income, with 63% of children ages birth to five living in households with incomes above poverty enrolled in child care or early learning programs, compared with 49% of those below poverty. Enrollment in center-based programs increases as children get older, with 28% of infants under age one participating in a center-based program while 78% of preschoolers (children ages three to five) are enrolled in a center. Children with disabilities can have difficulty accessing child care and early learning programs despite a federal law requiring that community-based child care and preschool settings include children with disabilities.[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 2012 and 2016 72% of Rhode Island children under age six had all parents in the workforce, higher than the U.S. rate of 65%.[4]

The availability of high-quality child care and early learning programs depends on the stability of a skilled teaching workforce. However, there are systemic workforce challenges including high turnover and low compensation levels that do not reward education or training of staff. Early care and education teachers are among the lowest-paid U.S. workers, with almost half relying on public income supports to make ends meet (e.g., the Earned Income Tax Credit, Medicaid, TANF, and SNAP).[5]

The availability of well-designed and maintained buildings that meet the needs of young children is also essential to the supply of quality early learning programs.[6]

Early Learning Program Capacity, Rhode Island, 2009-2018



Source: Rhode Island Department of Children, Youth and Families, slots in licensed child care centers and family child care homes, 2009-2015. Rhode Island Department of Children, Youth and Families, number of licensed child care center slots and number of licensed family child care homes and slots, from RI Early Care and Education Data System (ECEDS), 2016-2018. *In the 2013 Factbook, data was collected as of January 2013, instead of December 2012.

◆ **In January 2018, there were 111 more slots for infants and toddlers (children under age three) and 291 fewer slots for preschoolers (children ages three to five) in licensed centers than in 2017.**[7]

◆ **In January 2018, there were 67 fewer slots in licensed family child care homes than in the previous year. The number of family child care slots is down 31% since 2009.**[8]

◆ **In Rhode Island, family child care providers (87%) are more likely than centers (74%) to accept children participating in the Child Care Assistance Program (CCAP), which covers all or part of the cost of child care for low-income working families.**[9]

◆ **In addition to licensed programs operated by community-based agencies, businesses, and family child care providers, there are 48 traditional public schools in Rhode Island, one public charter school (Highlander), and one state-operated school (The RI School for the Deaf) that have preschool classrooms.**[10]

Quality Child Care for Infants and Toddlers

◆ **Infants and toddlers benefit from low child-to-provider ratios and small group sizes where they can form nurturing, responsive, and continuous relationships with adults.**[11]

Licensed Capacity of Early Learning Programs

Table 34.

Capacity of Licensed Early Learning Programs, Rhode Island, January 2018

CITY/TOWN	# OF LICENSED CENTERS	# OF CENTER SLOTS FOR CHILDREN <AGE 3	# OF CENTER SLOTS FOR CHILDREN AGES 3-5	# OF LICENSED FAMILY CHILD CARE HOMES	# OF LICENSED FAMILY CHILD CARE HOME SLOTS*	TOTAL LICENSED EARLY LEARNING PROGRAM SLOTS
Barrington	9	120	343	5	32	495
Bristol	5	67	108	3	20	195
Burrillville	3	19	69	2	14	102
Central Falls	4	96	202	17	110	408
Charlestown	4	14	92	4	28	134
Coventry	7	143	198	5	36	377
Cranston	28	496	1,032	46	313	1,841
Cumberland	7	112	332	8	61	505
East Greenwich	12	348	670	0	0	1,018
East Providence	16	168	507	3	22	697
Exeter	2	34	38	1	8	80
Foster	1	19	18	0	0	37
Glocester	3	55	82	1	11	148
Hopkinton	3	12	60	2	16	88
Jamestown	1	30	34	1	8	72
Johnston	19	364	420	10	74	858
Lincoln	6	148	275	4	22	445
Little Compton	1	0	20	0	0	20
Middletown	9	144	403	1	6	553
Narragansett	2	12	20	0	0	32
New Shoreham	1	12	26	0	0	38
Newport	4	64	183	1	8	255
North Kingstown	7	103	316	3	17	436
North Providence	10	142	238	10	66	446
North Smithfield	1	77	91	4	36	204
Pawtucket	18	309	819	33	214	1,342
Portsmouth	5	90	114	0	0	204
Providence	47	796	1,890	283	1,851	4,537
Richmond	0	0	0	2	20	20
Scituate	1	11	36	3	18	65
Smithfield	9	302	519	0	0	821
South Kingstown	13	241	407	6	40	688
Tiverton	3	24	124	1	8	156
Warren	5	80	192	0	0	272
Warwick	25	782	1,255	9	68	2,105
West Greenwich	3	34	60	0	0	94
West Warwick	5	169	318	2	14	501
Westerly	8	88	316	2	12	416
Woonsocket	9	126	559	6	46	731
Four Core Cities	*78*	*1,327*	*3,470*	*339*	*2,221*	*7,018*
Remainder of State	*238*	*4,524*	*8,916*	*139*	*978*	*14,418*
Rhode Island	*316*	*5,851*	*12,386*	*478*	*3,199*	*21,436*

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, number of licensed child care center slots and programs for children under age six and number of licensed family child care homes and slots, from RI Early Care and Education Data System (ECEDS), January 2018.

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

*Family child care slots are for children ages birth to 12 years old.

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

References

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(continued on page 185)

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, working families access child care.[1]

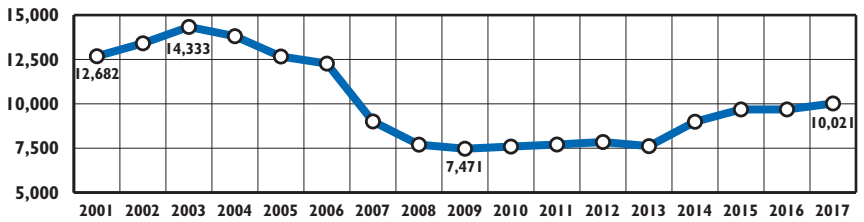
In Rhode Island, the average cost of full-time care for an infant in a child care center consumes 50% of the median single-parent income and is more than the average tuition and fees at public colleges. The average annual cost of child care for two children (an infant and a preschooler) in Rhode Island is more than twice the state's median annual rent and is also higher than the average annualized mortgage.[2] Using the federal affordability guideline that families should spend no more than 7% of their income on child care, a Rhode Island family would need to earn at least $145,314 annually to afford the average yearly cost for a three-year-old at a licensed center ($10,172).[3,4]

Child care subsidies increase the likelihood that low-income parents are able to work, are employed full-time, and maintain employment over longer periods of time. Parental employment is associated with improved social and emotional well-being of children.[5]

Subsidies help low-income families access higher-quality child care programs that support children's development and learning. Low subsidy reimbursement rates restrict access to high-quality child care providers. Rates set below the 75th percentile of the market do not allow for high-quality care and may violate the federal law's provision that families receiving subsidies have equal access to child care options. Rhode Island is one of only nine states in the U.S. that do not have a tiered child care rate system with higher payments for higher quality child care programs in order to incentivize and support quality.[6,7,8]

As of December 2017, 10% of children participating in CCAP were enrolled in programs with high-quality BrightStars ratings (four or five stars). Preschool-age children were more likely to be enrolled in a high-quality program (13%) than infants and toddlers (8%) or school-age children (8%).[9]

Child Care Subsidies, Rhode Island, 2001-2017



Source: Rhode Island Department of Human Services, December 2001–December 2015, September 2016, December 2017. Data for December 2016 was not available.

◆ In December 2017, there were 10,021 child care subsidies in Rhode Island, up 3% from December 2015, but down 30% from the 2003 peak. In December 2017 in Rhode Island, 77% of child care subsidies were for care in a licensed child care center, 22% were for care by a licensed family child care home or group family child care home, and 1% were for care by a non-licensed relative, friend, or neighbor.[10]

◆ Rhode Island families with incomes at or below 180% Federal Poverty Level (FPL) ($37,404 for a family of three in 2018) who work a minimum of 20 hours per week are eligible to receive CCAP. Families may continue to receive a child care subsidy until their income reaches 225% FPL ($46,755 for a family of three in 2018). Families in Rhode Island Works (cash assistance) may also be eligible for CCAP to support education and employment activities.[11,12,13]

◆ In December 2017, 87% of all children receiving child care subsidies were in low-income working families not receiving cash assistance, and 9% were in low-income families receiving cash assistance. Another 5% of child care subsidies were used for children in the care of the Rhode Island Department of Children, Youth and Families.[14]

Average Annual Cost for Full-Time Child Care, Rhode Island, 2015

PROGRAM TYPE	COST PER CHILD
Child Care Center (infant care)	$12,091
Child Care Center (preschool care)	$10,172
Family Child Care Home (preschool care)	$8,655
School-Age Center-Based Program (child age 6-12)	$7,775

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Bodah, M. M. (2015). *Statewide survey of childcare rates in Rhode Island.* Kingston, RI: University of Rhode Island.

Children Receiving Child Care Subsidies

Table 35. **Child Care Subsidies, Rhode Island, December 2017**

	SUBSIDY USE BY CHILD RESIDENCE				SUBSIDY USE BY PROGRAM LOCATION			
CITY/TOWN	UNDER AGE 3	AGES 3-5	AGES 6-12	TOTAL CHILD CARE SUBSIDIES	CENTER	FAMILY CHILD CARE	LICENSE EXEMPT	TOTAL CHILD CARE SUBSIDIES
Barrington	7	10	12	29	37	1	0	38
Bristol	41	41	41	123	42	2	0	44
Burrillville	9	21	18	48	31	0	0	31
Central Falls	88	151	186	425	329	97	3	429
Charlestown	5	5	5	15	7	0	0	7
Coventry	40	85	55	180	177	2	0	179
Cranston	130	222	211	563	640	205	2	847
Cumberland	21	48	61	130	109	10	0	119
East Greenwich	6	8	18	32	84	0	0	84
East Providence	60	106	173	339	341	9	0	350
Exeter	5	13	3	21	12	4	0	16
Foster	2	4	0	6	4	0	0	4
Glocester	6	11	4	21	41	0	0	41
Hopkinton	3	6	1	10	5	10	0	15
Jamestown	1	3	1	5	12	0	0	12
Johnston	39	71	48	158	374	45	1	420
Lincoln	12	36	50	98	168	9	0	177
Little Compton	0	2	0	2	0	0	0	0
Middletown	8	23	44	75	74	1	0	75
Narragansett	5	21	14	40	19	0	0	19
New Shoreham	0	0	0	0	0	0	0	0
Newport	21	58	76	155	166	0	0	166
North Kingstown	34	69	45	148	112	0	0	112
North Providence	42	69	78	189	157	25	6	188
North Smithfield	5	11	9	25	54	0	0	54
Pawtucket	239	401	490	1,130	945	114	8	1,067
Portsmouth	4	8	3	15	21	0	0	21
Providence	1,042	1,338	1,529	3,909	1,748	1,624	46	3,418
Richmond	5	6	1	12	3	5	0	8
Scituate	6	10	8	24	0	0	0	0
Smithfield	9	13	15	37	112	0	0	112
South Kingstown	59	41	38	138	129	6	0	135
Tiverton	5	17	9	31	22	4	0	26
Warren	8	29	23	60	76	0	0	76
Warwick	99	158	135	392	653	5	5	663
West Greenwich	3	3	4	10	14	0	2	16
West Warwick	80	149	122	351	272	4	1	277
Westerly	24	37	40	101	102	1	3	106
Woonsocket	145	239	288	672	533	41	13	587
DCYF	*285*	*248*	*154*	*687*	*NA*	*NA*	*NA*	*NA*
Undetermined Address	*5*	*10*	*8*	*23*	*NA*	*NA*	*NA*	*NA*
Out-Of-State	*NA*	*NA*	*NA*	*NA*	*82*	*0*	*0*	*82*
Four Core Cities	*1,514*	*2,129*	*2,493*	*6,136*	*3,555*	*1,876*	*70*	*5,501*
Remainder of State	*804*	*1,414*	*1,365*	*3,583*	*4,070*	*348*	*20*	*4,438*
Rhode Island	*2,608*	*3,801*	*4,020*	*10,429*	*7,707*	*2,224*	*90*	*10,021*

Source of Data for Table/Methodology

Rhode Island Department of Human Services, December 2017. Data for 2016 should not be compared with previous years since the month differs.

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 subsidies by child residence is greater than total subsidies by program location because the data is currently retrieved from separate systems that haven't been reconciled. In the future, these will be tracked together.

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 three weeks of average school vacation tuition and 10 weeks of average summer vacation tuition.

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[1,8] Schulman, K. & Blank, H. (2017). *Persistent gaps: State child care assistance policies 2017.* Washington, DC: National Women's Law Center.

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(continued on page 186)

Early Learning Programs Participating in BrightStars

DEFINITION

Early learning programs participating in BrightStars is the percentage of licensed early learning centers, family child care homes, and public schools with preschool classrooms in Rhode Island that are participating in BrightStars, Rhode Island's Quality Rating and Improvement System for child care and early learning programs.

SIGNIFICANCE

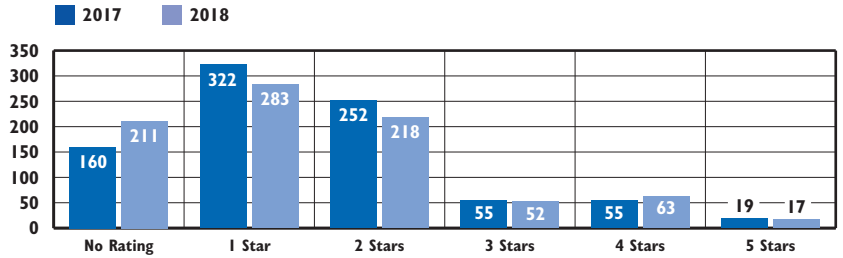
Research on early care and education reveals a strong relationship between program quality and children's developing skills and well-being. Children who attend high-quality programs score higher on tests of language and cognitive skills and demonstrate stronger social and emotional development than children who attend low-quality programs.[1,2,3] Programs across the U.S. and in Rhode Island vary markedly in quality and can range from rich learning experiences to mediocre, custodial care.[4,5,6]

High-quality early care and education is characterized by smaller numbers of children in a classroom or group, fewer children per adult, skilled staff, a language-rich environment with stimulating curricula, warm, nurturing and dependable relationships between staff and children, and a safe environment.[7] The development and retention of a highly qualified and appropriately compensated workforce for early childhood programs is critical to improve program quality.[8]

Almost all states use Quality Rating and Improvement Systems (QRIS) to document and improve the quality of early learning and child care programs. QRIS measure a variety of program quality indicators (such as staff qualifications, learning environment, and staff-child interactions) and then create a composite index rating. QRIS ratings are shared with parents and they are often connected to financial incentives and supports, such as enhanced reimbursement rates or quality bonuses for higher quality child care programs.[9,10] Studies have shown that, over time, state QRIS can improve the quality of care available.[11]

Launched in 2009, BrightStars conducts program quality assessments using research based standards for licensed centers (including child care, preschool and Head Start), family child care homes, and public schools. Programs participating in BrightStars receive a star rating and develop a quality improvement plan across six quality domains.[12] As of October 2014, all programs serving children participating in the Child Care Assistance Program are required to have a BrightStars rating.[13]

BrightStars Quality Ratings for Early Learning Centers, Family Child Care Programs, and Public Schools Rhode Island, 2017 and 2018

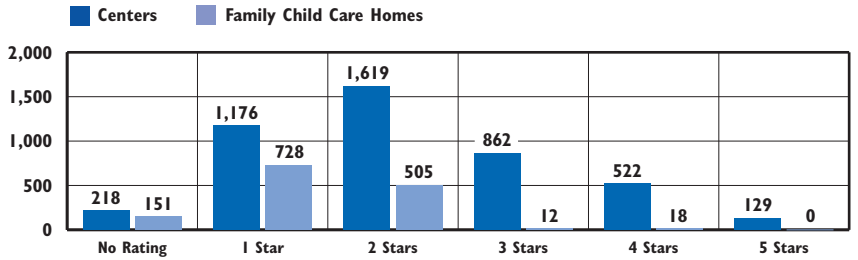


Source: and the RI Early Care and Education Data System (ECEDS), January 2017 and 2018.

◆ **As of January 2018, there were 633 early learning programs with a BrightStars quality rating (75% of all early learning programs) – 75% of licensed child care centers, 76% of licensed family child care homes, and 64% of public schools with preschool classrooms.[14] Sixty-four (20%) licensed early learning centers, six (1%) licensed family child care homes, and 10 (20%) public schools had met the benchmarks for a high-quality rating of four or five stars.[15]**

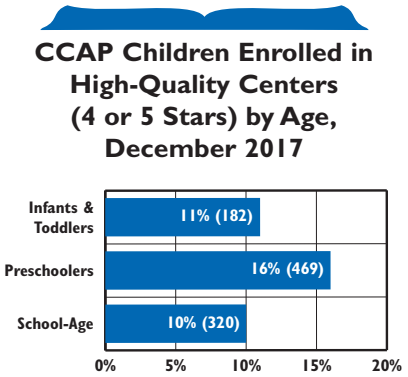
◆ **A 2016 evaluation of BrightStars found that the star levels effectively differentiate quality and five of the ten standards are linked to improved child outcomes, specifically improved social competence and math skills. The study also found that 70% of child care center and preschool directors had a positive or extremely positive impression of BrightStars.[16]**

Child Care Assistance Program Enrollment for Children Ages Birth through 5 by BrightStars Program Rating, December 2017



Source: Rhode Island Department of Human Services, Children Enrolled in the Child Care Assistance Program and Rhode Island Association for the Education of Young Children, BrightStars Ratings, December 2017.

Early Learning Programs Participating in BrightStars



Source: Rhode Island Rhode Island Department of Human Services, Children Enrolled in the Child Care Assistance Program and Rhode Island Association for the Education of Young Children, BrightStars Ratings, December 2017.

◆ **Preschool-age children enrolled in child care centers through the Child Care Assistance Program are more likely to be enrolled in a high-quality center (16%) than infants and toddlers (11%) or school-age children (10%).**[17]

◆ **Only 1% of children enrolled in family child care programs through the Child Care Assistance Program are enrolled in a high-quality program, regardless of age.**[18]

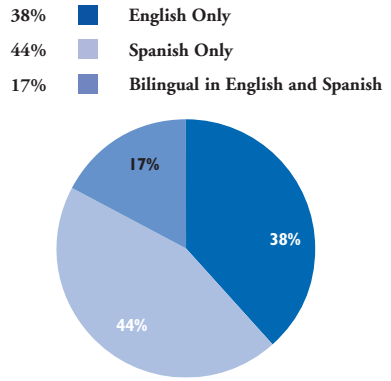
Table 36.

Licensed Child Care Centers and Preschools Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2018

CITY/TOWN	LICENSED PROGRAMS	DCYF PROBATION	NO RATING	1 STAR	2 STARS	3 STARS	4 STARS	5 STARS	% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
Barrington	9	0	4	2	1	0	2	0	56%	22%
Bristol	5	0	2	2	0	0	1	0	60%	20%
Burrillville	3	0	0	2	0	0	1	0	100%	33%
Central Falls	4	0	1	0	0	2	1	0	75%	25%
Charlestown	4	0	0	1	0	0	1	2	100%	75%
Coventry	7	1	0	3	1	2	0	1	100%	14%
Cranston	28	2	9	8	5	4	2	0	68%	7%
Cumberland	7	0	2	2	1	0	2	0	71%	29%
East Greenwich	12	0	2	3	3	3	1	0	83%	8%
East Providence	16	1	5	4	2	1	4	0	69%	25%
Exeter	2	0	0	0	1	0	1	0	100%	50%
Foster	1	0	0	0	1	0	0	0	100%	0%
Glocester	3	0	0	1	1	0	1	0	100%	33%
Hopkinton	3	1	0	2	1	0	0	0	100%	0%
Jamestown	1	0	0	0	1	0	0	0	100%	0%
Johnston	19	0	3	5	5	3	3	0	84%	16%
Lincoln	6	0	0	3	1	1	0	1	100%	17%
Little Compton	1	0	1	0	0	0	0	0	0%	0%
Middletown	9	0	4	0	1	2	2	0	56%	22%
Narragansett	2	0	1	1	0	0	0	0	50%	0%
New Shoreham	1	0	1	0	0	0	0	0	0%	0%
Newport	4	0	1	0	1	0	2	0	75%	50%
North Kingstown	7	1	1	0	2	2	1	1	86%	29%
North Providence	10	1	4	2	2	1	1	0	60%	10%
North Smithfield	1	0	1	0	0	0	0	0	0%	0%
Pawtucket	18	2	2	6	5	2	2	1	89%	17%
Portsmouth	5	0	4	1	0	0	0	0	20%	0%
Providence	47	2	11	6	12	4	9	5	77%	30%
Richmond	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Scituate	1	0	0	0	1	0	0	0	100%	0%
Smithfield	9	0	3	2	1	2	1	0	67%	11%
South Kingstown	13	0	5	1	3	1	2	1	62%	23%
Tiverton	3	0	1	0	1	1	0	0	67%	0%
Warren	5	0	2	1	0	1	1	0	60%	20%
Warwick	25	0	5	3	11	4	1	1	80%	8%
West Greenwich	3	0	1	0	2	0	0	0	67%	0%
West Warwick	5	0	0	1	2	1	1	0	100%	20%
Westerly	8	0	2	0	2	0	4	0	75%	50%
Woonsocket	9	0	0	3	0	2	2	2	100%	44%
Four Core Cities	*78*	*4*	*14*	*15*	*17*	*10*	*14*	*8*	*82%*	*28%*
Remainder of State	*238*	*7*	*64*	*50*	*53*	*29*	*35*	*7*	*73%*	*18%*
Rhode Island	*316*	*11*	*78*	*65*	*70*	*39*	*49*	*15*	*75%*	*20%*

Early Learning Programs Participating in BrightStars

Licensed Family Child Care Programs by Language Spoken, Rhode Island 2014



n=188

Source: Oldham, E. & Hawes, S. (2014). *Rhode Island early learning workforce study: Licensed centers and family child care homes.* Retrieved February 14, 2017, from http://exceed.ri.gov

◆ In 2014, 44% of family child care providers in Rhode Island reported speaking Spanish only, 38% English only, and 17% were bilingual in English and Spanish. More than two-thirds worked more than 40 hours per week and 84% reported earning less than $40,000 annually.[19]

◆ Nationally, 24% of children receiving child care funded through federal subsidies are cared for in a family child care home. Family child care providers may be more affordable and more flexible with enrollment hours. They may also share the child's and family's home language or cultural background.[20]

Table 37.

Licensed Family Child Care Homes Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2018

CITY/TOWN	LICENSED PROGRAMS	DCYF PROBATION	NO RATING	1 STAR	2 STARS	3 STARS	4 STARS	5 STARS	% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
Barrington	5	0	2	3	0	0	0	0	60%	0%
Bristol	3	0	2	1	0	0	0	0	33%	0%
Burrillville	2	0	1	1	0	0	0	0	50%	0%
Central Falls	17	1	4	10	3	0	0	0	76%	0%
Charlestown	4	0	3	1	0	0	0	0	25%	0%
Coventry	5	0	2	3	0	0	0	0	60%	0%
Cranston	46	0	9	19	18	0	0	0	80%	0%
Cumberland	8	0	6	2	0	0	0	0	25%	0%
East Greenwich	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
East Providence	3	0	1	2	0	0	0	0	67%	0%
Exeter	1	0	0	0	0	0	1	0	100%	100%
Foster	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Glocester	1	0	1	0	0	0	0	0	0%	0%
Hopkinton	2	0	0	2	0	0	0	0	100%	0%
Jamestown	1	0	1	0	0	0	0	0	0%	0%
Johnston	10	0	3	4	3	0	0	0	70%	0%
Lincoln	4	0	3	1	0	0	0	0	25%	0%
Little Compton	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Middletown	1	0	0	1	0	0	0	0	100%	0%
Narragansett	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
New Shoreham	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Newport	1	0	1	0	0	0	0	0	0%	0%
North Kingstown	3	0	1	2	0	0	0	0	67%	0%
North Providence	10	0	6	4	0	0	0	0	40%	0%
North Smithfield	4	0	1	1	0	0	2	0	75%	50%
Pawtucket	33	2	2	17	12	2	0	0	94%	0%
Portsmouth	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Providence	283	2	49	130	101	0	3	0	83%	1%
Richmond	2	0	2	0	0	0	0	0	0%	0%
Scituate	3	0	2	1	0	0	0	0	33%	0%
Smithfield	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
South Kingstown	6	0	3	2	1	0	0	0	50%	0%
Tiverton	1	0	0	1	0	0	0	0	100%	0%
Warren	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Warwick	9	0	7	2	0	0	0	0	22%	0%
West Greenwich	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
West Warwick	2	0	2	0	0	0	0	0	0%	0%
Westerly	2	0	1	1	0	0	0	0	50%	0%
Woonsocket	6	0	0	5	1	0	0	0	100%	0%
Four Core Cities	*339*	*5*	*55*	*162*	*117*	*2*	*3*	*0*	*84%*	*1%*
Remainder of State	*139*	*0*	*60*	*54*	*22*	*0*	*3*	*0*	*57%*	*2%*
Rhode Island	*478*	*5*	*115*	*216*	*139*	*2*	*6*	*0*	*76%*	*1%*

Early Learning Programs Participating in BrightStars

Table 38.

Public Schools with Preschool Classrooms Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2018

DISTRICT	SCHOOLS WITH PRESCHOOL CLASSROOMS	NO RATING	1 STAR	2 STARS	3 STARS	4 STARS	5 STARS	% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
Barrington	1	1	0	0	0	0	0	0%	0%
Bristol Warren	1	1	0	0	0	0	0	0%	0%
Burrillville	1	1	0	0	0	0	0	0%	0%
Central Falls	2	1	0	0	0	1	0	50%	50%
Chariho	1	0	0	0	0	0	1	100%	100%
Coventry	3	0	0	0	3	0	0	100%	0%
Cranston	4	0	0	1	3	0	0	100%	0%
Cumberland	1	1	0	0	0	0	0	0%	0%
East Greenwich	1	0	0	0	1	0	0	100%	0%
East Providence	2	1	0	1	0	0	0	50%	0%
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	1	0	0	100%	0%
Lincoln	1	0	0	0	1	0	0	100%	0%
Little Compton	0	NA	NA	NA	NA	NA	NA	NA	NA
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	0	NA	NA	NA	NA	NA	NA	NA	NA
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	2	0	1	0	0	1	0	100%	50%
Portsmouth	1	1	0	0	0	0	0	0%	0%
Providence	6	2	0	2	2	0	0	67%	0%
Scituate	0	NA	NA	NA	NA	NA	NA	NA	NA
Smithfield	1	0	0	0	0	1	0	100%	100%
South Kingstown	1	0	0	0	0	1	0	100%	100%
Tiverton	2	2	0	0	0	0	0	0%	0%
Warwick	2	1	1	0	0	0	0	50%	0%
West Warwick	2	0	0	2	0	0	0	100%	0%
Westerly	1	0	0	0	0	0	1	100%	100%
Woonsocket	1	1	0	0	0	0	0	0%	0%
Charter Schools	*1*	*0*	*0*	*1*	*0*	*0*	*0*	*100%*	*0%*
RI School for the Deaf	*1*	*0*	*0*	*0*	*0*	*1*	*0*	*100%*	*100%*
Four Core Cities	*11*	*4*	*1*	*2*	*2*	*2*	*0*	*64%*	*18%*
Remainder of State	*37*	*14*	*1*	*6*	*9*	*5*	*2*	*64%*	*21%*
Rhode Island	*50*	*18*	*2*	*9*	*11*	*8*	*2*	*64%*	*20%*

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 Children, Youth and Families, January 2018. Data on public schools are from the Rhode Island Department of Education, January 2018. Data on BrightStars quality ratings are from the Rhode Island Association for the Education of Young Children, January 2018. Data matched through the RI Early Care and Education Data System (ECEDS).

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

[1] Burchinal, M., Kainz, K., & Cai, Y. (2011). How well do our measures of quality predict child outcomes? In Zaslow, M., Martinez-Beck, I., Tout, K., & Halle, T. (Eds.), *Quality measurement in early childhood settings.* 11-31. Baltimore, MD: Paul H. Brookes Publishing Co.

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(continued on page 186)

Children Enrolled in Head Start or State Pre-K

DEFINITION

Children enrolled in Head Start or State Pre-K is the percentage of low-income children and all children enrolled in a Rhode Island Head Start or State Pre-K preschool program the year before kindergarten. Head Start is managed by the federal government and State Pre-K is managed by the Rhode Island Department of Education. Both can be operated by community-based agencies or by public schools.

SIGNIFICANCE

Children begin learning at birth and brain development proceeds rapidly in early childhood. 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 helps to ensure children enter school with the skills needed to succeed. Without government funding, access to high-quality preschool is limited to higher-income families.[1,2,3]

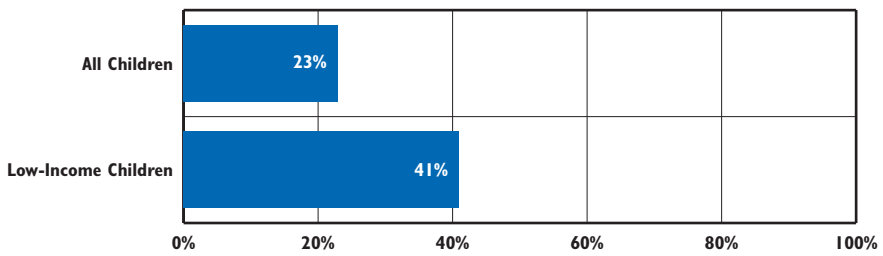
Decades of research have shown that high-quality preschool programs help children gain skills and knowledge prior to school entry and produce positive outcomes that last well into the school years including improved classroom and interpersonal behavior, reduced need for special education services, and improved high school graduation rates.[4]

Head Start is a federally-funded comprehensive early childhood program for the lowest income preschool children and is available to children during the two years before kindergarten. It is designed to address a wide variety of needs so that low-income children can begin school on a more equal footing with their economically advantaged peers. Head Start programs deliver early education, medical and dental screenings and referrals, nutrition services, mental health services, family engagement activities, and social service referrals for the whole family.[5,6]

State-funded Pre-K programs are growing across the U.S. As of 2016, 43 states and the District of Columbia operated State Pre-K programs, serving 32% of four-year-olds and 5% of three-year olds across the U.S. Rhode Island launched a State Pre-K program in 2009 serving four-year-olds in mixed-income classrooms, with classrooms located in communities with high poverty levels.[7] *The Rhode Island Prekindergarten Education Act* acknowledges the need to adequately prepare all children to succeed in school by providing access to publicly-funded, high-quality Pre-K that builds on the existing early childhood education infrastructure.[8]

Head Start and State Pre-K are an important part of a strong state early learning system that starts at birth and continues through third grade, including high-quality child care and nurturing and language-rich early elementary classrooms.[9]

Percent of Children Enrolled in Head Start or State Pre-K the Year before Kindergarten, Rhode Island, 2017-2018



Source: Rhode Island KIDS COUNT calculations using October 2017 enrollment in Head Start and State Pre-K as numerator and October 2017 enrollment in public kindergarten as denominator with low-income population estimated using the % of children receiving free or reduced price lunch.

◆ **As of the 2017-2018 school year, there were 2,267 children enrolled in either Head Start or State Pre-K during the year before kindergarten, approximately 23% of all children and 41% of low-income children. Fifty-two percent of these children were enrolled in Head Start and 48% were enrolled in State Pre-K.[10,11]**

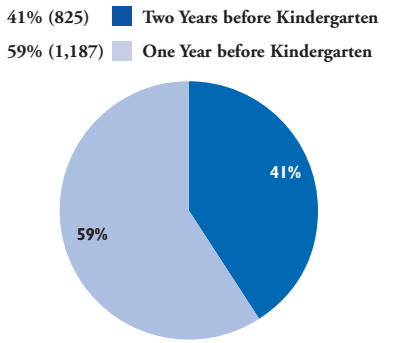
◆ **Low-income children in the four core cities were more likely to be enrolled in Head Start or State Pre-K (52%) than low-income children in the remainder of the state (38%).[12,13]**

◆ **Also in 2017, there were 1,317 four-year-olds enrolled in a child care program with a subsidy through the Child Care Assistance Program (CCAP) managed by the Rhode Island Department of Human Services. Children in State Pre-K or Head Start may also participate in CCAP because Head Start and State Pre-K do not cover the entire work day or work year for many families. In 2017, 16% of Head Start children were also enrolled in CCAP to cover hours and days when the Head Start program is not open but parents are at work.[14,15]**

◆ **In 2017 there were 1,093 four-year-olds with an Individualized Education Program (IEP) receiving early childhood special education services through a local school district. These services are delivered in Head Start, State Pre-K, child care, or district operated special education classrooms, or through walk-in appointments (e.g. speech therapy).[16]**

Children Enrolled in Head Start or State Pre-K

Children Enrolled in Head Start by Age Cohort, Rhode Island, 2017



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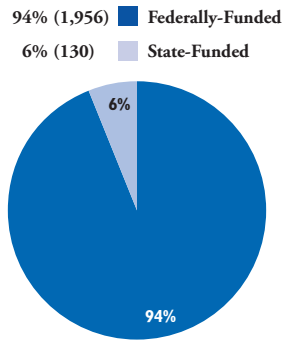
Head Start Slots by Funding Source, Rhode Island, 2017

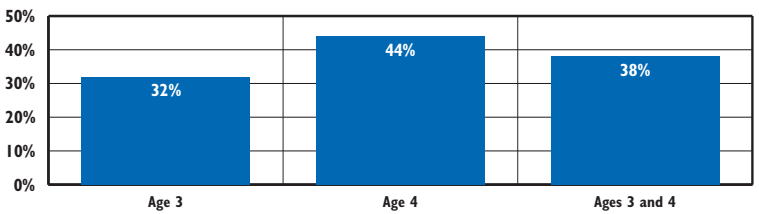


n=2,086

Source: Rhode Island Head Start program data compiled by Rhode Island KIDS COUNT, October 2017.

◆ In 2017 in Rhode Island, there were 2,012 children enrolled in Head Start. The majority of children (59%) were scheduled to enter kindergarten in the 2018-2019 school year. As of the 2017-2018 school year, there were 1,956 federally-funded Head Start slots in Rhode Island and 130 state-funded Head Start slots.[17]

Percent of Children Eligible/in Poverty Enrolled in Head Start by Age, Rhode Island, 2017



Source: Rhode Island KIDS COUNT calculations. The numerator is Rhode Island Head Start program enrollment data, October 2017. The denominator is the estimated number of children ages three and four from Census 2010 multiplied by the % of children under age six living in families with incomes below the federal poverty line (FPL) from the 2012-2016 American Community Survey.

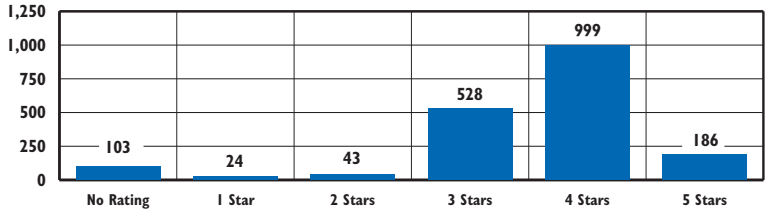
◆ As of 2017, approximately 38% of Rhode Island preschool-age children living in poverty who were eligible were enrolled in Head Start (32% of the three-year-olds and 44% of the four-year-olds).[18]

Head Start Quality & Effectiveness

◆ Across the U.S., Head Start centers are typically higher quality than many other early care and education programs available. Rhode Island Head Start programs score above the national benchmark and are among the highest quality Head Start programs in the U.S. based on classroom observations of teacher-child interactions.[19]

◆ Head Start improves children's academic, cognitive, language, and social-emotional skills. Children who attend Head Start also show improved health outcomes including reduced childhood obesity and improved immunization rates. Head Start children are more likely to graduate from high school and attend college and are less likely to be charged with criminal activity as an adult.[20,21]

Children Enrolled In Head Start by BrightStars Rating of Program Site, Rhode Island, 2017



Source: Rhode Island Head Start data compiled by Rhode Island KIDS COUNT, October 2017.

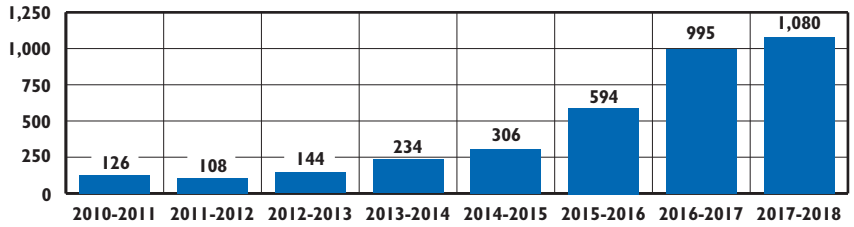
◆ As of October 2017, 63% of children enrolled in Head Start were in program sites that had achieved a high-quality BrightStars rating of four or five stars. In comparison, only 13% of preschoolers in CCAP were enrolled in a program that had achieved a high-quality BrightStars rating.[22,23]

Head Start & Children with High Needs

◆ As of 2017, 9% (189) of all children enrolled in Head Start had developmental delays or disabilities and received special education services through their local school districts. Also in 2017, 2% (39) of Head Start children were in foster care, and 2% (37) were homeless.[24] As of the 2014-15 school year, 42% of the children enrolled in Head Start in Rhode Island were Hispanic/Latino and 18% spoke Spanish as a home language.[25]

Children Enrolled in Head Start or State Pre-K

Rhode Island State Pre-K Enrollment, 2010-2011 through 2017-2018



Sources: National Institute for Early Education Research, *The State of Preschool 2010, 2011, 2012, 2013, 2014, 2015.* Rhode Island Department of Education, State Pre-K programs 2015-2016 through 2017-2018.

◆ Rhode Island began offering State Pre-K for four-year-olds in the 2009-2010 school year through public schools, Head Start agencies, and child care programs.[26]

◆ As of the 2017-2018 school year, there were 60 state Pre-K classrooms in Rhode Island with a total of 1,080 children enrolled, which is approximately 11% of all children estimated to enter kindergarten in 2018-2019. As of the 2017-2018 school year, 37% of the classrooms were operated by Head Start agencies, 35% were operated by child care programs, and 28% were operated by public schools.[27]

◆ The Rhode Island State Pre-K program is funded through the Rhode Island Education new Funding Formula. In 2014, Rhode Island received a federal Preschool Development Grant to accelerate expansion and to improve program monitoring, evaluation, and technical assistance.[28]

Children Enrolled in State Pre-K by Family Income, Rhode Island, 2017-2018

◆ Children are selected to participate in State Pre-K through a lottery, with children from low-income families prioritized for enrollment based on the proportion of low-income children in the local school district.[29,30]

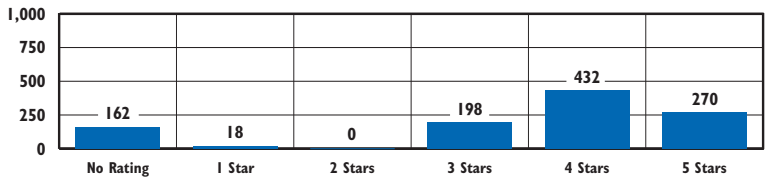
◆ As of the 2017-2018 school year, 71% (764) of the children enrolled in State Pre-K were low-income and 29% (316) were higher-income.[31]

State Pre-K Quality and Effectiveness

◆ In 2016 the Rhode Island State Pre-K program was recognized as one of only two State Pre-K programs in the U.S. to meet all 10 recommended quality benchmarks, including requiring teachers to have bachelor's degrees with specialized training in early childhood education and conducting annual classroom observations.[32]

◆ An evaluation of the Rhode Island State Pre-K program found that it improves children's language and math skills and closes the achievement gap between low-income children and their more affluent peers by three-quarters.[33]

Children Enrolled In State Pre-K Classrooms by BrightStars Rating of Program Site, Rhode Island, 2017



Source: Rhode Island Department of Education, 2017.

◆ As of 2017, 65% of children enrolled in State Pre-K were in program sites with high-quality BrightStars ratings (four or five stars). In comparison, only 13% of preschoolers in CCAP were enrolled in programs with high-quality BrightStars ratings.[34,35]

State Pre-K and Children with High Needs

◆ Rhode Island State Pre-K classrooms serve significant numbers of children with high needs. As of 2017, 9% (95) of children in State Pre-K had developmental delays or disabilities, 3% (30) were in foster care, and 1% (14) were homeless.[36]

◆ As of 2017, 34% of the children enrolled in State Pre-K in Rhode Island were Hispanic/Latino and 20% spoke Spanish as a home language.[37]

Table 39. **Children Age Four Enrolled in Head Start or State Pre-K, Rhode Island, 2017**

SCHOOL DISTRICT	ESTIMATED # OF CHILDREN AGE 4	% LOW-INCOME CHILDREN IN DISTRICT	ESTIMATED # LOW-INCOME CHILDREN AGE 4	# CHILDREN AGE 4 IN HEAD START (ALL LOW-INCOME)	# LOW-INCOME CHILDREN IN STATE PRE-K	# HIGHER-INCOME CHILDREN IN STATE PRE-K	# CHILDREN AGE 4 IN HEAD START OR STATE PRE-K	ESTIMATED % OF ALL CHILDREN AGE 4 IN HEAD START OR STATE PRE-K	ESTIMATED % OF LOW-INCOME CHILDREN AGE 4 IN HEAD START OR STATE PRE-K
Barrington	194	5%	10	4	0	0	4	2%	41%
Bristol Warren	253	31%	78	25	0	0	25	10%	32%
Burrillville	135	29%	39	9	0	0	9	7%	23%
Central Falls	174	76%	132	46	76	14	136	78%	92%
Chariho	184	17%	31	6	0	0	6	3%	19%
Coventry	317	30%	95	40	0	0	40	13%	42%
Cranston	703	43%	302	130	38	16	184	26%	56%
Cumberland	342	22%	75	0	0	0	0	0%	0%
East Greenwich	147	5%	7	1	0	0	1	1%	14%
East Providence	374	51%	191	30	72	72	174	47%	53%
Exeter-West Greenwich	115	14%	16	1	0	0	1	1%	6%
Foster	31	20%	6	1	0	0	1	3%	16%
Glocester	83	14%	12	3	0	0	3	4%	26%
Jamestown	51	10%	5	0	0	0	0	0%	0%
Johnston	229	45%	103	20	8	10	38	17%	27%
Lincoln	198	23%	46		0	0	0	0%	0%
Little Compton	20	9%	2	0	0	0	0	0%	0%
Middletown	168	31%	52	14	0	0	14	8%	27%
Narragansett	70	18%	13	1	0	0	1	1%	8%
New Shoreham	8	18%	1	0	0	0	0	0%	0%
Newport	190	64%	122	32	36	18	86	45%	56%
North Kingstown	206	22%	45	9	0	0	9	4%	20%
North Providence	246	52%	128	33	8	10	51	21%	32%
North Smithfield	111	17%	19	1	0	0	1	1%	5%
Pawtucket	662	61%	404	158	84	24	266	40%	60%
Portsmouth	153	17%	26	6	0	0	6	4%	23%
Providence	1,687	87%	1,468	349	300	60	709	42%	44%
Scituate	78	16%	12	1	0	0	1	1%	8%
Smithfield	149	14%	21	1	0	0	1	1%	5%
South Kingstown	204	17%	35	6	0	0	6	3%	17%
Tiverton	134	23%	31	5	0	0	5	4%	16%
Warwick	644	31%	200	57	22	32	111	17%	40%
West Warwick	186	37%	69	50	22	32	104	56%	105%
Westerly	295	46%	136	17	0	0	17	6%	13%
Woonsocket	478	72%	344	131	98	28	257	54%	67%
Charter Schools	*781*	*67%*	*523*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*
RI School for the Deaf	*6*	*64%*	*4*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*
Four Core Cities	*3,001*	*79%*	*2,371*	*684*	*558*	*126*	*1,368*	*46%*	*52%*
Remainder of State	*6,218*	*30%*	*1,865*	*503*	*206*	*190*	*899*	*14%*	*38%*
Rhode Island	*10,006*	*47%*	*4,703*	*1,187*	*764*	*316*	*2,267*	*23%*	*41%*

Source of Data for Table/Methodology

Rhode Island Head Start Programs, children enrolled as of October 2017 who were one year away from kindergarten enrollment. Children enrolled are listed by residence of child, not location of the Head Start program. Rhode Island Department of Education, children enrolled in State Pre-K as of October 2017.

The estimated number of low income children age four in each school district is based on October 2017 kindergarten enrollment multiplied by the percentage of students who qualified for free or reduced price lunch (at or below 185% of the federal poverty level).

The city/town table was redesigned in 2018 to include data on four-year-olds in either Head Start or State Pre-K. Data are tracked by school district community and use kindergarten enrollment as the denominator (estimated # of four-year-olds in the community served by the school district). Percentages should not be compared with prior Factbooks.

Charter Schools with kindergarten 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 South Side Elementary Charter School.

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

References

[1] Center on the Developing Child at Harvard University. (2007). *A science-based framework for early childhood policy: Using evidence to improve outcomes in learning, behavior, and health for vulnerable children.* Cambridge, MA: Harvard University.

[2] Yoshikawa, H., et al. (2013). *Investing in our future: The evidence base on preschool education.* Ann Arbor, MI: Society for Research in Child Development and New York, NY: Foundation for Child Development.

[3] Child Trends. (2014). *Early childhood program enrollment.* Retrieved March 4, 2018, from www.childtrends.org/databank

(continued on page 186)

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

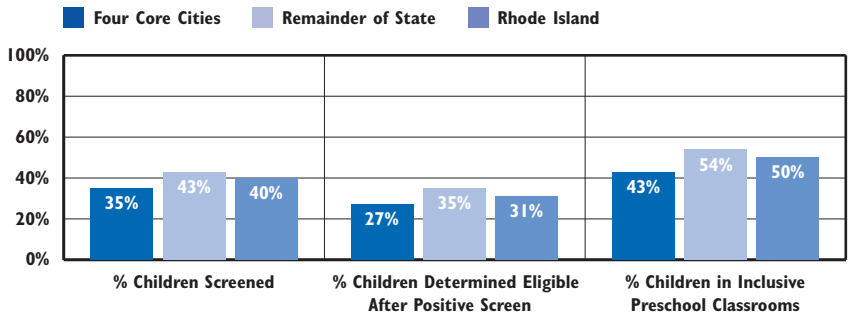
Preschool special education is an important component of the early care and education system, providing access to early learning opportunities. The federal *Individuals with Disabilities Education Act (IDEA)* specifies that children ages three to five with developmental delays and disabilities have the same right to a free and appropriate public education in the least restrictive environment as school-age children with disabilities.[1]

Developmental delays and disabilities are identified when a child does not reach developmental milestones at the same time as other children his or her 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 early access to needed services in order to prevent the occurrence of more severe problems.[4]

In Rhode Island, school districts work to screen every child ages three to five every year through the Child Outreach screening program. Screenings are conducted in the child's dominant language.[5] During the 2016-2017 school year in Rhode Island, districts completed developmental screenings for 40% of children ages three to five. Preschool-age children in the core cities are less likely to receive a developmental screening (35%) than children in the remainder of the state (43%). Of children referred based on positive screens, 31% are determined eligible for preschool special education. Children in the core cities are also less likely to be determined eligible after referral (27%) than children in the remainder of the state (35%).[6]

Approximately 15% of U.S. children ages three to 17 have a developmental disability. Boys and children in low-income families more likely to have a disability than girls and children in higher-income families.[7] Under *IDEA*, each state sets its own criteria to determine eligibility for special education services, deciding where to draw the line along a continuum of functioning to identify children who are sufficiently delayed to need special education services.[8] In 2015, Rhode Island ranked in the top ten states for providing preschool special education services by serving 9.1% of children ages three to five compared with a U.S. average of 6.2%.[9]

Preschool Special Education Screening, Eligibility After Positive Screens, and Inclusion Rates, Rhode Island, June 2017



Source: Rhode Island Department of Education, 2016-2017 Child Outreach Screening Rates and June 2017 Special Education Census. % children determined eligible is of those children referred from Child Outreach screening.

◆ **In June 2017, there were 3,045 children ages three to five receiving preschool special education services, 8% of all preschool-age children in Rhode Island. Children in the four core cities are slightly less likely to receive preschool special education services (7%) than children in the remainder of the state (8%).[10]**

◆ **Preschool children with disabilities who attend high-quality preschool with typically developing children and receive special education services in inclusive settings have improved outcomes.[11] In June 2017 in Rhode Island, 50% 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 (43%) than children in the remainder of the state (54%).[12]**

◆ **About half of the children receiving preschool special education services in Rhode Island receive services outside of inclusive preschool programs, with 14% enrolled in a separate special education preschool class or school, 23% receiving services through "walk-in" visits to a service provider, 1% in a home or hospital, and another 12% enrolled in a preschool setting but receiving special education services in another location.[13]**

◆ **In June 2017, 43% (1,321) of the 3,045 children receiving preschool special education services in Rhode Island qualified under the developmental delay category, 46% (1,407) had an identified speech/language disability, 7% (211) were diagnosed with autism, and 3% (106) had another diagnosed disability.[14]**

Children Receiving Preschool Special Education Services

Table 40. **Children Ages 3 to 5 Receiving Special Education Services, Rhode Island, 2017**

		DEVELOPMENTAL SCREENING RATES				PRESCHOOL SPECIAL EDUCATION BY SETTING				
SCHOOL DISTRICT	# OF CHILDREN AGES 3-5	% SCREENED 3 YEARS BEFORE K	% SCREENED 2 YEARS BEFORE K	% SCREENED 1 YEAR BEFORE K	% SCREENED AGES 3 TO 5	INCLUSIVE EARLY CHILDHOOD CLASS	% IN INCLUSIVE EARLY CHILDHOOD CLASS	OTHER SETTING	TOTAL # RECEIVING SERVICES	% RECEIVING SERVICES
Barrington	567	40%	66%	88%	66%	33	59%	23	56	10%
Bristol Warren	846	15%	44%	51%	36%	28	41%	40	68	8%
Burrillville	446	19%	45%	64%	42%	27	54%	23	50	11%
Central Falls	1,094	34%	58%	81%	58%	54	44%	69	123	11%
Chariho	703	25%	52%	67%	48%	32	48%	34	66	9%
Coventry	1,032	24%	53%	67%	49%	60	70%	26	86	8%
Cranston	2,759	15%	41%	60%	39%	76	39%	121	197	7%
Cumberland	1,232	7%	41%	59%	36%	51	60%	34	85	7%
East Greenwich	471	13%	57%	58%	43%	25	66%	13	38	8%
East Providence	1,589	13%	38%	65%	38%	37	29%	91	128	8%
Exeter-West Greenwich	345	30%	59%	74%	56%	16	53%	14	30	9%
Foster	117	26%	58%	67%	49%	*	29%	*	*	6%
Glocester	276	26%	58%	67%	49%	12	36%	21	33	12%
Jamestown	139	42%	63%	62%	58%	11	69%	*	16	12%
Johnston	894	26%	64%	76%	55%	34	40%	50	84	9%
Lincoln	701	23%	57%	69%	48%	68	82%	15	83	12%
Little Compton	62	8%	50%	74%	50%	*	100%	0	*	5%
Middletown	873	11%	30%	37%	27%	36	77%	11	47	5%
Narragansett	249	38%	70%	79%	62%	28	80%	*	35	14%
New Shoreham	32	8%	23%	13%	15%	*	75%	*	*	13%
Newport	1,001	17%	29%	46%	31%	44	71%	18	62	6%
North Kingstown	805	37%	65%	80%	59%	57	83%	12	69	9%
North Providence	1,014	18%	47%	67%	44%	35	49%	37	72	7%
North Smithfield	349	18%	60%	70%	50%	22	52%	20	42	12%
Pawtucket	3,196	9%	34%	55%	33%	103	44%	132	235	7%
Portsmouth	538	30%	46%	79%	54%	24	51%	23	47	9%
Providence	8,500	17%	39%	42%	33%	263	53%	236	499	6%
Scituate	267	26%	58%	67%	49%	12	60%	*	20	7%
Smithfield	480	27%	74%	83%	63%	16	47%	18	34	7%
South Kingstown	679	25%	70%	70%	56%	23	34%	44	67	10%
Tiverton	468	9%	27%	70%	38%	23	59%	16	39	8%
Warwick	2,678	10%	32%	54%	32%	111	61%	70	181	7%
West Warwick	1,105	19%	45%	66%	42%	52	39%	81	133	12%
Westerly	649	32%	73%	77%	60%	55	82%	12	67	10%
Woonsocket	2,128	8%	34%	63%	33%	41	19%	175	216	10%
Charter Schools	*NA*	*NA*	*NA*	*NA*	*NA*	*13*	*87%*	*	*15*	*NA*
RI School for the Deaf	*NA*	*NA*	*NA*	*NA*	*NA*	*0*	*0%*	*	*	*NA*
Four Core Cities	*14,918*	*15%*	*38%*	*50%*	*35%*	*461*	*43%*	*612*	*1,073*	*7%*
Remainder of State	*23,366*	*19%*	*47%*	*64%*	*43%*	*1,056*	*54%*	*893*	*1,949*	*8%*
Rhode Island	*38,284*	*18%*	*44%*	*59%*	*40%*	*1,530*	*50%*	*1,515*	*3,045*	*8%*

Sources of Data for Table/Methodology

Rhode Island Department of Education (RIDE), June 2017 Special Education Census.

2016-2017 Child Outreach screening data is from the RIDE Office of Student, Community, and Academic Supports. Foster, Glocester, and Scituate school districts collaborate to conduct Child Outreach screenings. Separate rates are not available for each of these districts so the same combined rate is used for all three districts.

*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 2016-2017 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 general 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.

NA=Not applicable

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

References

[1,3,8,11] Hebbeler, K. & Spiker, D. (2016). Supporting young children with disabilities. *The Future of Children, 26*(2), 185-205.

[2] Centers for Disease Control and Prevention. (n.d.). *Developmental screening fact sheet.* Retrieved January 18, 2016, from www.cdc.gov

[4] Meisels, S. J. & Atkins-Burnett, S. (2005). *Developmental screening in early childhood: A guide. (5th edition).* Washington, DC: National Association for the Education of Young Children.

(continued on page 186)

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 educational attainment 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, 2017, there were 142,949 students enrolled in Rhode Island public schools in preschool through grade 12, a decrease of 2% from 145,342 on October 1, 2008.

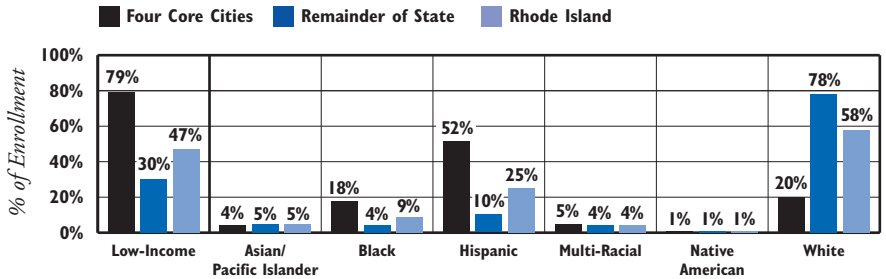
Of these 142,949 Rhode Island public school students, 29% (41,313) were attending schools in the four core cities (communities with the highest child poverty rates), 64% (91,842) were attending schools in the remaining districts, and the remaining 9,794 attended charter schools, state-operated schools, or the Urban Collaborative Accelerated Project (UCAP). During the 2016-2017 school year, there were 16,892 Rhode Island students attending private and parochial schools (including out-of-state schools) and 1,639 students were home-schooled.[2]

In October 2017, there were 63,442 students in grades K-5; 32,818 in grades 6-8; and 44,212 in grades 9-12. There were 2,477 children enrolled in public school preschool classrooms in Rhode Island. During the 2017-2018 school year, 1,080 children received services from state Pre-K programs in 17 public school classrooms and 43 community-based center classrooms.[3,4]

In October 2017, 58% of Rhode Island public school students were non-Hispanic White, 25% were Hispanic, 9% were Black, 3% were Asian/Pacific Islander, 4% were Multi-Racial, and 1% were Native American. In October 2017, 47% of public school students in Rhode Island were low-income (students who were eligible for the free or reduced-price lunch program).[5]

Rhode Island schools are also diverse in terms of students with disabilities and students who are English Learners. During the 2016-2017 school year, 15% of Rhode Island public school students were receiving special education services and 8% were English Learners.[6]

Rhode Island Public School Enrollment by Low-Income Status, Race and Ethnicity, October 1, 2017



Source: Rhode Island Department of Education, October 1, 2017.

◆ **In October 2017, 20% of students enrolled in the four core cities were White, compared with 78% in the remainder of the state, and 79% of students enrolled in the four core cities were low-income compared with 30% in the remainder of the state.[7]**

The Condition of Public School Buildings

◆ **The condition of school facilities impacts the learning and behavior of students and teachers and is also an important indicator of equity. Rhode Island has the second-lowest K-12 capital construction investment in the country.[8] A year-long assessment commissioned by RIDE found that only 12.4% of school buildings were judged to be in good to average condition and forecasted $627.6 million in high-priority construction and repairs needed to address building safety and code compliance issues. The statewide cost to bring all school buildings into ideal condition is estimated at $2.2 billion.[9]**

◆ **The average age of school buildings in the United States is 42 years old. In Rhode Island, the average age of school buildings is 56 years old.[10,11] After 30 years, a school facility's systems are past their useful life. The cost for renewing schools in Rhode Island over the next five years is estimated to be $793.5 million.[12]**

◆ **In Rhode Island, elementary schools have the majority of building deficiencies. The estimated cost to address all deficiencies is nearly $880 million for elementary schools and nearly $760 million for high schools.[13]**

Table 41. **Rhode Island Public School Enrollment by Grade and Demographic Groups, October 1, 2017**

	ENROLLMENT BY GRADE LEVEL*				ENROLLMENT BY DEMOGRAPHIC GROUPS							
SCHOOL DISTRICT	PRE-SCHOOL	ELEMENTARY	MIDDLE	HIGH	% LOW-INCOME	% ASIAN PACIFIC ISLANDER	% BLACK	% HISPANIC**	% NATIVE AMERICAN	% MULTI-RACIAL	% WHITE	TOTAL ENROLLMENT
Barrington	27	1,388	789	1,158	5%	6%	1%	3%	0%	4%	85%	3,362
Bristol Warren	45	1,463	758	960	31%	2%	2%	5%	<1%	4%	86%	3,226
Burrillville	43	908	538	784	29%	1%	1%	4%	0%	2%	92%	2,273
Central Falls	71	1,285	514	648	76%	1%	16%	60%	4%	3%	15%	2,518
Chariho	83	1,278	721	1,129	17%	1%	1%	3%	2%	3%	92%	3,211
Coventry	125	2,001	1,122	1,498	30%	2%	2%	4%	<1%	1%	91%	4,746
Cranston	58	4,498	2,482	3,326	43%	9%	5%	27%	1%	5%	54%	10,364
Cumberland	80	2,042	1,105	1,420	22%	4%	3%	11%	<1%	2%	80%	4,647
East Greenwich	56	1,047	634	761	5%	6%	1%	6%	<1%	4%	83%	2,498
East Providence	63	2,435	1,210	1,559	51%	2%	12%	8%	1%	8%	69%	5,267
Exeter-West Greenwich	63	693	391	533	14%	2%	2%	5%	0%	1%	91%	1,680
Foster	31	264	0	0	20%	<1%	0%	4%	<1%	22%	94%	295
Foster-Glocester	0	0	510	747	17%	1%	1%	2%	<1%	2%	94%	1,257
Glocester	11	529	0	0	14%	1%	1%	1%	0%	1%	95%	540
Jamestown	24	306	161	3	10%	3%	1%	<1%	<1%	1%	94%	494
Johnston	86	1,454	782	943	45%	3%	5%	20%	<1%	1%	71%	3,265
Lincoln	87	1,343	778	875	23%	3%	4%	7%	<1%	2%	85%	3,083
Little Compton	11	148	89	0	9%	<1%	<1%	1%	0%	3%	95%	248
Middletown	19	1,015	533	614	31%	4%	6%	13%	<1%	8%	69%	2,181
Narragansett	52	492	342	437	18%	2%	1%	2%	1%	4%	89%	1,323
New Shoreham	0	49	24	47	18%	2%	0%	20%	0%	2%	77%	120
Newport	48	1,066	442	681	64%	2%	14%	26%	2%	13%	43%	2,237
North Kingstown	112	1,490	922	1,431	22%	2%	1%	6%	<1%	3%	87%	3,955
North Providence	84	1,575	899	1,073	52%	3%	12%	20%	<1%	4%	60%	3,631
North Smithfield	42	767	411	514	17%	2%	2%	9%	<1%	4%	84%	1,734
Pawtucket	147	4,421	2,228	1,942	61%	1%	28%	27%	1%	6%	36%	8,738
Portsmouth	25	958	559	900	17%	2%	2%	5%	<1%	2%	89%	2,442
Providence	367	10,899	5,439	7,370	87%	5%	17%	65%	1%	4%	9%	24,075
Scituate	9	521	326	413	16%	1%	<1%	2%	0%	1%	96%	1,269
Smithfield	44	1,055	588	708	14%	2%	1%	7%	<1%	3%	87%	2,395
South Kingstown	78	1,273	772	946	17%	2%	2%	4%	3%	5%	83%	3,069
Tiverton	32	832	436	535	23%	2%	2%	1%	0%	3%	91%	1,835
Warwick	198	3,910	2,104	2,741	31%	4%	3%	11%	<1%	4%	79%	8,953
West Warwick	69	1,734	746	1,039	46%	3%	5%	14%	1%	3%	75%	3,588
Westerly	90	1,190	664	846	37%	3%	1%	8%	1%	7%	79%	2,790
Woonsocket	69	2,977	1,306	1,630	72%	5%	10%	33%	<1%	6%	45%	5,982
Charter Schools	*24*	*4,108*	*1,355*	*2,286*	*68%*	*2%*	*15%*	*55%*	*<1%*	*4%*	*24%*	*7,909*
State-Operated Schools	*4*	*28*	*15*	*1,702*	*56%*	*1%*	*15%*	*44%*	*2%*	*5%*	*35%*	*1,749*
UCAP	*0*	*0*	*123*	*13*	*85%*	*0%*	*16%*	*65%*	*4%*	*2%*	*10%*	*136*
Four Core Cities	*654*	*19,582*	*9,487*	*11,590*	*79%*	*4%*	*18%*	*52%*	*1%*	*5%*	*20%*	*41,313*
Remainder of State	*1,795*	*39,724*	*21,838*	*28,621*	*30%*	*5%*	*4%*	*10%*	*1%*	*4%*	*78%*	*91,842*
Rhode Island	*2,477*	*63,442*	*32,818*	*44,212*	*47%*	*5%*	*9%*	*25%*	*1%*	*4%*	*58%*	*142,949*

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in preschool through grade 12 as of October 1, 2017.

*Preschool includes students enrolled in half-day or full-day preschool through the public school district (primarily preschool special education classrooms). The Rhode Island State Pre-K program served 1,080 children in 17 public school classrooms and 43 community-based center classrooms in 2017-2018. Elementary includes students in kindergarten through 5th grade, middle includes 6th through 8th grades, and high includes 9th through 12th grades.

**Hispanic students can be of any race.

Children are counted as low-income if they are eligible for a Free or Reduced-Price Lunch Program.

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, The Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, RISE Prep Mayoral Academy, Rhode Island Nurses Institute Middle College, Segue Institute for Learning, Sheila C. "Skip" Nowell Leadership Academy, South Side Elementary Charter School, Trinity Academy for the Performing Arts, and The Village Green Virtual Public Charter School.

Students from Little Compton attend high school in Portsmouth. Jamestown students can choose to attend high school in Narragansett or North Kingstown.

UCAP is the Urban Collaborative Accelerated Program.

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

Students enrolled in state-operated schools, charter schools, and UCAP are not counted in totals for the four core cities or for the remainder of the state, but they are included in the Rhode Island state totals.

References

[1] Barton, P. E. & Coley, R. J. (2009). *Parsing the achievement gap II.* Princeton, NJ: Educational Testing Service.

(continued on page 186)

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]

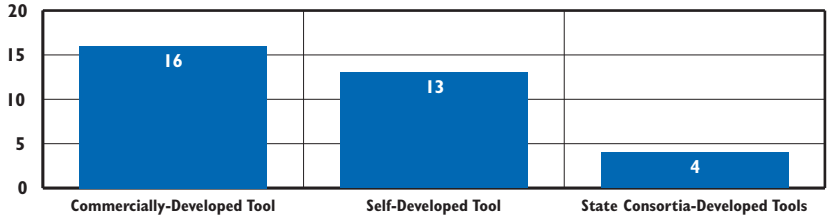
The transition to kindergarten is an important point in a child's educational experience, marking either the start of their formal education or the transition between preschool, which is not universally available or guaranteed as part of most states' public education systems, to the early elementary 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 2016, approximately 66% of four-year-olds and 42% 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 PK-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 Using Kindergarten Entry Assessments by Type of Tool, January 2017



Source: Weisenfeld, G. G. (2017). *Assessment tools used in Kindergarten Entry Assessments (KEAs): State scan.* New Brunswick, NJ: Center on Enhancing Early Learning Outcomes.

◆ **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 January 2017, 33 states were using an assessment tool 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, 2017, 100% of the 10,006 children enrolled in public kindergarten in Rhode Island were in full-day kindergarten classrooms. There were 9,219 kindergarteners in traditional public schools, 781 in public charter schools, and six in a state-operated school (The Rhode Island School for the Deaf).[13]**

Children Enrolled in Kindergarten

Young English Learners

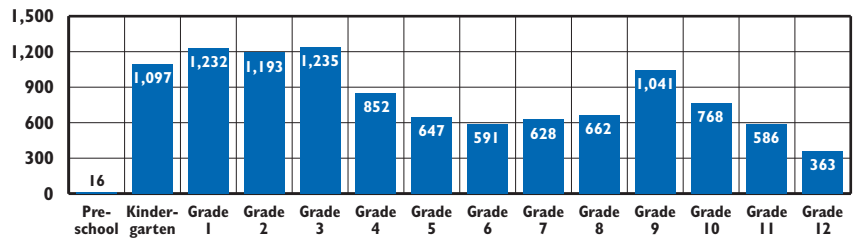
◆ Language learning is most effective and efficient during the early childhood years, between birth and age eight. Infants and young children learn new languages faster and with more competence than older children and adults.[14]

◆ Being bilingual 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 also may help delay or prevent the onset of cognitive problems associated with aging.[15]

◆ Both bilingual education and English immersion programs can effectively promote English language acquisition and proficiency. Bilingual education has the added advantage of supporting the development of a child's native language, encouraging fluency in both languages.[16]

◆ In Rhode Island, students in kindergarten through third grades are more likely to be identified as an English learners than older students. In 2016-2017, 11% of all children in grades K-3 in Rhode Island (4,757) were English learners compared to 6% of students in grades 4-6, 7% in grades 7-9, and 6% in grades 10-12. Only 16 of the 1,614 children (1%) enrolled in public school preschool classrooms were identified as an English learner. Of the 1,097 kindergarteners who were English learners, 44% were enrolled in the Providence Public Schools, 19% were in one of the other three core city public school districts, and 15% were in public charter schools.[17]

English Learners by Grade Level, Rhode Island, 2016-2017 School Year



Source: Rhode Island Department of Education, 2016-2017.

References

[1] Rhode Island General Law 16-99-3. Enacted by the General Assembly as Article of H-5900Aaa in 2015.

(continued on page 187)

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.[18]

◆ 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.[19]

School Suspensions in Kindergarten, Rhode Island, 2016-2017

DISTRICT	NUMBER OF KINDERGARTNERS SUSPENDED	NUMBER OF SUSPENSIONS FOR KINDERGARTNERS	NUMBER OF DAYS KINDERGARTNERS WERE SUSPENDED
Central Falls	0	0	0
Pawtucket	0	0	0
Providence	27	54	101
Woonsocket	7	11	15
Charter Schools	*12*	*20*	*29*
Remainder of State	*41*	*84*	*108*
Rhode Island	*87*	*169*	*253*

◆ In 2016-2017 in Rhode Island, there were 87 kindergartners who were suspended at least one day, 41% of whom had a developmental delay or disability. Kindergartners experienced 169 disciplinary actions, with 148 out-of-school suspensions and 21 in-school suspensions. These students were suspended for a total of 253 days.[20]

◆ Of the 35 traditional public school districts that had kindergartners enrolled in 2016-2017, 21 had no suspensions for kindergartners and 14 had at least one kindergarten suspension: Bristol Warren, Chariho, Coventry, Cranston, East Greenwich, East Providence, Narragansett, Newport, Providence, South Kingstown, Warwick, Westerly, West Warwick, and Woonsocket.[21]

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 school-age child care, 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 promote academic and social skills, provide opportunities for children and youth to develop positive relationships with peers and adult mentors, increase children's safety, and reduce the likelihood that youth engage in inappropriate activities. Children who participate in organized after-school programs and extra-curricular activities benefit socially, emotionally and academically. Children who are from low-income families and those in need of social and academic supports are most likely to benefit.[2,3]

In most communities there are not enough high-quality, affordable after-school and summer programs to serve all the children who could benefit from them. Resources are needed both to improve the quality of current programs and to expand access.[4] In Rhode Island, the Providence After School Alliance and the Rhode Island Afterschool Leadership Circle (a United Way of Rhode Island program) act as intermediaries to address access issues and support program quality improvement through the use of the Rhode Island Program Quality Assessment (RIPQA) tool.[5]

Between 2012 and 2016, 77% of Rhode Island children ages six to 17 had all parents in the workforce, higher than the U.S. rate of 71%.[6] Nationally, 56% of children ages five to 14 with employed mothers stay with a relative during the hours when they are not in school, while 19% regularly participate in enrichment activities, 14% are in a child care center or in home-based child care, and 14% regularly stay at home by themselves.[7]

Students Served by 21st Century Community Learning Centers by Grade Span, Rhode Island, 2016-2017 School Year

SCHOOL DISTRICT	GRADES PK-3	GRADES 4-5	GRADES 6-8	GRADES 9-12	TOTAL
Central Falls	260	275	331	237	1,103
Cranston	98	48	145	0	291
East Providence	120	56	0	0	176
Newport	556	264	302	247	1,369
North Kingstown	127	64	487	13	691
Pawtucket	538	320	399	134	1,391
Providence	400	219	1,095	1,180	2,894
West Warwick	0	33	75	1	109
Woonsocket	239	199	304	758	1,500
Charter Schools	*267*	*153*	*267*	*0*	*687*
The MET	*0*	*0*	*0*	*218*	*218*
UCAP	*0*	*0*	*212*	*18*	*230*
Rhode Island	*2,605*	*1,631*	*3,617*	*2,806*	*10,659*

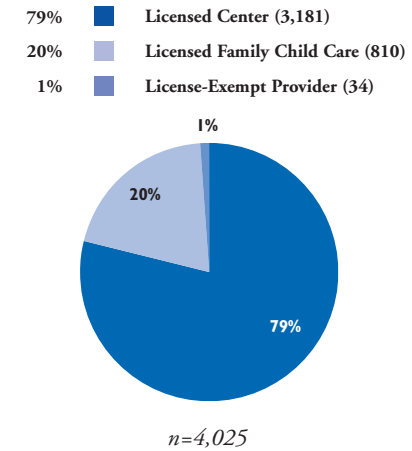
Source: RI Department of Education, Office of Student, Community and Academic Supports, 2016-2017 school year. Data are not unduplicated as students can be served by more than one grantee. Charter schools are: Highlander Charter School, Paul Cuffee Charter School, and The Learning Community. The MET is the Metropolitan Regional Career and Technical Center and UCAP is the Urban Collaborative Accelerated Program.

Summer Learning Loss

◆ **Low-income elementary school students lose up to two months of reading skills over the summer while their higher-income peers make slight gains. Over time, this summer learning loss widens the reading achievement gap that was already present between low-income and higher-income students at kindergarten entry so that low-income students are almost three grade levels behind in reading skills by the end of fifth grade.[8,9]**

◆ **During the summer of 2016, 3,339 Rhode Island children entering grades Pre-K through 12 participated in 21st Century Community Learning Center programs; 29% entering grades PK-3, 19% entering grades 4-5, 31% entering grades 6-8, and 20% entering grades 9-12.[10] In addition, over 1,100 Rhode Island children in kindergarten through grade 12 participated in 14 Hasbro Summer Learning programs.[11] Students who participated in these two summer learning programs had improved reading and math skills and fewer unexcused absences and disciplinary incidents.[12,13]**

School-Age Child Care Subsidies by Type of Setting, Rhode Island, 2017



n=4,025

Source: Rhode Island Department of Human Services, December 2017.

◆ **In January 2018 in Rhode Island, there were 11,885 school-age child care slots in 201 licensed early childhood or school-age centers. Seventy-one percent of the slots were in an independently licensed program serving only school-age children and 29% were in a licensed early childhood center.[14]**

◆ **In January 2018 in Rhode Island, there were 79 independent school-age child care programs participating in BrightStars, Rhode Island's Quality Rating and Improvement System (77% of licensed independent school-age child care programs). Ten programs had a high-quality rating of four or five stars.[15]**

Table 42. **Licensed School-Age Child Care for Children Ages Six to 12 Rhode Island, January 2018**

CITY/TOWN	NUMBER OF CHILDREN AGES 6 TO 12	NUMBER OF LICENSED PROGRAMS: OPERATED AS PART OF AN EARLY CHILDHOOD CENTER	NUMBER OF LICENSED PROGRAMS: OPERATED INDEPENDENTLY	TOTAL NUMBER OF SLOTS
Barrington	2,038	3	1	197
Bristol	1,421	0	3	150
Burrillville	1,456	0	2	175
Central Falls	2,045	2	0	191
Charlestown	616	0	1	60
Coventry	3,142	4	2	222
Cranston	6,331	13	8	905
Cumberland	2,976	0	10	790
East Greenwich	1,482	3	1	141
East Providence	3,395	5	6	728
Exeter	480	0	1	100
Foster	369	1	0	26
Glocester	809	1	0	38
Hopkinton	741	0	3	88
Jamestown	429	0	0	0
Johnston	2,119	8	1	265
Lincoln	1,900	1	6	565
Little Compton	299	0	1	26
Middletown	1,442	0	3	132
Narragansett	856	0	2	97
New Shoreham	73	0	0	0
Newport	1,399	2	2	285
North Kingstown	2,581	4	2	209
North Providence	2,073	2	2	221
North Smithfield	1,002	1	2	188
Pawtucket	6,015	6	4	744
Portsmouth	1,622	2	2	191
Providence	15,342	16	16	2,800
Richmond	777	0	0	0
Scituate	935	1	0	26
Smithfield	1,445	4	2	214
South Kingstown	2,199	1	1	119
Tiverton	1,201	1	1	111
Warren	770	1	1	99
Warwick	6,195	8	6	751
West Greenwich	624	1	0	15
West Warwick	2,155	2	3	293
Westerly	1,850	3	0	151
Woonsocket	3,653	2	8	572
Four Core Cities	*27,055*	*26*	*28*	*4,307*
Remainder of State	*59,202*	*72*	*75*	*7,578*
Rhode Island	*86,257*	*98*	*103*	*11,885*

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 Children, Youth and Families, number of licensed child care center slots and programs for children over age five, from RI Early Care and Education Data System (ECEDS), January 2018. These numbers do not include licensed family child care home slots or community programs for youth ages six and older that do not require licensing by the state. Licensed school-age child care programs also provide services to five year-old children who are enrolled in kindergarten.

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] *Taking a deeper dive into afterschool: Positive outcomes and promising practices.* (2014). Washington, DC: Afterschool Alliance.

[3,4] 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.

[5] Devaney, E., Smith, C., & Wong, K. (2012). Understanding the "how" of quality improvement: Lessons from the Rhode Island Program Quality Intervention. *Afterschool Matters, 16,* 1-10.

[6] U.S. Census Bureau, American Community Survey, 2012-2016. Table DP03.

[7] Laughlin, L. (2013). *Who's minding the kids? Child care arrangements: Spring 2011. (Current Population Reports, P70-135.)* Washington, DC: U.S. Census Bureau.

[8] *Early warning! Why reading by the end of third grade matters: A KIDS COUNT special report.* (2010). Baltimore, MD: The Annie E. Casey Foundation.

[9] Alexander, K. L., Entwisle, D. R., & Olson, L. S. (2007). Lasting consequences of the summer learning gap. *American Sociological Review, 72,* 167-180.

(continued on page 187)

English Learners

DEFINITION

English learners is the percentage of all public school children (preschool through grade 12) who are receiving English Learner services in Rhode Island public schools.

SIGNIFICANCE

The population of English Learner (EL) students in the U.S. has been growing over the last two decades. English Learners have to acquire English language proficiency while also learning academic content at the appropriate level.[1] Nationally, and in Rhode Island, there are large achievement gaps between EL and non-EL students, with EL students having lower levels of math and reading achievement than non-EL students.[2,3]

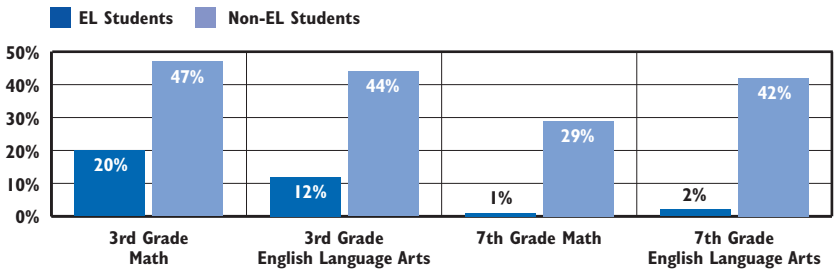
Children in immigrant families and the children of parents with limited English proficiency are much more likely to live in low-income households.[4,5] Nationally, EL students are more likely to attend high-poverty schools that have low test scores, have larger proportions of EL students, and are more racially and geographically isolated.[6,7] They may also experience discrimination, stigma, and stress related to different cultural expectations and English language proficiency status.[8,9] Students in families with limited English proficiency also have a harder time accessing health care, mental health care, and other social services.[10]

In the 2016-2017 school year in Rhode Island, EL students were 8% (10,911) of total students, and 44% of all EL students in Rhode Island were in grades preschool to grade three. Of all EL students, 84% were enrolled in free or reduced-price lunch programs, and 73% lived in the four core cities.[11,12] In the 2016-2017 school year, EL students in Rhode Island public schools spoke 94 different languages. The majority (78%) spoke Spanish, 6% spoke a creole language, 2% spoke Portuguese, 2% spoke Arabic, 2% spoke Chinese, and 10% spoke other or multiple languages.[13]

Bilingual education in the early grades can significantly improve English reading proficiency; and bilingualism can support long-term academic and economic outcomes.[14,15] During the 2016-2017 school year, bilingual and two-way/dual language programs were offered in the Central Falls, Pawtucket, Providence, and South Kingstown school districts and at the International Charter School.[16] Younger EL students benefit from high-quality early learning opportunities and kindergarten readiness assessments that evaluate their development in addition to their English proficiency.[17]

Successful EL programs have highly qualified and culturally competent teachers.[18] Schools that foster relationships with students, parents, and the community and offer personalized and dynamic instruction guided by ongoing assessments by effective teachers can help EL students succeed.[19,20]

Current English Learners Meeting Expectations in Math and English Language Arts, Rhode Island, 2017



Source: Rhode Island Department of Education, *Partnership for Assessment of Readiness for College and Careers (PARCC),* October 2017.

◆ **In 2017, 12% of third-grade EL students met or exceeded expectations on the *Partnership for Assessment of Readiness for College and Careers (PARCC)* English language arts assessment, compared to 44% of non-EL students.[21]**

◆ **In 2017, 1% of seventh-grade EL students met or exceeded expectations in the *Partnership for Assessment of Readiness for College and Careers (PARCC)* math assessment, compared to 29% of non-EL students.[22]**

Funding to Support English Learners

◆ **In 2017, the Rhode Island General Assembly made permanent a categorical program to provide additional support for the costs associated with educating English Learners. This fund provides additional aid equal to 10% of the per pupil core instructional amount for each qualified English Learner and is designed to support high-quality, research-based services.[23]**

Rhode Island Biliteracy Seal

◆ **Starting with the graduating class of 2021, high school students in Rhode Island will have the opportunity to earn a Seal of Biliteracy designation on their high school diplomas to indicate proficiency in a language other than English. The purpose is to encourage proficiency in more than one language.[24]**

Table 43.

English Learner Students, Rhode Island, 2016-2017

SCHOOL DISTRICT	TOTAL # OF STUDENTS	NUMBER OF ENGLISH LEARNER STUDENTS: ELEMENTARY (GRADES PRE-K-5)	MIDDLE (GRADES 6-8)	HIGH (GRADES 9-12)	TOTAL # OF EL STUDENTS	% OF TOTAL DISTRICT
Barrington	3,337	30	*	*	41	1%
Bristol Warren	3,172	61	15	*	82	3%
Burrillville	2,310	*	0	*	*	<1%
Central Falls	2,641	385	132	262	779	29%
Chariho	3,229	*	*	*	11	<1%
Coventry	4,652	12	*	*	19	<1%
Cranston	10,340	373	104	106	583	6%
Cumberland	4,558	97	15	17	129	3%
East Greenwich	2,484	14	*	*	18	1%
East Providence	5,208	115	30	39	184	4%
Exeter-West Greenwich	1,628	*	*	*	11	1%
Foster	265	0	NA	NA	0	0%
Foster-Glocester	1,160	NA	*	0	*	<1%
Glocester	551	0	NA	NA	0	0%
Jamestown	474	0	0	NA	0	0%
Johnston	3,165	97	22	23	142	4%
Lincoln	2,979	18	*	*	26	1%
Little Compton	245	0	0	NA	0	0%
Middletown	2,185	51	19	21	91	4%
Narragansett	1,302	*	*	0	*	<1%
New Shoreham	115	*	*	*	17	15%
Newport	2,143	103	36	44	183	9%
North Kingstown	3,972	37	15	*	60	2%
North Providence	3,471	60	13	10	83	2%
North Smithfield	1,690	*	0	*	10	1%
Pawtucket	8,953	625	196	239	1,060	12%
Portsmouth	2,454	10	*	*	13	1%
Providence	24,092	2,994	993	1,632	5,619	23%
Scituate	1,277	0	0	0	0	0%
Smithfield	2,384	16	*	0	17	1%
South Kingstown	3,120	26	*	*	39	1%
Tiverton	1,825	*	0	*	*	<1%
Warwick	9,045	69	21	23	113	1%
West Warwick	3,415	50	*	11	67	2%
Westerly	2,810	31	*	*	46	2%
Woonsocket	5,862	273	106	103	482	8%
Charter Schools	*6,987*	*687*	*95*	*105*	*887*	*13%*
State-Operated Schools	*1,738*	*	*	*56*	*65*	*4%*
UCAP	*139*	*NA*	*14*	*	*16*	*12%*
Four Core Cities	*41,549*	*4,277*	*1,427*	*2,236*	*7,940*	*19%*
Remainder of State	*90,965*	*1,303*	*341*	*359*	*2,003*	*2%*
Rhode Island	*141,377*	*6,272*	*1,881*	*2,758*	*10,911*	*8%*

Sources of Data for Table/Methodology

Rhode Island Department Education, 2016-2017 school year. Total number of English Learner students is the number of students in each district who were actively enrolled in English Learner programs in the 2016-2017 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.

Due to a change in methodology, the percentage of English Learner students by district cannot be compared with percentages before the 2004 Factbook. The "% of Total District" is based on the total number of English Learners divided by the "Total # of Students," which is the average daily membership in the districts of instruction.

Charter schools with EL students are Achievement First Rhode Island, Blackstone Academy, Blackstone Valley Prep, Paul Cuffee Charter School, Highlander Charter School, Hope Academy, International Charter School, The Learning Community, Rhode Island Nurses Institute Middle College, Segue Institute for Learning, Sheila C. "Skip" Nowell Leadership Academy, South Side Elementary Charter School, and Trinity Academy for the Performing Arts. State-operated schools with EL students are William M. Davies Career & Technical High School, DCYF Schools, Metropolitan Regional Career & 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 187)

K-12 Students Receiving Special Education Services

DEFINITION

K-12 students receiving special education services is the percentage of students ages six to 21 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 achievement and prevent grade retention.[1] Approximately 15% of U.S. children ages three to 17 have a developmental delay or disability. Boys and children in low-income families are more likely to have a delay or disability than girls or children in higher-income families.[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 post-secondary education programs, and becoming employed as adults.[3] In recent years, more children are receiving special education services earlier (in grades K-3).[4]

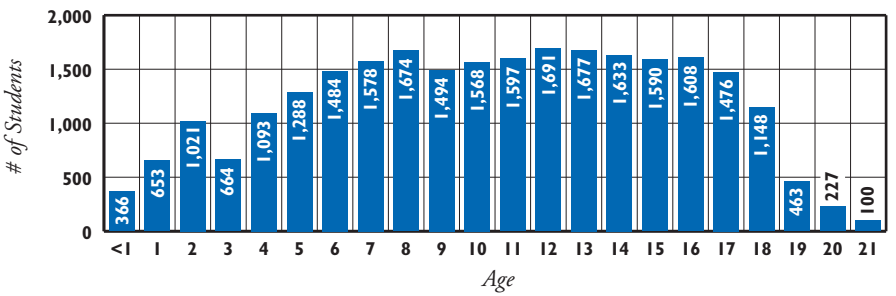
Although progress has been made in improving high school graduation rates and post-secondary school enrollment, students with disabilities are still less likely to graduate from high school and more likely to be suspended than students without disabilities.[5,6]

The federal *Every Student Succeeds Act (ESSA)* requires states to continue annually reporting the performance of students with disabilities on standardized assessments to inform accountability and action plans.[7]

In 2017 in Rhode Island, 16% of students receiving special education services met expectations on the third grade English language arts section and 20% on the third grade math section of the *Partnership for Assessment of Readiness for College and Careers (PARCC)* assessment, compared with 45% and 49% of students without special education needs, respectively.[8]

In Rhode Island, the four-year graduation rate for the class of 2017 was 63% for students receiving special education services, compared to 88% for students not receiving these services. Some students enrolled in special education may take additional time to graduate.[9]

Students Ages Birth to 21 Receiving Early Intervention and Special Education Services, Rhode Island, June 2017



Source: Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, Early Intervention enrollment, June 30, 2017. Rhode Island Department of Education, Office of Diverse Learners, Special Education Census, June 30, 2017. Includes parentally-placed students.

◆ **As of June 2017, there were 21,008 students ages six to 21 (15% of all kindergarten through grade 12 students) receiving special education services through Rhode Island public schools. Thirty-seven percent of these students had a learning disability, 18% had a health impairment, 13% had a speech/language disorder, 11% had an autism spectrum disorder, 8% had an emotional disturbance, 6% had a developmental delay, 4% had an intellectual disability, and 3% had other disabilities.[10]**

◆ **As of June 2017, 71% of students ages six to 21 receiving special education services in Rhode Island were in their regular classroom for 80% of the day or more, 22% were in their regular classroom for less than 80% of the day, 5% were in a separate school, and 1% were in a residential facility, a correctional facility, were home-bound, or were hospitalized.[11] Since 1990-1991, the percentage of students ages six to 21 receiving special education services in the U.S. who spent most of the day (80% or more of time) in general education classrooms has nearly doubled.[12]**

◆ **Of Rhode Island students receiving special education services in 2016-2017, 68% were boys and 32% were girls; 48% were low-income (receiving free or reduced-price lunch); 56% were White, 27% were Hispanic, 9% were Black, 4% were Two or more races, 2% were Asian/Pacific Islander, and 1% were Native American; and 8% were English learners.[13]**

K-12 Students Receiving Special Education Services

Table 44.

Students Ages 6 through 21 Receiving Special Education Services by Primary Disability, Rhode Island, 2017

SCHOOL DISTRICT	TOTAL # OF STUDENTS	AUTISM SPECTRUM DISORDER	DEVELOP-MENTAL DELAY	EMOTIONAL DISTURBANCE	HEALTH IMPAIRMENT	LEARNING DISABILITY	INTELLECTUAL DISABILITY	SPEECH/ LANGUAGE IMPAIRMENT	OTHER	TOTAL STUDENTS WITH DISABILITIES	% STUDENTS RECEIVING SPECIAL EDUCATION
Barrington	3,337	62	13	38	62	109	13	71	17	385	12%
Bristol Warren	3,172	57	13	13	45	136	17	89	*	379	12%
Burrillville	2,310	46	15	25	40	122	13	38	10	309	13%
Central Falls	2,641	31	49	30	86	256	24	51	20	547	21%
Chariho	3,229	62	27	10	72	126	15	39	14	365	11%
Coventry	4,652	63	36	58	114	242	29	50	24	616	13%
Cranston	10,340	195	65	110	353	517	51	104	35	1,430	14%
Cumberland	4,558	87	43	55	81	202	32	133	29	662	15%
East Greenwich	2,484	57	34	15	58	71	13	33	13	294	12%
East Providence	5,208	86	50	79	157	292	38	73	28	803	15%
Exeter-West Greenwich	1,628	35	*	*	33	38	*	57	*	189	12%
Foster	265	*	0	*	*	*	0	24	*	42	16%
Foster-Glocester	1,160	18	0	*	25	36	10	*	*	100	9%
Glocester	551	0	*	0	*	*	*	29	*	50	9%
Jamestown	474	14	*	*	22	24	*	*	0	78	16%
Johnston	3,165	58	41	29	119	244	18	36	18	563	18%
Lincoln	2,979	49	33	34	81	159	*	58	16	438	15%
Little Compton	245	*	0	*	*	13	*	*	*	30	12%
Middletown	2,185	40	15	40	75	101	27	46	10	354	16%
Narragansett	1,302	18	15	17	43	89	*	25	*	221	17%
New Shoreham	115	*	*	*	*	0	0	*	0	21	18%
Newport	2,143	31	24	33	53	177	22	44	20	404	19%
North Kingstown	3,972	62	34	40	52	155	19	89	19	470	12%
North Providence	3,471	60	49	32	104	235	23	79	19	601	17%
North Smithfield	1,690	21	*	12	35	91	10	40	*	221	13%
Pawtucket	8,953	118	96	81	196	549	65	188	28	1,321	15%
Portsmouth	2,454	37	17	27	89	88	*	32	13	311	13%
Providence	24,092	231	268	323	507	1,418	171	614	108	3,640	15%
Scituate	1,277	17	*	*	23	60	0	33	*	148	12%
Smithfield	2,384	49	18	20	32	139	11	24	*	298	12%
South Kingstown	3,120	63	13	22	82	93	15	74	19	381	12%
Tiverton	1,825	44	11	19	43	99	11	23	*	259	14%
Warwick	9,045	210	102	120	281	470	51	97	47	1,378	15%
West Warwick	3,415	83	52	81	94	202	26	47	*	592	17%
Westerly	2,810	53	24	33	102	125	21	58	26	442	16%
Woonsocket	5,862	146	107	129	309	436	84	207	35	1,453	25%
Charter Schools	*6,987*	*60*	*45*	*54*	*147*	*411*	*15*	*152*	*	*892*	*13%*
State-Operated Schools	*1,738*	*16*	*0*	*23*	*43*	*97*	*	*0*	*65*	*247*	*14%*
UCAP	*139*	*0*	*0*	*	*	*19*	*0*	*0*	*0*	*21*	*15%*
Department of Corrections	*NA*	*0*	*0*	*32*	*	*14*	*0*	*0*	*0*	*53*	*NA*
Four Core Cities	*41,549*	*526*	*520*	*563*	*1,098*	*2,659*	*344*	*1,060*	*191*	*6,961*	*17%*
Remainder of State	*90,965*	*1,687*	*773*	*1,019*	*2,403*	*4,485*	*515*	*1,564*	*441*	*12,887*	*14%*
Rhode Island	*141,377*	*2,289*	*1,338*	*1,660*	*3,692*	*7,671*	*877*	*2,776*	*705*	*21,008*	*15%*

Source of Data for Table/Methodology

Rhode Island Department of Education (RIDE), Office for Diverse Learners, Special Education Census June 30, 2017. 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 2016-2017 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 blind/visually impaired, deaf, deaf/blind, hearing impaired, 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, The Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, International Charter School, The Hope Academy, Kingston Hill Academy, The Learning Community, Rhode Island Nurses Institute Middle College Charter School, RISE Prep Mayoral Academy, Segue Institute for Learning, Sheila "Skip" Nowell Leadership Academy, Southside Elementary Charter School, Trinity Academy for the Performing Arts, and Village Green Virtual Charter School.

State-operated schools are William M. Davies 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.

References are on page 187.

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, social and psychological difficulties, lower levels of school engagement, and increased risk of dropping out of high school. Changing schools can disrupt learning, can negatively impact a student's achievement, and can 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]

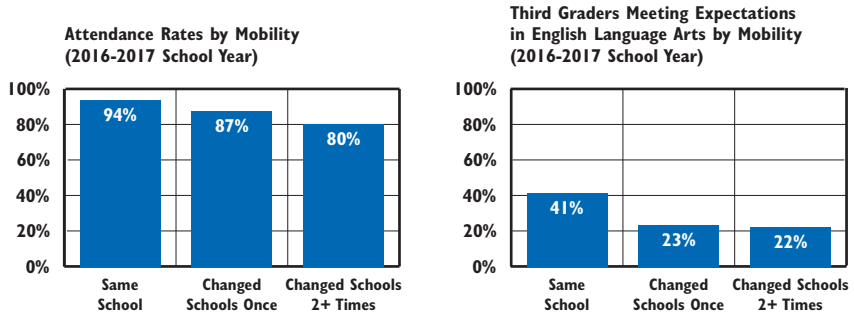
Regardless of income status and ethnicity, mobility can negatively affect student achievement. However, low-income children and children of color are more likely to be mobile and experience greater negative impacts on their academic achievement, than higher-income and White students. Students receiving special education services also are likely to be negatively impacted by changing schools.[5,6]

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.[7,8]

Families may move their children to a different school because they are dissatisfied with the school, concerned about their child's safety, or because they are moving due to changes in family circumstances.[9] Changes in family circumstances can be either positive or negative factors, 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 in low-income and Black families are more likely to change schools due to family reasons than mobile students in higher-income and White families.[10,11]

Between 2012 and 2016 in Rhode Island, 11% of children ages five to 17 changed residence at least once during the previous year, 80% of whom moved within Rhode Island and 20% 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 2012 and 2016, 24% of Rhode Islanders living below the poverty line moved, compared with 11% of higher-income residents.[13]

School Mobility and Education Outcomes in Rhode Island



Source: Rhode Island Department of Education, 2016-2017 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 94% attendance rate, compared with 87% for those who changed schools once and 80% for those who changed schools two or more times during the 2016-2017 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 2016-2017 school year in Rhode Island, 41% of third-grade children who did not experience mobility met expectations in reading/writing on the *Partnership for Assessment of Readiness for College and Careers (PARCC)* state assessment, compared with 23% of students who moved once and 22% of students who moved two or more times.[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 in the U.S. 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 total enrollment for that school district. The stability rate for the four core cities was 80% in the 2016-2017 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 14% in the 2016-2017 school year. The four core cities had a higher mobility rate (22%) than districts in the remainder of the state (10%).[21]

◆ During the 2016-2017 school year, Rhode Island high schools had higher mobility rates (17%) than elementary schools (13%) and middle schools (11%).[22]

Table 45. **Student Mobility and Stability Rates by District, Rhode Island, 2016-2017 School Year**

SCHOOL DISTRICT	CUMULATIVE ENROLLMENT FOR 2016-2017	# ENROLLED THE WHOLE YEAR	# ENROLLED AFTER SEPT. 30	# EXITED BEFORE JUNE 1	STABILITY RATE	MOBILITY RATE
Barrington	3,397	3,284	29	52	97%	2%
Bristol Warren	3,408	2,995	191	246	88%	13%
Burrillville	2,386	2,211	78	110	93%	8%
Central Falls	2,953	2,225	396	388	75%	27%
Chariho	3,338	3,075	120	161	92%	8%
Coventry	4,794	4,415	183	211	92%	8%
Cranston	11,081	9,743	605	804	88%	13%
Cumberland	4,782	4,316	240	248	90%	10%
East Greenwich	2,543	2,408	66	75	95%	6%
East Providence	5,479	4,917	246	340	90%	11%
Exeter-West Greenwich	1,657	1,554	59	48	94%	6%
Foster	278	253	13	14	91%	10%
Foster-Glocester	1,186	1,140	22	30	96%	4%
Glocester	567	530	23	19	93%	7%
Jamestown	477	446	13	18	94%	6%
Johnston	3,327	2,942	199	207	88%	12%
Lincoln	3,061	2,825	112	135	92%	8%
Little Compton	243	235	*	*	97%	3%
Middletown	2,312	2,067	119	139	89%	11%
Narragansett	1,318	1,232	43	50	93%	7%
New Shoreham	124	108	*	11	87%	13%
Newport	2,349	1,964	197	221	84%	18%
North Kingstown	4,100	3,790	128	194	92%	8%
North Providence	3,661	3,249	213	229	89%	12%
North Smithfield	1,751	1,618	75	78	92%	9%
Pawtucket	9,693	8,195	751	870	85%	17%
Portsmouth	2,555	2,329	111	126	91%	9%
Providence	27,532	21,539	2,983	3,643	78%	24%
Scituate	1,343	1,254	37	54	93%	7%
Smithfield	2,439	2,296	87	70	94%	6%
South Kingstown	3,152	2,950	106	111	94%	7%
Tiverton	1,920	1,743	61	118	91%	9%
Warwick	9,404	8,502	440	527	90%	10%
West Warwick	3,700	3,184	231	325	86%	15%
Westerly	2,921	2,625	142	177	90%	11%
Woonsocket	6,603	5,274	646	793	80%	22%
Charter Schools	*7,377*	*6,702*	*285*	*420*	*91%*	*10%*
State-Operated Schools	*2,057*	*1,609*	*279*	*301*	*78%*	*28%*
UCAP	*158*	*125*	*11*	*22*	*79%*	*21%*
Four Core Cities	*46,781*	*37,233*	*4,776*	*5,694*	*80%*	*22%*
Remainder of State	*95,053*	*86,200*	*4,235*	*5,150*	*91%*	*10%*
Rhode Island	*151,426*	*131,869*	*9,586*	*11,587*	*87%*	*14%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2016-2017 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 Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, RISE Prep Mayoral Academy, Rhode Island Nurses Institute Middle College Charter School, Segue Institute for Learning, Sheila C. "Skip" Nowell Leadership Academy, South Side Elementary Charter School, Trinity Academy for the Performing Arts, and the Village Green Virtual Public Charter School. State-operated schools include DCYF Schools, Metropolitan Regional Career & Technical High School, William M. Davies Career & 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 187)

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 *Partnership for Assessment of Readiness for College and Careers (PARCC)* 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 read proficiently by then 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 struggling with reading are more successful when implemented before third grade than after third grade. When intervention is delayed until after third grade, most children never catch up to their grade-level peers.[2,3]

Literacy begins long before children encounter school instruction in writing and reading. Supportive, literacy-rich home environments (including telling stories) and parents who provide early cognitive development activities contribute to literacy development, reading achievement, and success in school.[4]

High-quality preschool and pre-kindergarten (Pre-K) programs can boost language and literacy skills, and have the greatest impact on children living in or near poverty.[5] 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.[6,7]

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.[8,9]

4th-Grade *NAEP* Reading Proficiency

	2005	2015
RI	30%	40%
US	30%	35%
National Rank*		*9th*
New England Rank**		*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 4 and 8. 2017 *NAEP* data are not yet available.

Third Graders Meeting Expectations on the *PARCC* English Language Arts Assessment, Rhode Island, 2015-2017

SUBGROUP	2015	2016	2017	% CHANGE 2015-2017*
Male Students	33%	35%	35%	+3%
Female Students	43%	45%	45%	+3%
English Learners	8%	13%	12%	+3%
Non-English Learners	40%	43%	44%	+3%
Students with Disabilities	11%	10%	16%	+5%
Students without Disabilities	42%	44%	45%	+3%
Low-Income Students	21%	25%	25%	+4%
Higher-Income Students	53%	56%	57%	+4%
White Students	48%	49%	50%	+3%
Asian Students	48%	49%	54%	+6%
Black Students	22%	26%	27%	+6%
Hispanic Students	18%	24%	24%	+6%
Native American Students	17%	15%	16%	-1%
ALL STUDENTS	37%	40%	40%	+3%

Source: Rhode Island Department of Education, *Partnership for Assessment of Readiness for College and Careers (PARCC)*, 2015-2017. Low-income status is determined by eligibility for the free or reduced-price lunch program.

*Change calculations may reflect rounding.

◆ **In 2017, 40% of Rhode Island third graders met expectations on the *Partnership for Assessment of Readiness for College and Careers (PARCC)* English language arts assessment, compared to 37% of students in 2015.[10,11]**

◆ **In Rhode Island in 2017, 25% of low-income third graders met expectations, compared with 57% of higher-income third graders. There were also large achievement gaps by race and ethnicity as well as by English learner and disability status.[12]**

◆ **Starting in the 2017-2018 school year, Rhode Island will use the *Rhode Island Common Assessment System (RICAS)* for assessments in grades three through eight and the *PSAT* and *SAT* in high school.[13]**

Table 46.

Third-Grade Reading Skills, Rhode Island, 2015-2017

SCHOOL DISTRICT	# THIRD GRADERS TESTED 2017	% MEETING EXPECTATIONS 2015	% MEETING EXPECTATIONS 2016	% MEETING EXPECTATIONS 2017
Barrington	230	63%	61%	65%
Bristol Warren	268	43%	48%	58%
Burrillville	166	32%	26%	23%
Central Falls	237	13%	16%	15%
Chariho	246	59%	68%	65%
Coventry	330	46%	55%	55%
Cranston	766	52%	41%	47%
Cumberland	324	50%	55%	53%
East Greenwich	168	57%	56%	54%
East Providence	403	42%	35%	35%
Exeter-West Greenwich	102	41%	40%	54%
Foster	49	36%	44%	35%
Glocester	88	47%	49%	68%
Jamestown	45	60%	66%	87%
Johnston	231	49%	48%	34%
Lincoln	224	56%	67%	55%
Little Compton	24	64%	45%	33%
Middletown	141	46%	41%	44%
Narragansett	84	61%	38%	75%
Newport	160	37%	33%	36%
North Kingstown	247	60%	50%	55%
North Providence	263	27%	39%	42%
North Smithfield	122	29%	51%	43%
Pawtucket	754	22%	31%	34%
Portsmouth	157	53%	50%	48%
Providence	1,992	14%	23%	19%
Scituate	73	49%	61%	64%
Smithfield	168	44%	48%	52%
South Kingstown	192	80%	69%	71%
Tiverton	129	66%	70%	57%
Warwick	681	37%	42%	47%
West Warwick	263	23%	31%	33%
Westerly	207	40%	37%	52%
Woonsocket	478	24%	23%	25%
Charter Schools	*525*	*40%*	*40%*	*41%*
Four Core Cities	*3,461*	*17%*	*25%*	*23%*
Remainder of State	*6,551*	*47%*	*49%*	*50%*
Rhode Island	*10,539*	*37%*	*40%*	*40%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Partnership for Assessment of Readiness for College and Careers (PARCC)*, 2015, 2016, and 2017.

Due to the adoption of a new assessment tool by RIDE in 2015, Third-Grade Reading Skills cannot be compared with Factbooks prior to 2016.

% meeting expectations are the third-grade students who met or exceeded expectations for their grade on the English language arts section of the *PARCC*. 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. English Learners in the U.S. less than one year are exempt from the English language arts assessment.

In Rhode Island, 97% of students were tested. Response rates vary by district.

2017 *PARCC* data for independent charter schools include Achievement First Rhode Island, Blackstone Valley Prep, The Compass School, The Paul Cuffee Charter School, Highlander Charter School, International Charter School, Kingston Hill Academy, and The Learning Community. 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.

See Methodology Section for more information.

No data is available for New Shoreham.

References

[1,2] Hernandez, D. J. (2012). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation.* Baltimore, MD: The Annie E. Casey Foundation.

[3] Lesnick, J., Goerge, R. M., Smithgall, C., & Gwynne, J. (2010). *Reading on grade level in third grade: How is it related to high school performance and college enrollment?* Chicago, IL: Chapin Hall at the University of Chicago.

(continued on page 187)

Seventh-Grade Reading Skills

DEFINITION

Seventh-grade reading skills is the percentage of seventh-grade students who met expectations for reading in English language arts on the *Partnership for Assessment of Readiness for College and Careers (PARCC)* test.

SIGNIFICANCE

Strong reading skills are essential for a student's academic success in high school and college.[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 intensify dramatically 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 are poor readers 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 English Learners and low-income students, who are more likely to have low literacy skills.[5]

Nationally, there has been limited progress in improving literacy skills among secondary students.[6] Students who are struggling with reading may have distinct difficulties and require different interventions to address them.[7] Many supplementary programs are generally insufficient for dealing with the pervasive low levels of adolescent literacy in many schools and communities.[8]

Intensive individualized instruction can help improve adolescent literacy among struggling readers.[9] Successful adolescent literacy programs include ongoing teacher support and training in the literacy strategy, incorporating literacy instruction in content area classes, explicit reading instruction in reading comprehension, collaborative learning and using student assessments effectively.[10,11]

8th-Grade *NAEP* Reading Proficiency

	2005	2015
RI	29%	35%
US	29%	33%
National Rank*		*25th*
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

The *National Assessment of Educational Progress (NAEP)* measures proficiency nationally and across states every other year for grades 4 and 8. 2017 NAEP data are not yet available.

Seventh Graders Meeting Expectations on the *PARCC* English Language Arts Assessment, Rhode Island, 2015-2017

SUBGROUP	2015	2016	2017	% CHANGE 2015-2017
Male Students	31%	30%	32%	+1%
Female Students	47%	47%	49%	+2%
English Learners	5%	1%	2%	-3%
Non-English Learners	41%	41%	42%	+2%
Students With Disabilities	6%	4%	12%	+6%
Students Without Disabilities	44%	44%	46%	+2%
Low-Income Students	22%	21%	22%	-<1%
Higher-Income Students	53%	54%	56%	+3%
White Students	48%	48%	51%	+3%
Asian Students	46%	45%	48%	+2%
Black Students	18%	19%	18%	-1%
Hispanic Students	20%	20%	21%	+1%
Native American Students	24%	28%	18%	-7%
ALL STUDENTS	*38%*	*38%*	*40%*	*+2%*

Source: Rhode Island Department of Education, *Partnership for Assessment of Readiness for College and Careers (PARCC), 2015-2017.* Low-income status is determined by eligibility for the free or reduced-price lunch program. Change calculations may reflect rounding.

◆ **Between 2015 and 2017, the percentage of seventh graders meeting expectations on the *Partnership for Assessment of Readiness for College and Careers (PARCC)* English language arts assessment increased from 38% to 40%, and the percentage of third graders meeting expectations also increased.[12,13] Although the majority of subgroups saw some increase from 2015 to 2017, the most vulnerable groups are still falling behind.[14,15]**

◆ **In Rhode Island in 2017, 22% of low-income seventh graders met expectations, compared with 56% of higher-income seventh graders. There were also large achievement gaps by race and ethnicity as well as by English learner and disability status.[16]**

◆ **Starting in the 2017-2018 school year, Rhode Island will use the *Rhode Island Common Assessment System (RICAS)* for assessments in grades three through eight and the *PSAT* and *SAT* in high school.[17]**

Table 47.

Seventh-Grade Reading Skills, Rhode Island, 2015-2017

SCHOOL DISTRICT	# SEVENTH GRADERS TESTED 2017	% MEETING EXPECTATIONS 2015	% MEETING EXPECTATIONS 2016	% MEETING EXPECTATIONS 2017
Barrington	243	75%	87%	82%
Bristol Warren	216	42%	52%	40%
Burrillville	169	28%	30%	41%
Central Falls	165	7%	12%	4%
Chariho	260	69%	70%	66%
Coventry	356	35%	38%	55%
Cranston	822	49%	39%	43%
Cumberland	370	44%	41%	64%
East Greenwich	207	81%	77%	71%
East Providence	366	30%	26%	28%
Exeter-West Greenwich	131	57%	55%	57%
Foster-Glocester	150	47%	45%	59%
Jamestown	56	65%	69%	82%
Johnston	247	51%	41%	37%
Lincoln	265	51%	41%	43%
Little Compton	25	61%	41%	92%
Middletown	172	42%	50%	46%
Narragansett	113	62%	48%	66%
New Shoreham	9	*	33%	*
Newport	155	37%	44%	35%
North Kingstown	311	67%	70%	76%
North Providence	280	36%	42%	40%
North Smithfield	145	51%	51%	51%
Pawtucket	718	17%	20%	23%
Portsmouth	175	54%	66%	62%
Providence	1,706	19%	17%	14%
Scituate	121	26%	45%	38%
Smithfield	159	52%	38%	52%
South Kingstown	263	58%	57%	51%
Tiverton	150	48%	40%	45%
Warwick	720	31%	38%	40%
West Warwick	215	36%	47%	45%
Westerly	227	32%	49%	43%
Woonsocket	413	14%	13%	14%
Charter Schools	*439*	*34%*	*35%*	*46%*
UCAP	*53*	*5%*	*11%*	*17%*
Four Core Cities	*3,002*	*17%*	*17%*	*15%*
Remainder of State	*7,098*	*48%*	*48%*	*49%*
Rhode Island	*10,598*	*38%*	*38%*	*40%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Partnership for Assessment of Readiness for College and Careers (PARCC)*, 2015, 2016, and 2017.

Due to the adoption of a new assessment tool by RIDE in 2015, Seventh-Grade Reading Skills cannot be compared with Factbooks prior to 2016.

% meeting expectations are the seventh-grade students who met or exceeded expectations for their grade on the English language arts section of the *PARCC*. 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. English Learners in the U.S. less than one year are exempt from the English language arts assessment.

2015, 2016, and 2017 PARCC data for independent charter schools include: 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.

See Methodology Section for more information.

References

[1,6,10] Hervey, S. (2013). *Adolescent readers in middle school.* New York, NY: Generation Ready.

[2,4] Salinger, T. (2011). *Addressing the "crisis" in adolescent literacy.* Washington, DC: U.S. Department of Education, Office of Elementary and Secondary Education, Smaller Learning Communities Program.

[3] Carnegie Council on Advancing Adolescent Literacy. (2010). *Time to act: An agenda for advancing adolescent literacy for college and career success.* New York, NY: Carnegie Corporation of New York.

(continued on page 188)

Math Skills

DEFINITION

Math skills is the percentage of third-, fourth-, fifth-, sixth-, and seventh-grade students who met expectations for math on the *Partnership for Assessment of Readiness for College and Careers (PARCC)* 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, performance in math in the U.S. has begun to level off or slightly decrease.[6,7]

Family risk factors such as poverty and low parental education levels are associated with low student achievement in math. Disparities in math achievement related to race and family income persist in the U.S.[8] Opportunities for advanced math instruction are especially important for low-income children. Low-income children are exposed to less complex math concepts, contributing to lower performance on assessments.[9]

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.[10,11] Teachers should expose all students to challenging math concepts and provide additional support to struggling students.[12]

The *National Assessment of Educational Progress (NAEP)* measures proficiency in math and other subjects nationally and across states every other year.[13] In 2015, 37% of Rhode Island fourth graders and 39% of U.S. fourth graders performed at or above the Proficient level in math on the *NAEP*, and 32% of Rhode Island eighth graders and 32% of U.S. eighth graders performed at or above the Proficient level in math on the *NAEP*.[14,15] Between 2013 and 2015, Rhode Island saw decreases in both fourth- and eighth-grade math achievement as measured by the *NAEP* math tests.[16]

Third Graders Meeting Expectations on the *PARCC* Math Assessment, Rhode Island, 2015-2017

SUBGROUP	2015	2016	2017	CHANGE
Male Students	36%	44%	44%	+8%
Female Students	37%	44%	44%	+7%
English Learners	11%	17%	20%	+9%
Non-English Learners	39%	47%	47%	+8%
Students With Disabilities	12%	15%	20%	+8%
Students Without Disabilities	41%	48%	49%	+8%
Low-Income Students	21%	29%	29%	+9%
Higher-Income Students	52%	61%	60%	+8%
White Students	46%	53%	53%	+7%
Asian Students	52%	58%	61%	+10%
Black Students	22%	29%	31%	+9%
Hispanic Students	18%	28%	30%	+12%
Native American Students	13%	17%	25%	+12%
ALL STUDENTS	*36%*	*44%*	*44%*	*+8%*

Source: Rhode Island Department of Education, *Partnership for Assessment of Readiness for College and Careers (PARCC)*, 2015-2017. Low-income status is determined by eligibility for the free or reduced-price lunch program. Change calculations may reflect rounding.

◆ **From 2015 to 2017, the percentage of students meeting expectations on the *PARCC* math assessment increased for third, fourth, fifth, sixth, and seventh grades.[17,18] In 2017, 44% of Rhode Island third graders met expectations on the *PARCC* math assessment, up from 36% in 2015.[19,20]**

◆ **In Rhode Island in 2017, 29% of low-income third graders met expectations in math, compared with 60% of higher-income third graders.[21] There also were large achievement gaps by race and ethnicity, with 61% of Asian and 53% of White third graders meeting expectations, compared with 31% of Black, 30% of Hispanic, and 25% of Native American students.[22]**

◆ **Starting in the 2017-2018 school year, Rhode Island will use the *Rhode Island Common Assessment System (RICAS)* for assessments in grades three through eight and the *PSAT* and *SAT* in high school.[23]**

Table 48.

Third-, Fourth-, Fifth, Sixth- & Seventh- Grade Students Meeting Expectations in Math, Rhode Island, 2017

SCHOOL DISTRICT	% OF STUDENTS MEETING EXPECTATIONS				
	THIRD GRADE	FOURTH GRADE	FIFTH GRADE	SIXTH GRADE	SEVENTH GRADE
Barrington	69%	68%	70%	56%	62%
Bristol Warren	59%	50%	47%	36%	20%
Burrillville	27%	21%	22%	31%	19%
Central Falls	23%	8%	7%	7%	1%
Chariho	58%	68%	50%	46%	43%
Coventry	51%	47%	46%	26%	25%
Cranston	44%	29%	38%	25%	28%
Cumberland	63%	53%	60%	49%	50%
East Greenwich	67%	54%	51%	61%	67%
East Providence	42%	33%	37%	23%	16%
Exeter-West Greenwich	73%	36%	72%	57%	40%
Foster	39%	35%	33%	NA	NA
Glocester	70%	52%	63%	NA	NA
Foster-Glocester	NA	NA	NA	29%	43%
Jamestown	93%	77%	56%	57%	66%
Johnston	42%	34%	29%	17%	25%
Lincoln	68%	46%	49%	39%	34%
Little Compton	50%	56%	57%	44%	64%
Middletown	63%	32%	44%	35%	40%
Narragansett	70%	52%	46%	56%	49%
New Shoreham	*	*	*	*	50%
Newport	36%	29%	28%	27%	18%
North Kingstown	58%	47%	50%	51%	55%
North Providence	47%	27%	21%	28%	21%
North Smithfield	53%	52%	40%	53%	30%
Pawtucket	39%	27%	26%	15%	13%
Portsmouth	52%	43%	45%	56%	53%
Providence	26%	18%	16%	9%	8%
Scituate	73%	42%	47%	40%	34%
Smithfield	54%	48%	40%	39%	46%
South Kingstown	64%	61%	60%	61%	47%
Tiverton	70%	48%	39%	35%	37%
Warwick	44%	37%	35%	38%	22%
West Warwick	30%	18%	21%	21%	22%
Westerly	60%	40%	28%	34%	24%
Woonsocket	26%	19%	19%	8%	11%
Charter Schools	*46%*	*40%*	*37%*	*30%*	*27%*
UCAP	*NA*	*NA*	*NA*	*NA*	*6%*
Four Core Cities	*29%*	*20%*	*18%*	*10%*	*9%*
Remainder of State	*52%*	*42%*	*42%*	*37%*	*34%*
Rhode Island	*44%*	*35%*	*34%*	*29%*	*27%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Partnership for Assessment of Readiness for College and Careers (PARCC)*, 2017.

Due to the adoption of a new assessment tool by the Rhode Island Department of Education in the 2014-2015 school year, *Math Skills* cannot be compared with Factbooks prior to 2016.

The number of students who met or exceeded expectations received a score of four or five on the math section of the *PARCC* assessment. Only students who actually took the test are counted in denominator for the district's or school's proficiency rate. All enrolled students are eligible unless their Individualized Education Program (IEP) specifically exempts them or unless they are beginning English Learners.

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

PARCC data for independent charter schools include Achievement First, Beacon Charter School, Blackstone Valley Prep Mayoral Academy, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Paul Cuffee Charter School, The Compass School, Segue Institute for Learning, and Trinity Academy for the Performing Arts.

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 and * indicates 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 four core cities, remainder of state, and state totals.

No data is available for State-Operated Schools.

See Methodology section for more information.

References

[1,7,8] Child Trends. (2015). *Mathematics proficiency.* Retrieved February 19, 2018, from www.childtrends.org

[2] RI DataHub. (n.d.). *Data story: Math preparation and postsecondary success.* Retrieved February 19, 2018, from ridatahub.org

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Schools Identified for Intervention

DEFINITION

Schools identified for intervention is the percentage of Rhode Island public schools that are classified as "Focus" or "Priority" and identified for intervention by the Rhode Island Department of Education.

SIGNIFICANCE

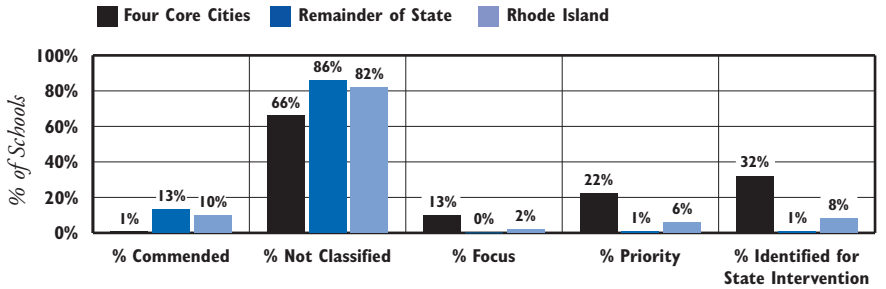
Rhode Island's accountability system is in transition as the state moves towards the federal *Every Student Succeeds Act (ESSA)*. The current system focuses on achievement gaps, learning from schools that are showing progress, and identifying schools that need additional support.[1] This accountability system classifies schools based on proficiency in English language arts and math, success in closing the achievement gap between the lowest and highest performing students, growth at the elementary and middle school levels, and graduation rates at the high school level.[2]

As part of the state plan submitted for *ESSA*, Rhode Island has developed a new accountability system.[3] The new accountability system will evaluate schools based on proficiency in English language arts and math, student growth, English language proficiency progress, chronic absenteeism, suspensions, and graduation rates.[4] Under *ESSA*, the U.S. Department of Education continues to require states to identify a set number of Title I schools as "Priority" and "Focus" schools as states transition to new accountability systems.[5] Rhode Island will begin to identify schools for support and improvement under the new accountability system for the 2018-2019 school year.[6,7]

ESSA makes some changes in how states must design their school accountability systems going forward. When developing new school accountability systems, states must 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 accountability systems. Rhode Island will be using chronic absenteeism and suspensions as the initial indicators for school quality and will be adding indicators of High School Graduate Proficiency and Post-Secondary Success in the coming years.[8,9]

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.[10]

Rhode Island School Performance Classifications, 2016-2017 School Year



Source: Rhode Island Department of Education, 2016-2017 school year. Note: Percentages may not sum to 100% due to rounding.

◆ **In Rhode Island in the 2016-2017 school year, 28 schools (10%) were classified as "Commended," seven schools (2%) were classified as "Focus," and 17 schools (6%) were classified as "Priority." Aside from "Commended," "Focus," and "Priority," schools do not receive classifications. Schools designated as "Priority" or "Focus" schools (8% of schools in Rhode Island in 2016-2017) were identified for intervention, and 22 of these 24 schools were located in the four core cities.[11]**

Every Student Succeeds Act (ESSA) School Accountability Plans

◆ **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 subgroups, include measures of college and career readiness, and include a measure of year-over-year growth.[12,13] Rhode Island plans to include indicators of chronic absenteeism and suspensions to measure school quality. In the future, Rhode Island will incorporate High School Graduate Proficiency and Post-Secondary Success as measures of school quality and student success and include a science proficiency indicator.[14]**

◆ **The new accountability system will be a scale of one to five stars. Schools identified for comprehensive support and improvement will be one-star schools that have the lowest performance on academic growth and achievement and will often have multiple subgroups of students identified for targeted support, problems with chronic absenteeism and/or high suspension rates, and may have high school graduation rates of less than 80% of their students.[15]**

Table 49. **Schools Identified for Intervention, 2016-2017 School Year**

SCHOOL DISTRICT	TOTAL # OF SCHOOLS	# COMMENDED	# NOT CLASSIFIED*	# FOCUS	# PRIORITY	# SUBJECT TO STATE INTERVENTION	% SUBJECT TO STATE INTERVENTION
Barrington	6	5	1	0	0	0	0%
Bristol Warren	6	1	5	0	0	0	0%
Burrillville	4	0	4	0	0	0	0%
Central Falls	4	0	1	1	2	3	75%
Chariho	6	4	2	0	0	0	0%
Coventry	7	1	6	0	0	0	0%
Cranston	23	1	22	0	0	0	0%
Cumberland	8	1	7	0	0	0	0%
East Greenwich	4	2	2	0	0	0	0%
East Providence	11	0	9	0	2	2	18%
Exeter-West Greenwich	3	0	3	0	0	0	0%
Foster	1	0	1	0	0	0	0%
Foster-Glocester	2	0	2	0	0	0	0%
Glocester	2	0	2	0	0	0	0%
Jamestown	2	2	0	0	0	0	0%
Johnston	6	1	5	0	0	0	0%
Lincoln	6	0	6	0	0	0	0%
Little Compton	1	0	1	0	0	0	0%
Middletown	5	0	5	0	0	0	0%
Narragansett	3	0	3	0	0	0	0%
New Shoreham	1	0	1	0	0	0	0%
Newport	3	0	3	0	0	0	0%
North Kingstown	8	2	6	0	0	0	0%
North Providence	9	0	9	0	0	0	0%
North Smithfield	4	1	3	0	0	0	0%
Pawtucket	16	0	16	0	0	0	0%
Portsmouth	4	0	4	0	0	0	0%
Providence	40	1	20	6	13	19	48%
Scituate	5	1	4	0	0	0	0%
Smithfield	6	0	6	0	0	0	0%
South Kingstown	7	1	6	0	0	0	0%
Tiverton	5	1	4	0	0	0	0%
Warwick	20	0	20	0	0	0	0%
West Warwick	5	0	5	0	0	0	0%
Westerly	5	0	5	0	0	0	0%
Woonsocket	8	0	8	0	0	0	0%
Charter Schools	*22*	*3*	*19*	*0*	*0*	*0*	*0%*
State-Operated Schools	*4*	*0*	*4*	*0*	*0*	*0*	*0%*
UCAP	*1*	*0*	*1*	*0*	*0*	*0*	*0%*
Four Core Cities	*68*	*1*	*45*	*7*	*15*	*22*	*32%*
Remainder of State	*188*	*24*	*162*	*0*	*2*	*2*	*1%*
Rhode Island	*283*	*28*	*231*	*7*	*17*	*24*	*8%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education, 2016-2017 school year.

*Schools listed as "not classified" in this table were not Commended, Focus, or Priority schools or were not classified in 2016-2017 because they did not have sufficient years of data.

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

Charter schools that are classified include Achievement First Providence Mayoral Academy, Beacon Charter School Founders Academy, Beacon Charter High School for the Arts, Blackstone Academy Charter, Blackstone Valley Prep Elementary 1 and 2, Blackstone Valley Prep High School, Blackstone Valley Prep Middle School 1 and 2, Highlander Charter School, International Charter School, Kingston Hill Academy, Paul Cuffee Charter School, Rhode Island Nurses Institute Middle College Charter School, Segue Institute for Learning, Sheila "Skip" Nowell Leadership Academy, The Compass School, The Greene School, The Learning Community 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 and Technical High School, DCYF, Metropolitan Regional Career & Technical Center, and the Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

The only newly classified schools this year are Commended Schools. No new focus or priority schools were identified.

See the Methodology Section for more information.

References

[1] Rhode Island Department of Education. (2017) *School classifications.* Retrieved December 20, 2017, from www.ride.ri.gov

[2] *Rhode Island accountability process revisions for school years 2015 and 2016: A presentation to the accountability 3.0 state webinar.* (2016). Providence, RI: Rhode Island Department of Education.

[3] Rhode Island Department of Education. (2017). *RIDE recognizes 28 commended schools* [Press release.]. Retrieved October 19, 2017, from www.ride.ri.gov

(continued on page 188)

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

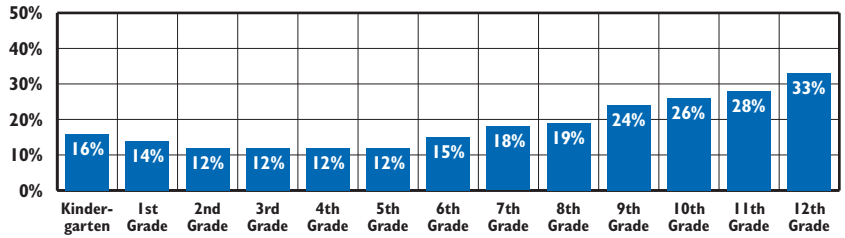
Students who are absent from school miss opportunities to learn and develop the important academic and social-emotional skills and approaches to learning that are part of the K-3 experience and critical for ongoing school success.[1,2] Children who are chronically absent in kindergarten show lower levels of achievement in math, reading, and general knowledge in first grade. Chronic absence in kindergarten appears to be especially detrimental for poor and Hispanic children.[3] In Rhode Island, children who are chronically absent in kindergarten have lower levels of achievement as far out as the seventh grade and are more than twice as likely to be retained.[4]

More than 3.8 million elementary school students nationwide or 11% of all elementary school students are chronically absent.[5] In the early grades, children from poor families are much more likely to be chronically absent than higher-income children. In the U.S., one in five (21%) poor kindergartners were chronically absent, compared to less than one in 10 (8%) of their higher-income peers.[6] The rate of chronic absence is twice as high for students experiencing homelessness as it is for the general student population.[7] 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.[8]

Young children are chronically absent from school for a variety of reasons. Asthma is one of the leading causes of school absenteeism, accounting for one-third of all absences, but other physical and behavioral health issues, including poor dental health, vision problems, diabetes, obesity, anxiety, and/or depression can also result in chronic absence.[9,10]

While illness is a leading factor in chronic early absence, chronic absenteeism also can result from poor quality education, ambivalence about or alienation from school, and chaotic school environments, including high rates of teacher turnover or absenteeism, disruptive classrooms, and/or bullying. Unreliable or insufficient transportation, violence at and around school, multiple foster care placements, lack of clean or affordable clothes, and lack of safe and affordable housing are other factors that can lead to chronic absence.[11,12,13]

Chronic Absence Rates in Rhode Island by Grade, 2016-2017 School Year



Source: Rhode Island Department of Education, 2016-2017 school year.

◆ **Chronic absence rates are high in kindergarten and then decline before increasing again in middle and high school. During the 2016-2017 school year, 16% of Rhode Island kindergarten students, 14% of first graders, 12% of second graders, and 12% of third graders were chronically absent (i.e., absent 18 days or more), up from 14% of kindergarten students, 11% of first graders, 10% of second graders, and 10% of third graders during the 2015-2016 school year.[14,15]**

◆ **During the 2016-2017 school year, 13% of all Rhode Island children in grades K-3 were chronically absent, and an additional 16% missed 12 to 17 days of school.[16]**

◆ **Averages for school-wide attendance can mask significant numbers of chronically absent individual students.[17] During the 2016-2017 school year, the average daily attendance rate for K-3 students in Rhode Island's four core cities was 93%, but 24% of students were chronically absent.[18]**

◆ **Schools, districts, and the state can nurture a culture of attendance by raising awareness among school and community personnel about the problem of chronic absence, using positive messaging to encourage parents to send their children to school on time and every day in the early grades, and creating attendance teams that regularly review data on student absenteeism and identify and intervene with students with troubling absenteeism patterns.[19,20]**

◆ **Thirty-seven states are prioritizing reducing chronic absence by making chronic absence rates a key part of their accountability systems.[21] Rhode Island is including both student and teacher chronic absence rates in its accountability system.[22]**

Table 50. **Chronic Early Absence Rates, Grades K-3, Rhode Island, 2016-2017 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	15	874	96%	46%	36%	13%	5%
Bristol Warren	73	937	95%	39%	37%	16%	8%
Burrillville	32	602	95%	38%	36%	18%	8%
Central Falls	141	865	93%	32%	26%	19%	22%
Chariho	42	863	96%	47%	38%	11%	4%
Coventry	66	1,277	95%	43%	35%	14%	8%
Cranston	214	2,908	95%	37%	34%	16%	13%
Cumberland	87	1,309	96%	50%	36%	10%	3%
East Greenwich	27	668	96%	50%	37%	9%	4%
East Providence	117	1,640	95%	38%	35%	14%	13%
Exeter-West Greenwich	17	456	96%	47%	37%	11%	5%
Foster	*	159	96%	48%	36%	9%	6%
Glocester	13	346	96%	36%	46%	14%	4%
Jamestown	*	172	95%	32%	40%	20%	9%
Johnston	73	945	94%	30%	38%	19%	13%
Lincoln	45	869	98%	81%	15%	2%	1%
Little Compton	*	95	97%	57%	33%	7%	3%
Middletown	54	681	95%	41%	35%	16%	8%
Narragansett	*	318	96%	45%	37%	13%	5%
New Shoreham	*	32	94%	22%	31%	41%	6%
Newport	87	698	94%	35%	34%	16%	15%
North Kingstown	58	976	96%	43%	38%	13%	6%
North Providence	62	1,031	95%	36%	35%	18%	11%
North Smithfield	22	473	96%	42%	41%	12%	5%
Pawtucket	314	2,983	94%	40%	29%	16%	15%
Portsmouth	41	593	96%	46%	38%	11%	6%
Providence	1,159	7,423	92%	23%	29%	20%	27%
Scituate	13	320	94%	29%	36%	19%	15%
Smithfield	17	680	96%	53%	33%	9%	4%
South Kingstown	51	817	96%	48%	37%	11%	4%
Tiverton	38	545	96%	44%	35%	16%	5%
Warwick	173	2,631	95%	41%	35%	14%	9%
West Warwick	111	1,099	94%	29%	35%	22%	15%
Westerly	72	789	95%	43%	34%	13%	10%
Woonsocket	321	1,967	92%	23%	30%	20%	28%
Charter Schools	*69*	*2,767*	*96%*	*48%*	*32%*	*13%*	*8%*
Rhode Island School for the Deaf	*	*12*	*95%*	*42%*	*25%*	*25%*	*8%*
Four Core Cities	*1,935*	*13,238*	*93%*	*28%*	*29%*	*19%*	*24%*
Remainder of State	*1,651*	*25,803*	*95%*	*42%*	*35%*	*14%*	*8%*
Rhode Island	*3,656*	*41,820*	*95%*	*38%*	*33%*	*16%*	*13%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2016-2017 school year.

Attendance rates are calculated by dividing the state-calculated "average days of attendance" by the "average days of 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 3,656 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 South Side Elementary Charter School.

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

References

[1] Romero, M. & Lee, Y. (2008). *The influence of maternal and family risk on chronic absenteeism in early schooling.* New York, NY: Columbia University, Mailman School of Public Health, National Center for Children in Poverty.

[2,3,12,19] 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.

[4] RI DataHUB. (n.d.). *Chronic absenteeism among kindergarten students.* Retrieved February 16, 2018, from http://ridatahub.org

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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 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]

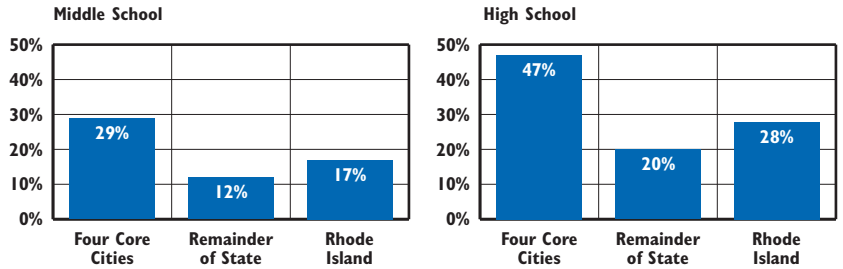
Students miss school for a variety of reasons, including physical and mental health problems, substance abuse, lack of access to health care, unstable housing, child welfare or juvenile justice involvement, work or family responsibilities, and lack of affordable or reliable transportation. Students may 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.[8] During the 2016-2017 school year in Rhode Island, 24% of middle school students and 35% of high school students were considered truant by RIDE.[9] Truant students in Rhode Island may be referred to the Family Court's Truancy Calendar, a community and school-based intervention program.[10]

More than one-third (34%) of Rhode Island's low-income middle and high school students were chronically absent in 2016-2017, compared with 13% of higher-income students. Middle and high school students receiving special education services (31%) were more likely than their peers not receiving these services (22%) to be chronically absent. Almost three-quarters (73%) of absences by middle and high school students were unexcused absences.[11]

Chronic Absence Rate by District Type, Middle and High School, 2016-2017 School Year



Source: Rhode Island Department of Education, 2016-2017 school year.

◆ **The chronic absence rate among middle (29%) and high (47%) school students in the four core cities is more than twice as high as the rates among middle (12%) and high (20%) school students in the remainder of the state.[12]**

◆ **One of the most effective strategies for increasing student achievement, high school graduation rates, and college access and completion, and for closing achievement gaps between higher income and lower income students, would be to increase the number of low-income students who attend school regularly.[13]**

Reducing Chronic Absence

◆ **Schools, districts, and community agencies can improve student attendance by developing systems that provide frequent reports on student absenteeism and reasons for the absenteeism, problem solving to address reasons for absenteeism, building and sustaining relationships with students and their families, developing a community response that involves adults who interact with students outside of school, recognizing and rewarding good attendance.[14,15] Studies also show that high school attendance rates improve when school start times are later.[16]**

◆ **States can reduce chronic absence by increasing public awareness about the problem, developing attendance improvement plans, requiring school and district-level attendance teams, producing chronic absence reports showing data by grade and subgroup, incorporating chronic absence measures into early warning and accountability systems and school improvement efforts, and allocating resources to address barriers to attendance.[17,18,19]**

Chronic Absence, Middle School and High School

Table 51.

Chronic Absence and Attendance Rates, Middle and High School, Rhode Island, 2016-2017 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	10	802	96%	10%	8%	23	1,126	96%	12%	6%
Bristol Warren	49	757	93%	20%	19%	136	902	92%	16%	19%
Burrillville	24	558	95%	11%	9%	28	780	95%	13%	10%
Central Falls	68	519	93%	15%	24%	140	689	97%	14%	37%
Chariho	25	738	95%	9%	7%	69	1,117	93%	15%	13%
Coventry	30	1,100	95%	13%	10%	74	1,485	93%	16%	18%
Cranston	159	2,445	94%	16%	18%	347	3,289	89%	15%	41%
Cumberland	52	1,136	95%	12%	8%	120	1,356	94%	14%	14%
East Greenwich	17	679	96%	12%	5%	27	724	97%	5%	3%
East Providence	67	1,207	93%	18%	19%	99	1,467	90%	14%	32%
Exeter-West Greenwich	*	409	96%	13%	6%	24	515	95%	12%	7%
Foster-Glocester	*	487	92%	25%	29%	17	675	92%	19%	21%
Jamestown	*	162	96%	15%	5%	NA	NA	NA	NA	NA
Johnston	42	774	94%	14%	20%	89	867	92%	18%	26%
Lincoln	21	765	98%	5%	3%	42	858	96%	7%	9%
Little Compton	*	90	95%	11%	10%	NA	NA	NA	NA	NA
Middletown	24	493	95%	14%	7%	42	640	95%	15%	13%
Narragansett	11	328	95%	12%	8%	22	424	95%	11%	12%
New Shoreham	0	32	94%	31%	9%	*	40	93%	28%	15%
Newport	51	475	93%	21%	23%	65	648	89%	18%	37%
North Kingstown	28	959	96%	13%	8%	63	1,417	95%	11%	9%
North Providence	52	869	95%	15%	13%	97	976	92%	14%	23%
North Smithfield	21	426	95%	14%	8%	39	491	95%	11%	12%
Pawtucket	162	2,239	93%	15%	20%	293	1,945	88%	14%	35%
Portsmouth	21	567	95%	17%	10%	42	915	94%	15%	14%
Providence	816	5,414	91%	18%	31%	1,474	6,883	84%	16%	51%
Scituate	*	349	94%	15%	18%	22	425	90%	23%	33%
Smithfield	20	556	96%	11%	5%	34	731	95%	13%	10%
South Kingstown	17	787	96%	9%	4%	43	946	95%	10%	9%
Tiverton	14	428	95%	14%	14%	45	545	94%	14%	12%
Warwick	83	2,129	94%	17%	15%	187	2,788	92%	17%	24%
West Warwick	52	757	93%	17%	18%	131	955	91%	14%	23%
Westerly	27	662	95%	12%	13%	51	866	93%	20%	17%
Woonsocket	151	1,299	89%	14%	39%	207	1,504	86%	15%	48%
Charter Schools	*52*	*1,211*	*96%*	*13%*	*8%*	*264*	*2,084*	*90%*	*15%*	*28%*
State-Operated Schools	*14*	*16*	*93%*	*25%*	*19%*	*325*	*1,678*	*92%*	*18%*	*26%*
UCAP	*16*	*124*	*86%*	*19%*	*42%*	*	*15*	*77%*	*27%*	*53%*
Four Core Cities	*1,197*	*9,471*	*91%*	*17%*	*29%*	*2,114*	*11,021*	*86%*	*15%*	*47%*
Remainder of State	*949*	*21,926*	*95%*	*14%*	*12%*	*1,980*	*27,974*	*93%*	*14%*	*20%*
Rhode Island	*2,228*	*32,748*	*94%*	*15%*	*17%*	*4,686*	*42,772*	*91%*	*15%*	*28%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2016-2017 school year.

Attendance rates are calculated by dividing the state-calculated "average days of attendance" by the "average days of 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 2,228 Rhode Island middle school students and 4,686 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 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 high schools include Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, 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.

State-operated schools include The Rhode Island Training School operated by DCYF, Metropolitan Regional Career and Technical Center, Rhode Island School for the Deaf, and William M. Davies Jr. Career & Technical High School. UCAP is the Urban Collaborative Accelerated Program.

*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.

References are on page 188.

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, out-of-school suspension is a widely used disciplinary technique, both nationally and in Rhode Island. Suspensions are used for minor offenses, such as attendance infractions, 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. In fact, being suspended even once in ninth grade is associated with a twofold increase in the likelihood of dropping out.[5,6]

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, appropriate, and limited use of suspensions.[7]

In Rhode Island and nationally, Black, Hispanic, 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, students with disabilities also are more likely to be suspended than their peers.[8,9,10]

Of all disciplinary actions during the 2016-2017 school year, 11% (2,201) involved elementary school students (kindergarten-fifth grade), 38% (7,511) involved middle school students (sixth-eighth grades), and 50% (9,884) involved high school students (ninth-twelfth grades). For elementary school students, 80% of disciplinary actions were out-of-school suspensions. Kindergarteners received 169 disciplinary actions, including 148 out-of-school suspensions.[11]

Out-of-School Suspensions by Infraction, Rhode Island, 2016-2017

TYPE OF INFRACTION*	#	%	TYPE OF INFRACTION	#	%
Insubordination/Disrespect	2,253	22%	Alcohol/Drug/Tobacco Offenses	532	5%
Fighting	2,075	21%	Arson/Larceny/Robbery/Vandalism	316	3%
Disorderly Conduct	1,586	16%	Weapon Possession	241	2%
Harassment/Intimidation/Threat	1,107	11%	Electronic Devices/Technology	127	1%
Assault of Student or Teacher	1,023	10%	Attendance Offenses	0	0%
Obscene/Abusive Language	703	7%	Other Offenses	94	1%
			Total	*10,057*	

Source: Rhode Island Department of Education, 2016-2017 school year. Percentages may not sum to 100% due to rounding.
**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.[12] From the 2015-2016 school year to the 2016-2017 school year, the number of out-of-school suspensions decreased by 14%, but more than half of out-of-school suspensions were still for non-violent offenses, such as insubordination/disrespect, disorderly conduct, obscene/abusive language, alcohol/drug/tobacco offenses, and electronic devices/technology offenses.[13,14]**

Disparities in School Discipline by Special Education Status and Race/Ethnicity, Rhode Island, 2016-2017

	% OF STUDENTS ENROLLED	% OF SUSPENSIONS
Students With Disabilities	15%	31%
White Students	59%	47%
Hispanic Students	25%	31%
Black Students	8%	13%
Asian Students	3%	2%
Native American Students	1%	2%

Source: Rhode Island Department of Education, 2016-2017 school year. % suspensions includes in-school and out-of-school suspensions. Detailed data by district is available at www.ride.ri.gov

◆ **During the 2016-2017 school year, Rhode Island students with disabilities were suspended disproportionately. Students with disabilities represent 15% of the student population but represented 31% of suspensions.[15] In 2016, the Rhode Island General Assembly passed a law that requires school districts to identify any racial, ethnic, or special education disparities and to develop a plan to reduce such disparities.[16]**

Table 52.

Disciplinary Actions, Rhode Island School Districts, 2016-2017

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	3,337	*	42	1	49	1
Bristol Warren	3,172	498	424	13	922	29
Burrillville	2,310	26	160	7	186	8
Central Falls	2,641	41	494	19	535	20
Chariho	3,229	237	83	3	320	10
Coventry	4,652	611	133	3	744	16
Cranston	10,340	2,773	640	6	3,413	33
Cumberland	4,558	506	147	3	653	14
East Greenwich	2,484	32	27	1	59	2
East Providence	5,208	*	682	13	690	13
Exeter-West Greenwich	1,628	29	42	3	71	4
Foster	265	*	*	1	11	4
Foster-Glocester	1,160	112	56	5	168	14
Glocester	551	0	0	0	0	0
Jamestown	474	*	*	1	*	2
Johnston	3,165	132	117	4	249	8
Lincoln	2,979	0	239	8	239	8
Little Compton	245	*	*	<1	*	2
Middletown	2,185	407	60	3	467	21
Narragansett	1,302	56	62	5	118	9
New Shoreham	115	*	*	2	*	4
Newport	2,143	15	392	18	407	19
North Kingstown	3,972	258	86	2	344	9
North Providence	3,471	736	260	7	996	29
North Smithfield	1,690	20	37	2	57	3
Pawtucket	8,953	*	525	6	533	6
Portsmouth	2,454	313	121	5	434	18
Providence	24,092	1,327	2,715	11	4,042	17
Scituate	1,277	44	*	<1	47	4
Smithfield	2,384	89	33	1	122	5
South Kingstown	3,120	301	49	2	350	11
Tiverton	1,825	*	120	7	122	7
Warwick	9,045	301	623	7	924	10
West Warwick	3,415	317	176	5	493	14
Westerly	2,810	49	208	7	257	9
Woonsocket	5,862	0	853	15	853	15
Charter Schools	*6,987*	*174*	*340*	*5*	*514*	*7*
State-Operated Schools	*1,738*	*94*	*69*	*4*	*163*	*9*
UCAP	*139*	*	*27*	*19*	*29*	*21*
Four Core Cities	*41,549*	*1,376*	*4,587*	*11*	*5,963*	*14*
Remainder of State	*90,965*	*7,895*	*5,034*	*6*	*12,929*	*14*
Rhode Island	*141,377*	*9,541*	*10,057*	*7*	*19,598*	*14*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2016-2017 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 through12th 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 include: Achievement First Rhode Island, Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep, The Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, 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.

References are on page 189.

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 median incomes than adults with high school degrees.[1,2] In 2016, 10% of Rhode Island children lived in households headed by a non-high school graduate, lower than the national average of 14%.[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 off-track, so academic 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 high school 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 up through the Class of 2020 must demonstrate proficiency in English language arts, math, science, social studies, the arts, and technology and complete at least 20 courses and two performance-based assessments.[8] Students in the class of 2021 and later must complete one performance-based assessment and can earn Council designations, including a Seal of Biliteracy, Commissioner's Seal, and Pathway Endorsements.[9,10]

High School Graduation Rates

	2015-2016
RI	83%
US	84%
National Rank*	*31st*
New England Rank**	*6th*

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

Source: National Center for Education Statistics. (2017). Table 1. Retrieved March 5, 2018, from www.nces.ed.gov

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2017

	COHORT SIZE	DROPOUT RATE	% COMPLETED GED	% OF STUDENTS STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Female Students	4,856	5%	2%	5%	88%
Male Students	5,097	10%	2%	8%	80%
English Learners	764	18%	1%	9%	72%
Students With Disabilities	1,626	13%	3%	21%	63%
Students Without Disabilities	8,327	6%	2%	4%	88%
Low-Income Students	5,319	12%	3%	10%	76%
Higher-Income Students	4,634	3%	1%	3%	93%
White Students	6,179	5%	2%	5%	88%
Asian Students	277	5%	1%	4%	89%
Black Students	870	8%	2%	9%	81%
Hispanic Students	2,249	13%	2%	9%	76%
Native American	74	12%	3%	12%	73%
ALL STUDENTS	*9,953*	*7%*	*2%*	*6%*	*84%*

Source: Rhode Island Department of Education, Class of 2017. Percentages may not sum to 100% due to rounding.

◆ **The Rhode Island four-year graduation rate for the Class of 2017 was 84%, up from 70% for the Class of 2007 (the first class for which the Rhode Island Department of Education (RIDE) began calculating graduation rates using a cohort formula).**[11,12]

◆ **The highest dropout rates and lowest high school graduation rates were among English learners, students with disabilities, low-income students, and Hispanic and Native American students.**[13]

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 10,866 Rhode Island students who enrolled in ninth grade in 2011, 9,090 (84%) graduated in four years in 2015, 346 (3%) graduated in five years in 2016, and 71 (1%) graduated in six years in 2017.**[14]

◆ **Of the 346 students who graduated in five years in 2016, 135 (39%) were students with disabilities and 62 (18%) were English learners. Of the 71 students who graduated in six years in 2017, 51 (72%) were students with disabilities and 9 (13%) were English learners.**[15]

Table 53. **High School Graduation Rates, Rhode Island, Class of 2017**

SCHOOL DISTRICT	# OF STUDENTS IN COHORT	FOUR-YEAR COHORT RATES: DROPOUT RATE	% COMPLETED GED	% STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Barrington	248	<1%	<1%	4%	96%
Bristol Warren	213	4%	2%	5%	90%
Burrillville	165	8%	2%	2%	88%
Central Falls	173	14%	0%	8%	78%
Chariho	326	6%	1%	3%	90%
Coventry	350	5%	2%	3%	90%
Cranston	751	5%	2%	7%	86%
Cumberland	317	7%	3%	3%	87%
East Greenwich	139	1%	1%	1%	97%
East Providence	342	10%	3%	5%	82%
Exeter-West Greenwich	133	5%	2%	3%	90%
Foster-Glocester	147	3%	1%	3%	93%
Johnston	208	9%	6%	7%	78%
Lincoln	194	5%	1%	6%	89%
Middletown	152	2%	3%	5%	91%
Narragansett	96	1%	1%	4%	94%
Newport	138	13%	1%	6%	80%
North Kingstown	325	4%	2%	4%	90%
North Providence	215	4%	1%	5%	91%
North Smithfield	116	6%	1%	2%	91%
Pawtucket	534	10%	1%	7%	82%
Portsmouth	246	3%	<1%	1%	96%
Providence	1,479	15%	1%	9%	75%
Scituate	105	1%	1%	1%	97%
Smithfield	190	4%	1%	5%	91%
South Kingstown	239	3%	1%	1%	94%
Tiverton	133	7%	3%	6%	84%
Warwick	625	5%	4%	5%	86%
West Warwick	211	8%	1%	7%	84%
Westerly	215	2%	1%	9%	87%
Woonsocket	374	19%	2%	12%	67%
Beacon Charter High School for the Arts	*55*	*2%*	*0%*	*7%*	*91%*
Blackstone Academy	*43*	*0%*	*2%*	*9%*	*88%*
Paul Cuffee Charter School	*60*	*2%*	*0%*	*2%*	*97%*
The Greene School	*45*	*0%*	*0%*	*2%*	*98%*
Highlander Charter School	*20*	*5%*	*0%*	*15%*	*80%*
Sheila "Skip" Nowell Leadership Academy	*77*	*31%*	*10%*	*39%*	*19%*
Trinity Academy for the Performing Arts	*27*	*0%*	*0%*	*4%*	*96%*
Village Green Virtual Public Charter School	*67*	*0%*	*0%*	*1%*	*99%*
William M. Davies Jr. Career & Technical High School	*160*	*4%*	*1%*	*13%*	*81%*
DCYF Schools	*36*	*0%*	*81%*	*6%*	*14%*
Metropolitan Regional Career and Technical Center	*203*	*4%*	*1%*	*5%*	*90%*
Four Core Cities	*2,560*	*14%*	*1%*	*9%*	*75%*
Remainder of State	*6,547*	*5%*	*2%*	*4%*	*89%*
Rhode Island	*9,953*	*7%*	*2%*	*6%*	*84%*

Source of Data for Table/Methodology

Rhode Island Department of Education, Class of 2017.

The 2017 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 2013-2014 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.

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 includes students attending DCYF alternative schools.

Rhode Island Nurses Institute Middle College is not reported because these students generally complete their course of study in more than four years. New Shoreham and Rhode Island School for the Deaf are not reported because there are fewer than 10 students in these cohorts. These students are included in the state total.

References

[1] U.S. Census Bureau, American Community Survey, 2012-2016. Table S2301.

[2] U.S. Census Bureau, American Community Survey, 2012-2016. Table B20004.

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

[4] Epstein, D. J. & Barnett, W.S. (2012). Early education in the United States. In R. C. Pianta (Ed.), *Handbook of early childhood education* (pp. 3-21). New York, NY: The Guildford Press.

(continued on page 189)

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

By 2020, 71% of jobs in Rhode Island will require post-secondary education.[1] Between 2012 and 2016 in Rhode Island, adults with high school diplomas were almost three times more likely to be unemployed as those with bachelor's degrees or higher.[2] During that same period, the median annual income for adults with high school diplomas was $31,658, compared to $52,030 for adults with bachelor's degrees.[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, including Advanced Placement (AP) courses and dual and concurrent enrollment; take college entrance exams; complete the Free Application for Federal Student Aid (FAFSA); get adequate counseling to enroll in college and access financial aid; and target financial aid strategically to students with greatest needs.[4]

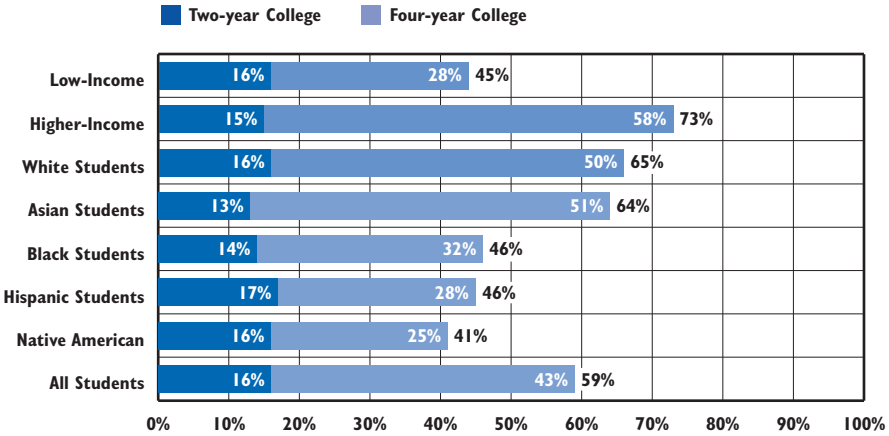
Students who participate in AP courses are likely to attend and succeed in college.[5] In 2017, 5,542 Rhode Island public school students took an AP course, 34% more than in 2013.[6]

Rhode Island covers the cost for all high school students to take the SAT during the school day in eleventh grade as a key strategy to increase college access. In 2017, 79% of 11th graders completed the SAT. Students who have Evidence-Based Reading and Writing scores of 480 or higher and Math scores of 530 or higher are considered college and career ready.[7,8,9]

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] Across Rhode Island, FAFSA completion rates range from a low of 40-44% to a high of 80% or greater.[11]

Rhode Island's state *Every Student Succeeds Act (ESSA)* plan includes a proposed Post-Secondary Success Indicator that will initially measure the percentage of students that graduate with a career and technical education industry-approved credential, college credits through dual or concurrent enrollment, and/or successful completion of AP tests. Starting with the graduating Class of 2021, the Post-Secondary Success Indicator will be further expanded to include the Seal of Biliteracy and the Pathway Endorsement.[12]

Immediate College Enrollment by Family Income, Race, Ethnicity, and Type of College, Class of 2016, Rhode Island



Source: Rhode Island Department of Education, Class of 2016. Percentages may not sum exactly due to rounding.

◆ **Fifty-nine percent of Rhode Island students who graduated from high school in the Class of 2016 immediately enrolled in college. However, there are large gaps in college access, particularly four-year college enrollment, between low- and higher-income students as well as by race and ethnicity. Among Rhode Island students who graduated from high school in 2016, 28% of low-income students immediately enrolled in a four-year college, compared to 58% of higher-income students.[13]**

◆ **Low-income and first-generation college students are more likely to go to college when they attend high schools with strong college-going cultures, in which teachers and school staff encourage students to attend college, set high expectations, make sure that students are academically prepared, and support students through the application and financial aid processes.[14]**

◆ **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 and career expectations, simplifying the college admission process, and making college affordable.[15]**

Table 54.

College Preparation and Access, Rhode Island

SCHOOL DISTRICT	4-YEAR HIGH SCHOOL GRADUATION RATE, 2017	% OF MIDDLE & HIGH SCHOOL STUDENTS PLANNING TO ATTEND COLLEGE, 2017	% OF STUDENTS WHO FILLED OUT THE FAFSA, 2017	AVERAGE SAT SCALE SCORE IN EVIDENCE-BASED READING AND WRITING, 2017	AVERAGE SAT SCALE SCORE IN MATH 2017	# OF GRADE 11 STUDENTS TAKING THE SAT DURING THE SCHOOL DAY, 2017	% OF GRADE 11 STUDENTS TAKING THE SAT DURING THE SCHOOL DAY, 2017
Barrington	96%	92%	70-74%	601	600	282	96%
Bristol Warren	90%	88%	50-54%	544	523	183	80%
Burrillville	88%	85%	70-74%	502	509	156	85%
Central Falls	78%	79%	50-54%	399	398	112	64%
Chariho	90%	86%	60-64%	527	515	214	87%
Coventry	90%	86%	60-64%	507	494	324	85%
Cranston	86%	89%	65-69%	491	484	644	84%
Cumberland	87%	88%	65-69%	517	508	234	87%
East Greenwich	97%	95%	75-79%	586	586	176	93%
East Providence	82%	85%	55-59%	478	464	314	85%
Exeter-West Greenwich	90%	90%	60-64%	542	546	100	80%
Foster-Glocester	93%	88%	50-54%	519	519	151	93%
Johnston	78%	87%	50-54%	497	484	159	78%
Lincoln	89%	89%	60-64%	528	530	164	87%
Middletown	91%	87%	55-59%	522	520	108	85%
Narragansett	94%	90%	65-69%	532	516	95	79%
Newport	80%	83%	65-69%	490	486	128	77%
North Kingstown	90%	90%	65-69%	560	544	310	92%
North Providence	91%	89%	55-59%	490	478	211	91%
North Smithfield	91%	88%	65-69%	544	542	94	92%
Pawtucket	82%	83%	55-59%	434	430	347	76%
Portsmouth	96%	93%	70-74%	558	540	196	97%
Providence	75%	85%	60-64%	444	444	1,229	78%
Scituate	97%	86%	65-69%	544	528	102	89%
Smithfield	91%	92%	65-69%	534	530	153	94%
South Kingstown	94%	89%	70-74%	549	553	194	89%
Tiverton	84%	86%	55-59%	517	498	117	81%
Warwick	86%	85%	50-54%	501	483	485	78%
West Warwick	84%	85%	45-49%	485	479	191	82%
Westerly	87%	83%	55-59%	526	512	146	76%
Woonsocket	67%	82%	50-54%	479	477	158	48%
Beacon Charter High School for the Arts	*91%*	*84%*	*60-64%*	505	460	47	80%
Blackstone Academy	*88%*	*90%*	*>=80%*	543	554	64	83%
Paul Cuffee Charter School	*97%*	*89%*	*75-79%*	433	436	51	89%
The Greene School	*98%*	*86%*	*70-74%*	502	477	48	100%
Highlander Charter School	*80%*	*88%*	*60-64%^*	411	409	33	92%
RI Nurses Institute Middle College	*NA*	*93%*	*40-44%^*	430	419	27	73%
Sheila "Skip" Nowell Leadership Academy	*19%*	*71%*	*40-59%^*	404	378	16	16%
Trinity Academy for the Performing Arts	*96%*	*78%*	*>=80%^*	429	409	27	100%
Village Green Virtual Public Charter School	*99%*	*92%*	*70-74%^*	453	439	35	95%
William M. Davies Jr. Career & Technical High School	*81%*	*81%*	*45-49%*	467	464	181	95%
DCYF Schools	*14%*	*NA*	*NA*	NA	NA	NA	7%
Metropolitan Regional Career and Technical Center	*90%*	*87%*	*70-74%*	448	421	204	87%
Four Core Cities	*75%*	*84%*	*NA*	NA	NA	1,846	73%
Remainder of State	*89%*	*88%*	*NA*	NA	NA	5,634	86%
Rhode Island	*84%*	*87%*	*NA*	498	490	8,281	79%

Source of Data for Table/Methodology

The high school graduation rate is the number of students who graduate in four years or fewer divided by the total number of students who started 9th grade in 2013-2014, adjusted for transfers in and transfers out. Data are from the Rhode Island Department of Education.

% of middle and high school students planning to attend college is from the 2016-2017 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. Data are from the Rhode Island Department of Education.

% of 12th graders who filled out the FAFSA is from U.S. Department of Education, Federal Student Aid. (2017). *Free Application for Federal Student Aid (FAFSA) estimated completion rates by public school district.* Retrieved March 1, 2018, from studentaid.ed.gov.

^The U.S. Department of Education did not report FAFSA completion rates for these school districts. Rhode Island KIDS COUNT calculated estimated completion rates by dividing the number of FAFSA forms completed as reported in Free Application for Federal Student Aid (FAFSA) submissions by high school (through June 2017) into the number of grade 12 students reported by RIDE on October 1, 2016 for that school. The estimate for Sheila "Skip" Nowell Leadership Academy is based on a range of possible estimates calculated by combining submissions for the school's two campuses.

Average SAT scale scores in Evidence-Based Reading and Writing and in Math as well as the # and % of grade 11 students taking the SAT are from RIDE. Average SAT Scale Scores are for grade 11 students taking the SAT during the school day.

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. New Shoreham and Rhode Island School for the Deaf are not reported because data reported would reflect fewer than 10 students. These students are included in the remainder of state and state totals as appropriate.

Only districts and schools with 2017 graduates are included in this table.

Little Compton students attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

(Sources and References are continued on page 189)

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's degree or bachelor's degree) within six years of enrollment.[1]

SIGNIFICANCE

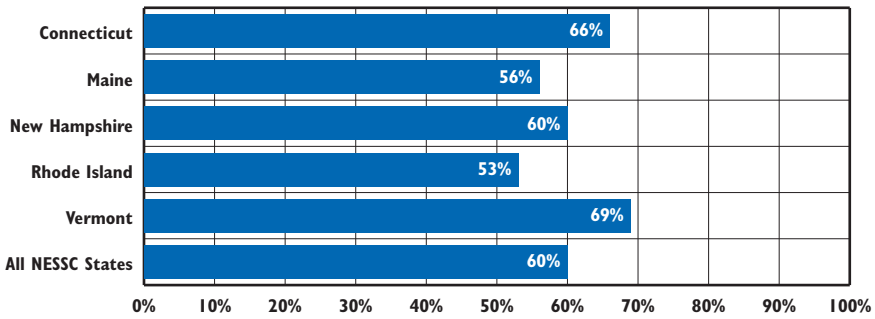
By 2020, 71% of jobs in Rhode Island will require post-secondary education beyond high school, and yet only 34% of Rhode Island adults between the ages of 25 and 64 have a bachelor's degree or higher, and an additional 29% have some college or an associate's degree.[2,3] Between 2012 and 2016 in Rhode Island, 9.7% of adults with a high school diploma were unemployed, compared to 6.2% of those with some college or an associate's degree and 3.4% of those with a bachelor's degree or higher.[4] During that same period, the median annual income for adults with a high school diploma was $31,658, compared to $36,791 for adults with some college or an associate's degree and $52,030 for adults with a bachelor's degree.[5]

Students must complete college degrees to increase their income and reduce the risk of unemployment. While college enrollment rates have doubled in recent decades, there are still large gaps in the percentage of students who enroll in college, the types of colleges students enroll in, and the percentage who attain college degrees across different income groups.[6]

In the U.S., two-thirds of low-income students attend community colleges and for-profit institutions, many of which have low completion rates. Low-income students are also more likely to delay going to college and to have breaks in enrollment, both of which lower their chances of completing college degrees.[7] There are also barriers to attainment for students of color. In the U.S., among students who started college in 2010, 63% of Asian students, 62% of White students, 46% of Hispanic students, and 38% of Black students completed a degree or certificate within six years.[8]

Low-income and first-generation college students often arrive at college less academically prepared than other students. They can benefit from a wide range of academic and social 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.[9,10,11]

College Completion, New England Secondary School Consortium States (NESSC), 2010 Cohort



Source: *Common Data Project: 2017 annual report, school year 2015-2016.* (2017). Retrieved February 27, 2018, from www.newenglandssc.org

◆ **Fifty-three percent of Rhode Island public high school graduates who enrolled in a two- or four-year college in 2010 earned a college diploma within six years. Rhode Island's completion rate is the lowest of all of the states in the New England Secondary School Consortium. In Rhode Island, there are large gaps in college completion between low-income and higher-income students, with 37% of low-income students completing college within six years, compared to 60% of higher-income students.[12]**

◆ **Many students who enroll in college do not complete their degree. Improving college access and completion will require that states make 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, aligning the K-12 education system with college and career expectations, simplifying the college admission process, making college affordable, and providing student support programs that increase college completion rates.[13] State policies that reward colleges for meeting performance goals, transform remediation practices, encourage full-time college attendance, help students balance work and school, and support on-time graduation could further increase college completion rates.[14]**

◆ **Rhode Island's FY 2018 budget created the RI Promise Scholarship which covers the cost of two years of tuition and mandatory fees at the Community College of Rhode Island for qualifying Rhode Island students.[15]**

Table 55.

College Enrollment and Completion, Rhode Island

SCHOOL DISTRICT	# OF STUDENTS WHO GRADUATED FROM HIGH SCHOOL IN 2016	# OF 2016 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	% OF 2016 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	# OF STUDENTS WHO ENROLLED IN COLLEGE IN 2015	# OF 2015 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)	% OF 2015 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)
Barrington	207	171	83%	232	224	97%
Bristol Warren	225	150	67%	198	162	82%
Burrillville	149	84	56%	98	70	71%
Central Falls	148	55	37%	84	47	56%
Chariho	254	156	61%	223	187	84%
Coventry	355	219	62%	250	197	79%
Cranston	735	481	65%	591	470	80%
Cumberland	307	216	70%	234	211	90%
East Greenwich	196	143	73%	164	152	93%
East Providence	365	191	52%	219	165	75%
Exeter-West Greenwich	135	96	71%	126	112	89%
Foster-Glocester	167	107	64%	114	97	85%
Johnston	223	142	64%	138	97	70%
Lincoln	236	156	66%	193	166	86%
Middletown	133	97	73%	127	113	89%
Narragansett	87	47	54%	96	85	89%
Newport	141	67	48%	67	52	78%
North Kingstown	312	239	77%	280	256	91%
North Providence	257	148	58%	135	98	73%
North Smithfield	132	89	67%	103	91	88%
Pawtucket	472	200	42%	290	219	76%
Portsmouth	215	161	75%	209	184	88%
Providence	1,415	637	45%	890	614	69%
Scituate	124	101	81%	104	94	90%
Smithfield	184	136	74%	117	99	85%
South Kingstown	268	202	75%	131	114	87%
Tiverton	131	92	70%	76	67	88%
Warwick	640	386	60%	474	395	83%
West Warwick	228	104	46%	136	102	75%
Westerly	191	132	69%	148	125	84%
Woonsocket	295	133	45%	157	110	70%
Beacon Charter High School for the Arts	*57*	*40*	*70%*	*40*	*27*	*68%*
Blackstone Academy	*44*	*29*	*66%*	*19*	*16*	*84%*
Paul Cuffee Charter School	*60*	*35*	*58%*	*42*	*27*	*64%*
The Greene School	*33*	*20*	*61%*	*20*	*19*	*95%*
RI Nurses Institute Middle College	*35*	*15*	*43%*	*31*	*27*	*87%*
Sheila "Skip" Nowell Leadership Academy	*26*	*	*19%*	*	*	*25%*
Trinity Academy for the Performing Arts	*24*	*13*	*54%*	*0*	*NA*	*NA*
Village Green Virtual Public Charter School	*45*	*22*	*49%*	*0*	*NA*	*NA*
William M. Davies Jr. Career & Technical High School	*180*	*83*	*46%*	*109*	*77*	*71%*
Metropolitan Regional Career and Technical Center	*193*	*80*	*41%*	*127*	*81*	*64%*
Four Core Cities	*2,330*	*1,025*	*44%*	*1,421*	*990*	*70%*
Remainder of State	*6,605*	*4,318*	*65%*	*4,986*	*4,188*	*84%*
Rhode Island	*9,644*	*5,685*	*59%*	*6,800*	*5,453*	*80%*

Source of Data for Table/Methodology

of students who graduated from high school in 2016, # of 2016 high school graduates who enrolled in college within six months, # of students who enrolled in college in 2015, and # of 2015 college enrollees who persisted (were enrolled for a third semester) are all from Rhode Island Department of Education. Percentages may not sum exactly due to rounding.

Four core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

New Shoreham, 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 district totals and in the four core cities, remainder of the state, and state total.

NA Schools did not have students graduating in this year.

Charter schools include Beacon Charter School for the Arts, Blackstone Academy, Paul Cuffee Charter School, The Greene School, Rhode Island Nurses Institute Middle College Charter School, Sheila "Skip" Nowell Leadership Academy, Trinity Academy for the Performing Arts, and the Village Green Virtual Public Charter School. State-operated schools include William M. Davies Jr. Career and Technical High School, DCYF, Metropolitan Regional Career and Technical Center, and Rhode Island School for the Deaf.

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[3] U.S. Census Bureau, American Community Survey, 2012-2016. Table B23006.

[4] U.S. Census Bureau, American Community Survey, 2012-2016. Table S2301.

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(continued on page 189)

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 teens with disabilities have the highest rates of disconnection from both school and work.[1,2] Disconnected youth are more likely to live in poverty, experience poor physical and mental health, have low educational attainment, have a disability, commit a crime, experience difficulties maintaining employment, earn low wages, and need public benefits to make ends meet.[3,4,5]

Adult mentoring, civic engagement, volunteering, out-of-school programs, job training, and school-to-career programs build skills and relationships that lessen the likelihood of teens becoming disconnected from school and work.[6,7,8] Youth who are consistently connected to work and school make the transition to adulthood better than those who are initially connected, later connected, or never connected, regardless of race, ethnicity, or immigration status.[9]

Between 2012 and 2016, an estimated 3,604 (5.8%) 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, 56% were males and 44% were females. Fifty-three percent of these youth were high school graduates, and 47% had not graduated from high school.[10]

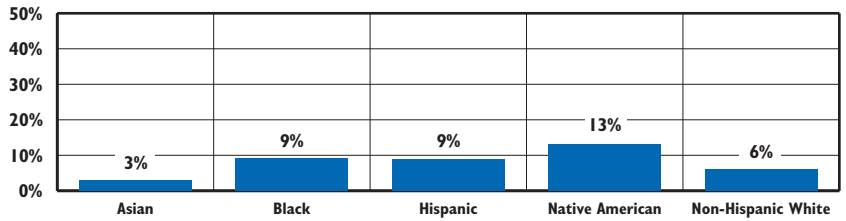
Teens Not in School and Not Working

	2016
RI	3%
US	7%
National Rank*	*1st*
New England Rank**	*1st*

**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

Percentage of U.S. Youth Ages 16 to 19, Not in School and Not Working, by Race and Ethnicity, 2016



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 2016 among U.S. youth ages 16 to 19, 13% of Native American youth, 9% of Black youth, and 9% of Hispanic youth were not in school and not working, compared to 6% of White youth and 3% of Asian youth.[12]**

◆ **The economic recession had a negative impact on the job market for youth and young adults. In 2015, there were almost 10.2 million young people ages 16-29 in the U.S. who were neither working nor enrolled in school.[13]**

◆ **While Rhode Island has a low overall youth disconnection rate, there are striking racial and ethnic disparities. In 2015 in Rhode Island, the Latino youth disconnection rate of 18.5% was nearly triple the White youth disconnection rate of 6.7%.[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 guidance counselor, school principal, and at least one parent or guardian. Alternative learning plans must be approved by the district superintendent.[15]**

◆ **As of 2015, 24 states (including Rhode Island) had compulsory attendance to age 18, 11 states to age 17, and 15 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 2012 and 2016, the unemployment rate for Rhode Island adults ages 25 to 64 with a bachelor's degree or higher was 3.4%, compared with 9.7% for high school graduates and 12.8% for those with less than a high school diploma.[17]**

◆ **Successful strategies to connect youth to work and school must be comprehensive, including high-quality preschool and K-12 public schooling, attention to community engagement in schools, targeted workforce development programs, and multiple pathways to high school graduation and employment.[18,19]**

◆ **Programs and alternative schools that enable students to earn college credits while working towards their high school degrees can improve high school graduation rates and better prepare students for college completion and high-skill careers.[20]**

Youth Work Experience

◆ **Work experience during the teen years increases academic achievement, employability, and wages into early adulthood.[21]**

◆ **Public and private investment in summer work programs helps keep adolescents attached to constructive youth development activities, increases employment rates, and helps reduce youth violence.[22,23]**

◆ **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, as well as help them to make informed decisions about their future. Many work-based learning internship programs allow youth to receive school credit and/or earn money, while gaining important workplace experience.[24,25]**

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Methodology

The *2018 Rhode Island Kids Count Factbook* examines 71 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, 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 presented for each of Rhode Island's cities and towns, the state as a whole, and the four core cities.
- ***Four Core Cities Data:*** The core cities are the four Rhode Island communities with the highest percentages of children living below the poverty threshold according to the 2012-2016 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.
- ***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 deaths between 2012 and 2016. 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 deaths 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 four sources of U.S. Census Bureau data used in the Factbook: Census 2010, the Current Population Survey, Population Estimates, and the American Community Survey. In all city/town tables that require population statistics, data is from Census 2010 (as is stated in Source sections). Throughout the text portions of each indicator, all four sources are used and the relevant citations provide clarification on which source the data come from.

Starting with the *2012 Rhode Island Kids Count Factbook*, rates that use the child population as the denominator are based on Census 2010. Previous years are based on Census 2000. In instances where Census 2010 data is used in the denominator, caution should be taken when comparing new rates with those for past years, as actual population numbers may have changed.

Whenever possible, Census data are updated using the most recent data

from Census 2010; however, Census 2010 was a briefer survey 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.

In 2015, the U.S. Census Bureau discontinued publishing three-year estimates of the American Community Survey. Beginning with the *2016 Rhode Island Kids Count Factbook*, five-year estimates are used in all indicators that had used three-year estimates in prior Factbooks.

Margins of Error for Median Family Income and Children in Poverty

The 2012-2016 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 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. Margins of Error are provided for all communities in the tables in this section.

Margins of Error, Median Family Income, Rhode Island, 2012-2016

CITY/TOWN	2012-2016 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18	MARGIN OF ERROR
Barrington	$152,442	$15,692
Bristol	$82,569	$13,975
Burrillville	$75,181	$29,181
Central Falls	$28,585	$3,987
Charlestown	$86,458	$9,993
Coventry	$94,982	$9,722
Cranston	$80,321	$5,484
Cumberland	$98,588	$10,870
East Greenwich	$165,658	$22,716
East Providence	$60,149	$5,654
Exeter	$102,708	$18,362
Foster	$99,038	$38,203
Glocester	$109,744	$8,097
Hopkinton	$88,785	$15,516
Jamestown	$139,076	$56,265
Johnston	$87,167	$20,950
Lincoln	$74,375	$25,454
Little Compton	$130,875	$33,111
Middletown	$74,250	$9,172
Narragansett	$129,375	$12,366
New Shoreham	$64,821	$33,534
Newport	$51,547	$20,255
North Kingstown	$106,111	$8,361
North Providence	$79,014	$9,096
North Smithfield	$104,727	$14,252
Pawtucket	$42,667	$2,441
Portsmouth	$112,050	$12,969
Providence	$34,524	$2,933
Richmond	$118,309	$22,622
Scituate	$91,500	$20,031
Smithfield	$102,250	$19,566
South Kingstown	$109,519	$7,286
Tiverton	$81,484	$12,218
Warren	$58,199	$7,430
Warwick	$82,753	$6,212
West Greenwich	$103,864	$25,516
West Warwick	$54,512	$7,751
Westerly	$64,577	$15,654
Woonsocket	$32,386	$4,903
Four Core Cities	*NA*	*NA*
Remainder of State	*NA*	*NA*
Rhode Island	*$69,335*	*$2,173*

Margins of Error, Children Living Below the Federal Poverty Threshold, Rhode Island, 2012-2016

CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2012-2016			
#	MARGIN OF ERROR	%	MARGIN OF ERROR
43	57	1.0%	1.30%
249	129	7.6%	3.83%
493	214	15.1%	6.25%
2,364	380	41.6%	5.70%
187	145	13.3%	10.06%
741	258	11.1%	3.76%
2,475	499	15.9%	3.07%
738	251	10.6%	3.51%
55	60	1.6%	1.76%
1,156	312	12.8%	3.32%
118	104	10.2%	8.87%
41	56	5.3%	7.15%
86	87	4.5%	4.54%
104	81	6.9%	5.22%
138	116	13.8%	11.06%
623	253	12.0%	4.63%
652	214	13.3%	4.16%
54	57	9.6%	9.89%
414	124	11.3%	3.25%
30	57	1.5%	2.89%
20	36	22.2%	38.04%
612	178	17.4%	4.71%
622	206	10.6%	3.43%
568	196	10.8%	3.58%
46	58	2.0%	2.57%
4,859	605	30.7%	3.48%
144	95	4.1%	2.68%
15,068	1,252	37.5%	2.85%
65	80	4.0%	4.85%
231	154	11.8%	7.70%
39	64	1.1%	1.86%
450	179	9.6%	3.72%
298	132	10.7%	4.57%
327	150	17.8%	7.81%
900	211	6.2%	1.43%
-	51	-	3.19%
1,191	336	22.2%	5.86%
824	310	19.6%	7.01%
3,674	502	41.1%	4.68%
25,965	*928*	*36.7%*	*1.19%*
14,734	*674*	*10.6%*	*0.47%*
40,699	*1,782*	*19.4%*	*0.83%*

For source information see page 25.

Methodology

Methodology for Homeless Children

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 new threshold, also called a reference value, is based on the U.S. population of children age 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.

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 youth they arrest.

They submit this information to the Rhode Island Public Safety Grant Administration Office on a monthly basis, and the information is aggregated into a summary report submitted annually to the federal Office of Juvenile Justice and Delinquency Prevention. More information can be found at www.rijustice.ri.gov.

Assault offenses in this indicator include simple assault, robbery, assault, felony assault, assault with a dangerous weapon, domestic assault, assault on a police officer, threats, assault on a school teacher, kidnapping, fighting, intimidating witness, stalking, cyber-stalking, and murder.

Weapons offenses in this indicator include possession of an unspecified weapon, possession of a knife, possession of a firearm, possession of a weapon at school, possession of a bb gun, discharging a firearm, possession of ammunition, possession of a dangerous weapon, carrying a concealed weapon, and discharging a bb gun.

Methodology for Child Deaths due to Child Abuse and Neglect

Beginning with the 2013 Factbook, child deaths due to child abuse and neglect 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 Academy for Career Exploration, the New England Laborers'/Cranston Public Schools Construction Career Academy, and Times2 Academy are all 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.

Partnership for Assessment of Readiness for College and Careers (PARCC)

Starting in the 2014-2015 school year, Rhode Island began using a new statewide assessment, the *Partnership for Assessment of Readiness for College and Careers (PARCC)*. The *PARCC* is aligned to the Common Core State Standards. The English language arts *PARCC* assesses students' ability to read and comprehend complex texts, use different sources to compare and synthesize ideas, and write effectively. The math *PARCC* 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 *PARCC* assessment, divided by the number of students who took that assessment.

PARCC 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 *PARCC* replaced the *New England Common Assessment Program (NECAP)*, which was administered in Rhode Island between 2005 and 2013. Results from the *PARCC* are not comparable with *NECAP* 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.

Methodology for Schools Identified for Intervention

The Rhode Island Department of Education (RIDE) classifies schools based on a Composite Index Score that is comprised of four criteria: proficiency levels on the *PARCC* English language arts and math assessments, gap closure, student growth, and the graduation rate.

RIDE uses three school classifications. Priority schools have the lowest index scores in the state. Focus scores have the lowest scores, aside from Priority schools for proficiency or gap closing. Commended schools have the highest index scores in the state and no achievement gaps. They can be recognized either for high achievement or for closing gaps. Aside from Commended, Focus, and Priority schools, no other schools receive classifications.

Limitations of the Data

In any data collection process there are always concerns about the accuracy and completeness of the data that are collected. All data used in Factbook indicators were collected through routine data collection systems operated by different federal and state agencies. We do not have estimates of the completeness of reporting for these systems.

Methodology & 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 2018 federal poverty threshold was $20,780 for a family of three with two children and $25,100 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 Federal Poverty Guidelines

FEDERAL POVERTY GUIDELINES	ANNUAL INCOME FAMILY OF THREE	ANNUAL INCOME FAMILY OF FOUR
50% FPL	$10,390	$12,550
100% FPL	$20,780	$25,100
130% FPL	$27,014	$32,630
150% FPL	$31,170	$37,650
180% FPL	$37,404	$45,180
185% FPL	$38,443	$46,435
200% FPL	$41,560	$50,200
225% FPL	$46,755	$56,475
250% FPL	$51,950	$62,750

(continued from page 11)

References for Children in Single Parent Families

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Source of Data for Table/Methodology for Children Participating in School Breakfast

Children are counted as low-income if they are eligible for a 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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Rhode Island KIDS COUNT Committees

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