2020 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, Nellie Mae Education Foundation, ZERO TO THREE, The Hassenfeld Family Foundation, DentaQuest Partnership, van Beuren Charitable Foundation, Partnership for America's Children, Alletta Morris McBean Charitable Trust, 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 Tufts Health Plan Foundation.

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 *2020 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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2020 Rhode Island Kids Count Factbook

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Overview

(Loving) The World And Everything In It
celebrating Mary Oliver

by Marjory Wentworth

Each day I walk out
onto the damp grass
before the sun has spoken,
because I love the world
and the miracle of morning.

I love to stand beside
the old oak trees
beneath a symphony
of birdsong and listen
to every perfect note

while the wind passes
around me like a warm sea.
Sometimes a feather
drifts down into my hands;
I hold it and imagine flying.

The *2020 Rhode Island Kids Count Factbook* is the twenty-sixth 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 *2020 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 *2020 Rhode Island Kids Count Factbook* examines 70 indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety, and Education. All areas of child well-being are interrelated and critical throughout a child's development. A child's safety in his or her family and community affects school performance; a child's economic security affects his or her health and education. The *2020 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 18.2% between 2014 and 2018, during which time 37,402 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 2014 and 2018, 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 Success for All Children

Improving student achievement, high school graduation, and postsecondary attainment rates in Rhode Island will require that schools and community leaders 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. This work must include a strong focus on equity and ensuring that all students, including low-income students, students of color, Multilingual Learners/English Learners, and students with disabilities, receive the support they need to succeed.

Family and Community

Metaphor

by Eve Merriam

Morning is
a new sheet of paper
for you to write on.

Whatever you want to say,
all day,
until night
folds it up
and flies it away.

The bright words and the dark words
are gone
until dawn
and a new day
to write on.

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 1,057,315 Rhode Island residents in 2018. Children under age 18 make up 19% of the population. Rhode Island's child population decreased from 247,822 in 2000 to 223,956 in 2010 and then further to an estimated 203,908 in 2018 (18% decrease from 2000 to 2018).[1,2,3] Between 2014 and 2018, there were 106,070 households with children under age 18 in Rhode Island, representing 26% of all households.[4] Twenty-six percent of Rhode Island children were under age five, 28% were ages five to nine, 28% were ages 10 to 14, and 18% were ages 15 to 17.[5]

In Rhode Island, between 2014 and 2018, 123,173 (66%) children under age 18 lived in married-couple households, 63,859 (34%) children lived in single-parent households, and 17,902 (9%) children lived with relatives, including grandparents. A total of 3,194 (2%) children lived with foster families or other non-relative heads of household. There were 709 (<1%) children and youth under age 18 who lived in group quarters and 32 (<1%) youth who were householders or spouses.[6,7,8]

Rhode Island's children are diverse in race, ethnicity, language, and country of origin. Mirroring the national trend, the Hispanic child population in Rhode Island has grown since 2000, both in numbers and as a percentage of the child population. Hispanics make up 25% of children under age 18 in the United States and 25% of children under age 18 in Rhode Island.[9,10,11]

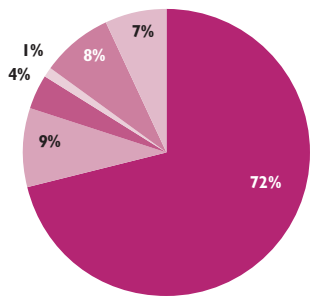
Between 2014 and 2018, there were 8,525 foreign-born children under the age of 18 living in Rhode Island, representing approximately 4% of the child population.[12] Of Rhode Island children ages five to 17, 77% speak only English at home, 17% speak Spanish, 4% speak other Indo-European languages, 2% speak Asian or Pacific Island languages, and 1% speak other languages at home.[13]

Sexual orientation is another important facet of diversity among youth. According to the *2019 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, 2014-2018

By Race/Ethnicity*

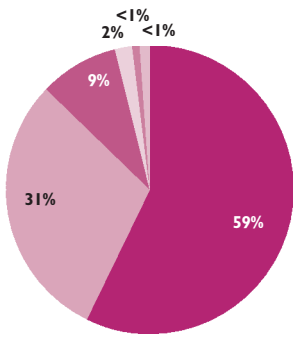
72%	White
9%	Black
4%	Asian
1%	American Indian and Alaska Native
8%	Some Other Race
7%	Two or More Races



n=208,869

By Family Structure

59%	Married-Couple**
31%	Single-Parent**
9%	Other Relatives
2%	Foster Family or Other Unrelated Household
<1%	Group Quarters
<1%	Child is Head of Household



n=208,869

**Hispanic children may be included in any race category. Of Rhode Island's 208,869 children, 51,471 (25%) were Hispanic.*

Source: U.S. Census Bureau, American Community Survey, 2014-2018. 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, 2014-2018. Tables B09001, B09002, and B09018.

Decennial Census 2020

◆ The decennial Census count is used to apportion the 435 members of the U.S. House of Representatives and to allocate federal program funding to each state for the following decade.[15] These federal funds support a wide array of programs that improve outcomes for children and families in Rhode Island.[16]

◆ Certain populations have been historically undercounted in the decennial Census, including young children under age five, immigrants, low-income populations, people of color, people experiencing homelessness, and people in non-traditional households.[17]

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.

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[1] U.S. Census Bureau, American Community Survey, 2018. Table S0201.

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

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

[4] U.S. Census Bureau, American Community Survey, 2014-2018. Table S1101.

[5] U.S. Census Bureau, American Community Survey, 2014-2018. Table B01001.

[6] U.S. Census Bureau, American Community Survey, 2014-2018. Table B09002.

[7] U.S. Census Bureau, American Community Survey, 2014-2018. Table B09018.

[8] U.S. Census Bureau, American Community Survey, 2014-2018. Table B09001.

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[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.

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[12] U.S. Census Bureau, American Community Survey, 2014-2018. Table B05003.

[13] U.S. Census Bureau, American Community Survey, 2014-2018. Table B16007.

[14] *2019 Youth Risk Behavior Survey,* Rhode Island Department of Health.

[15,17] U.S. Census Bureau. (2018). *2020 Census: Counting everyone once, only once, and in the right place.* Retrieved January 23, 2020 from www2.census.gov

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Children in Single-Parent Families

DEFINITION

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

SIGNIFICANCE

According to the U.S. Census Bureau's American Community Survey, there were 187,032 children living with one or more parents in Rhode Island between 2014 and 2018. Of these, 34% (63,859) were living with an unmarried parent, down from 36% of children between 2009 and 2013.[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 2014 and 2018, 75% of children living in poverty in Rhode Island were living in single-parent families. Children in single-parent families in Rhode Island were more than five times more likely to be living in poverty than those in married-couple families. Between 2014 and 2018 in Rhode Island, 37% of children in single-parent families lived in poverty, compared to 7% of children in married-couple families.[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 more likely than their peers to have 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]

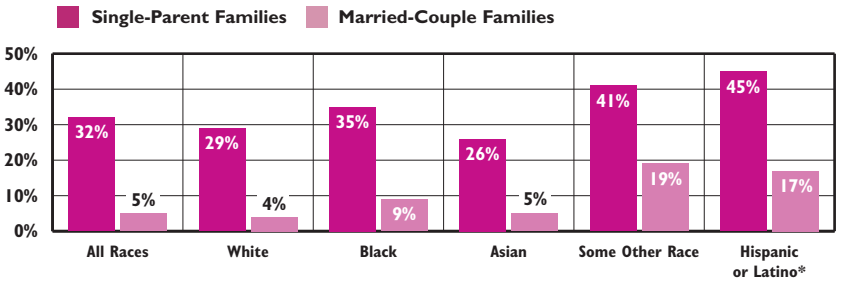
Single-Parent Families

	2008	2018
RI	34%	38%
US	32%	35%
National Rank*		*37th*
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, 2014-2018



Source: U.S. Census Bureau, American Community Survey, 2014-2018. Tables B17010, B17010A, B17010B, B17010D, B17010F, B17010I. *Hispanic or Latino may be in any race category.

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

Family Structure and Child Well-Being

◆ **Family structure influences children's social, emotional, and cognitive development. 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 families with only biological parent(s) and full sibling(s), and 41% live in 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 and has been around 40% since 2009.[17,18] Babies born to cohabiting couples comprise 25% of all births and 60% of nonmarital births in the U.S., and they account for nearly the entire increase in nonmarital births.[19]**

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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[14] National Conference on State Legislators. (2012). *Child poverty rates and family structure.* Retrieved January 7, 2020, from www.ncsl.org

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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

The number of grandparents raising grandchildren is on the rise. In the United States, eight million grandchildren live in households headed primarily by grandparents, and 2.7 million of these grandparents serve as the primary caregiver. Black and American Indian and Alaskan Native children are more likely to be cared for by grandparents than other groups.[1]

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

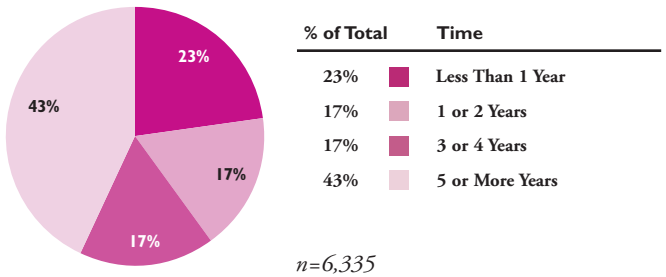
Twice as many grandmothers are involved in raising grandchildren than grandfathers. Forty percent of grandmother-only caregivers live below the poverty line, and 76% receive public assistance. Nearly one in five of all grandparent caregivers live in poverty.[4,5]

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

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

Grandparent caregivers are at risk for poor physical and mental health. 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 legal process required for permanent status in order to avoid strain on family relationships and due to cost.[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, 2014-2018



Source: U.S. Census Bureau, American Community Survey, 2014-2018. Table B10050.

◆ **Between 2014 and 2018, there were a total of 14,276 children in Rhode Island living in households headed by grandparents.[13] During this time period, there were 6,335 grandparents who were financially responsible for their grandchildren, 59% of whom had been financially responsible for three or more years.[14]**

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

◆ **Children in the child welfare system have more adverse childhood experiences which contribute to negative health outcomes in adulthood. Children in kinship foster care have better physical and mental 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, 2019, there were 809 children under age 19 in DCYF care who were in out-of-home placements with a grandparent or other relative. These children made up 40% of all children in out-of-home placements in Rhode Island.[18]**

◆ **The federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* helps keep families together and improve outcomes by allowing federal dollars to support children exiting foster care to permanent homes with relative guardians.[19] Rhode Island is one of 35 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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[13] U.S. Census Bureau, American Community Survey, 2014-2018. Table B09018.

[14] U.S. Census Bureau, American Community Survey, 2014-2018. Table B10050.

[15] U.S. Census Bureau, Census 2010.

(continued on page 174)

Mother's Education Level

DEFINITION

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

SIGNIFICANCE

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

Infant mortality rates increase as mother's education levels decrease.[3] For example, in Rhode Island between 2014-2018, babies born to mothers with a high school degree or less had a higher infant mortality rate (5.3 per 1,000) than babies born to mothers with more advanced education (3.2 per 1,000 births).[4]

Children of more highly educated parents participate in early learning programs and home literacy activities more frequently and enter school with higher levels of academic skills. Increasing maternal education can improve children's school readiness, language and academic skills, health, employment opportunities, and earnings.[5,6,7] Higher levels of parental education can decrease the likelihood that a child will live in poverty.[8] Between 2014-2018, women with bachelor's degrees in Rhode Island earned 2.3 times more than those with less than a high school diploma and 1.7 times more than women with a high school diploma.[9]

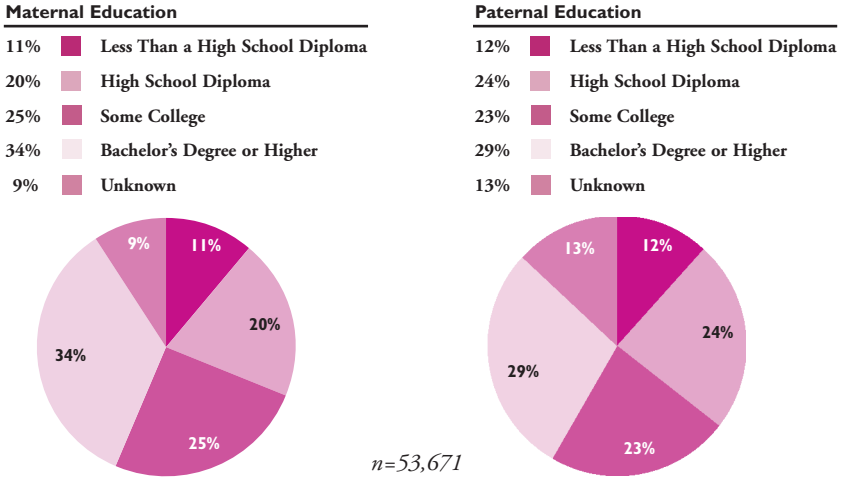
Between 2014-2018, 11% of Rhode Island births were to mothers with less than a high school diploma and 59% were to mothers with at least some college education.[10] Nationally in 2017, 12% of school-aged children lived with mothers with less than a high school diploma, and 65% had mothers with at least some college education.[11]

Births to Mothers With Less Than a High School Diploma, Rhode Island, 2014-2018

CITY/TOWN	% OF BIRTHS
Central Falls	33%
Pawtucket	15%
Providence	21%
Woonsocket	18%
Four Core Cities	*20%*
Remainder of State	*5%*
Rhode Island	*11%*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2014-2018.

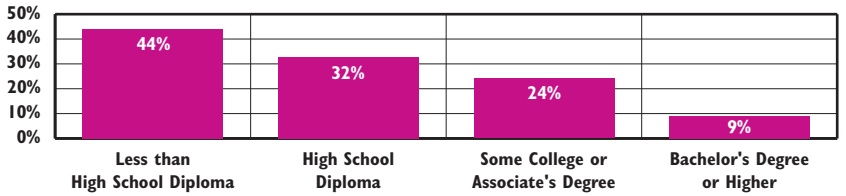
Births by Parental Education Levels, Rhode Island, 2014-2018



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2014-2018.

In Rhode Island between 2014 and 2018, 31% of all infants were born to mothers with a high school diploma or less, and 36% were born to fathers with a high school diploma or less.[12]

Poverty Rates for Families Headed by Single Women by Educational Attainment, Rhode Island, 2014-2018



Source: U.S. Census Bureau, American Community Survey, 2014-2018. Table S1702.

In Rhode Island between 2014 and 2018, 44% of families headed by single women with less than a high school diploma lived in poverty, compared with 9% of those with a bachelor's degree or higher.[13]

Table 4.

Births by Education Level of Mother, Rhode Island, 2014-2018

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	551	416	75%	52	9%	28	5%	9	*
Bristol	681	307	45%	191	28%	116	17%	33	5%
Burrillville	660	219	33%	206	31%	151	23%	40	6%
Central Falls	1,598	98	6%	325	20%	447	28%	525	33%
Charlestown	257	103	40%	67	26%	54	21%	14	5%^
Coventry	1,485	593	40%	474	32%	263	18%	67	5%
Cranston	3,889	1,602	41%	1,037	27%	678	17%	259	7%
Cumberland	1,783	980	55%	399	22%	213	12%	57	3%
East Greenwich	520	375	72%	59	11%	32	6%	9	*
East Providence	2,301	881	38%	589	26%	479	21%	177	8%
Exeter	242	127	52%	55	23%	33	14%	15	6%^
Foster	176	63	36%	62	35%	31	18%	8	*
Glocester	347	149	43%	122	35%	47	14%	7	*
Hopkinton	282	124	44%	71	25%	51	18%	16	6%^
Jamestown	119	81	68%	24	20%	2	*	1	*
Johnston	1,297	470	36%	406	31%	241	19%	76	6%
Lincoln	966	489	51%	250	26%	127	13%	40	4%
Little Compton	82	40	49%	26	32%	6	*	1	*
Middletown	850	428	50%	199	23%	127	15%	35	4%
Narragansett	286	166	58%	61	21%	31	11%	10	*
New Shoreham	42	14	33%^	16	38%^	4	*	2	*
Newport	1,247	541	43%	216	17%	221	18%	163	13%
North Kingstown	1,113	623	56%	214	19%	152	14%	47	4%
North Providence	1,601	606	38%	462	29%	309	19%	90	6%
North Smithfield	404	190	47%	115	28%	53	13%	14	3%^
Pawtucket	4,809	960	20%	1,316	27%	1,253	26%	736	15%
Portsmouth	654	387	59%	150	23%	57	9%	11	2%^
Providence	12,406	2,469	20%	2,787	22%	2,997	24%	2,616	21%
Richmond	281	142	51%	61	22%	51	18%	9	*
Scituate	410	201	49%	120	29%	49	12%	10	*
Smithfield	691	378	55%	179	26%	84	12%	11	2%^
South Kingstown	792	467	59%	134	17%	95	12%	41	5%
Tiverton	598	261	44%	183	31%	91	15%	30	5%^
Warren	444	178	40%	130	29%	86	19%	22	5%^
Warwick	3,814	1,669	44%	1,104	29%	667	17%	168	4%
West Greenwich	235	123	52%	51	22%	36	15%	8	*
West Warwick	1,710	442	26%	573	34%	438	26%	168	10%
Westerly	922	392	43%	234	25%	203	22%	55	6%
Woonsocket	2,808	392	14%	698	25%	920	33%	515	18%
*Unknown***	*318*	*136*	*43%*	*89*	*28%*	*51*	*16%*	*13*	*4%^*
Four Core Cities	*21,621*	*3,919*	*18%*	*5,126*	*24%*	*5,617*	*26%*	*4,392*	*20%*
Remainder of State	*31,732*	*14,227*	*45%*	*8,292*	*26%*	*5,306*	*17%*	*1,723*	*5%*
Rhode Island	*53,671*	*18,282*	*34%*	*13,507*	*25%*	*10,974*	*20%*	*6,128*	*11%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2014-2018. 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 2014 and 2018, maternal education levels were unknown for 4,780 births (9%).

* 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 include three births with missing maternal residence data.

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

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Racial and Ethnic Diversity

DEFINITION

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

SIGNIFICANCE

Racial and ethnic diversity has increased in the United States over the last several decades and is projected to rise in the future.[1] Since 2000, all of the growth in the child population in the U.S. has been among children of color.[2] In 2018, 50% of all U.S. children were children of color.[3] In Rhode Island between 2000 and 2010, the Hispanic child population grew by 31% while the non-Hispanic White child population declined by 21%.[4]

In 2010, 36% of children in Rhode Island were children of color, up from 27% in 2000. The number of children of color grew by about 13,000 between 2000 and 2010, and the number of non-Hispanic White children decreased by over 37,000 during the same period.[5,6]

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]

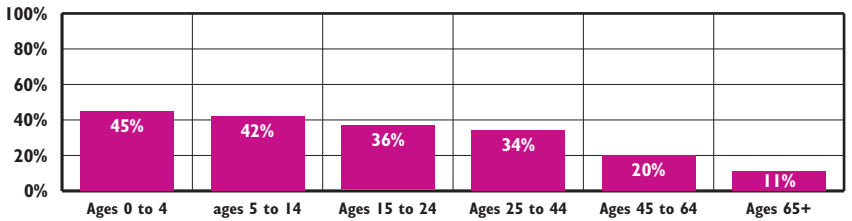
In 2010, two-thirds (67%) of all children of color in Rhode Island lived in the four core cities of Central Falls, Pawtucket, Providence, and Woonsocket. Almost three-quarters (74%) of children living in the four core cities were children of color.[8]

Between 2014 and 2018, there were 8,525 foreign-born children living in Rhode Island, 31% of whom were naturalized U.S. citizens.[9] Of Rhode Island's immigrant children, 26% were born in Asia, 27% were born in the Caribbean, 23% were born in Central or South America, 14% were born in Africa, 8% were born in Europe, and 3% were born in North America (Canada, Bermuda, or Mexico).[10]

Between 2014 and 2018, 23% of children between the ages of five and 17 living in Rhode Island spoke a language other than English at home, 95% of whom spoke English well or very well.[11]

Many schools, child care providers, health care providers, social service agencies, and other community organizations are working to adapt their practices to be more culturally competent and better serve this increasingly diverse child population.[12]

Percent of Population Identified as People of Color by Age, Rhode Island, 2018



Source: U.S. Census Bureau, Population Estimates, 2018.

◆ Young children in Rhode Island are more likely to be identified as people of color than any other age group. In 2018, 45% of Rhode Island children under age five identify as people of color, compared with 34% of adults ages 25 to 44 and 11% of people age 65 or over.[13]

◆ In 2018, the median age of Hispanic Rhode Islanders was 28 years, compared with 46 years for White Rhode Islanders, 34 years for Native American Rhode Islanders, 33 years for Black Rhode Islanders, 32 years for Asian Rhode Islanders, and 20 years for Rhode Islanders of Two or more races.[14]

◆ In 2018, 96% 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), almost the same as the U.S. rate of 25%.[16] Nearly all (98%) Rhode Island children in immigrant families have parents who arrived in this country more than five years ago.[17]

◆ In Rhode Island in 2018, the median family income for children in immigrant families was $54,100, compared to $87,000 for children in non-immigrant families.[18] Between 2014 and 2018, 67% 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] In 2018, 19% of Rhode Island children in immigrant families lived 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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(continued on page 174)

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, economic, and social problems.[2,3] Between 2014 and 2018, 18% of all Rhode Island children lived in poverty, 70% of whom were children of color.[4]

Black, Latino, and Native American children are more likely than White and Asian children to live in neighborhoods of concentrated poverty and face challenges above and beyond the burdens of individual poverty.[5] In Rhode Island, almost one-third (32%) of Latino children live in concentrated poverty, higher than any other state except Pennsylvania (35%).[6]

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), and more than three quarters of the children in Providence (84%) and Central Falls (87%) were children of color.[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]

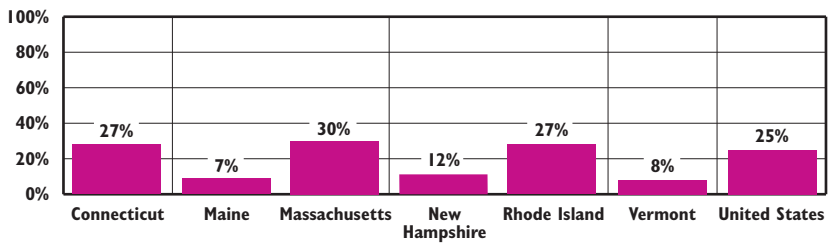
Black and Hispanic families were disproportionately impacted by the economic recession. The median net worth of Black and Hispanic families fell more than White families from 2007 through 2013. While the net worth of all families increased from 2013 through 2016, the median net worth of White households was almost 10 times greater than Black families and eight times higher than Hispanic families in 2016.[10] In Rhode Island, Black and Latino 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 Latino students have become increasingly segregated from White students over the last 30 years. White students generally attend schools that are disproportionately White and low-poverty, while Black and Latino students attend schools that are disproportionately students of color and high-poverty.[12,13]

◆ 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, less access to health care, 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, 2017-2018



Source: The Urban Institute Children of Immigrants Data Tool, Data from 2017-2018, www.urban.org

*Percentage reported represents children living in a family with at least one foreign-born parent..

◆ Children in immigrant families are defined as children under age 18 living in a family with at least one foreign-born parent. In 2017-2018, 27% (55,000) of Rhode Island children were living in immigrant families.[16]

◆ More than half (53%) of Rhode Island's Hispanic children live in an immigrant family.[17]

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

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children in Poverty	14%	35%	26%	12%	63%	18%
Births to Mothers with <12 Years Education	6%	25%	13%	7%	23%	11%
Unemployment Rate	3.3%	6.1%	4.6%	NA	NA	3.5%
Median Family Income	$88,569	$40,624	$49,980	$82,051	$35,796	$81,822
Homeownership	65%	28%	32%	49%	20%	60%

Sources: *Children in Poverty* data are from the U.S. Census Bureau, American Community Survey, 2014-2018. Tables S1701, B17020A, B17020B, B17020C, B17020D & B17020I. *Maternal Education* data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018 (race data is non-Hispanic). *Unemployment Rate* data are from the Bureau of Labor Statistics, Local Area Unemployment Statistics, 2019. *Median Family Income* data are from the U.S. Census Bureau, American Community Survey, 2014-2018, Tables B19113, B19113A, B19113B, B19113C, B19113D & B19113I. *Homeownership* data are from the U.S. Census Bureau, American Community Survey, 2014-2018, Tables B25003, B25003A, B25003B, B25003C, B25003D & B25003I. For U.S. Census Bureau data, Hispanics may be included in any of the race categories. All Census data refer only to those individuals who selected one race. NA indicates that the rate was suppressed because the number was too small to calculate a reliable rate.

◆ **Between 2014 and 2018 in Rhode Island, 18% of all children, 63% of Native American children, 35% of Hispanic children, 26% of Black children, 14% of White children, and 12% of Asian children in Rhode Island lived in families with incomes below the federal poverty threshold.[18]**

◆ **Between 2014 and 2018 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 2019 in Rhode Island, the unemployment rate among White workers was 3.3%, compared to 4.6% for Black workers and 6.1% for Hispanic workers. Nationally, the unemployment rate for White workers in 2019 was 3.3%, compared to 6.1% for Black workers and 4.3% 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, and Black children in Rhode Island are all more likely than White and Asian 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	2.4%	2.3%	1.4%	4.9%	NA	2.2%
Women With Delayed or No Prenatal Care	13.4%	18.2%	22.3%	16.4%	21.2%	15.9%
Preterm Births	8.1%	9.3%	11.2%	7.5%	13.2%	8.7%
Low Birthweight Infants	6.6%	8.0%	11.1%	7.5%	12.5	7.5%
Infant Mortality (per 1,000 live births)	3.3	5.5	10.6	5.2^	*	5.2
Births to Teens Ages 15-19 (per 1,000 teens)	7.5	31.7	16.6	3.3	26.7	14.0

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018 unless otherwise specified. Race and ethnicity is self-reported. Race data is non-Hispanic, except for *Infant Mortality* where Hispanic can be of any race. *Children Without Health Insurance* data are from the U.S. Census Bureau, American Community Survey, 2018, Tables B27001, B27001A, B27001B, B27001D & B27001I. For U.S. Census Bureau data, Hispanic also may be included in any of the race categories. For *Births to Teens* the denominator is the female population ages 15 to 19 by race and ethnicity from CDC Wonder. Note that the All Races total for *Births to Teens* does not match the Rhode Island total presented by city and town in the *Births to Teens* indicator, which uses American Community Survey data by city and town as the denominator.

*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 and to have infants with low birthweight. Native American, Black, and Hispanic women are also more likely to have preterm births than White and Asian women. Black children are more likely to die in infancy than White, Hispanic, or Asian children. Hispanic, Native American, 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, children of Two or more races and Black children are the most likely of all racial and ethnic groups to have asthma.[25]**

◆ **In 2018, 95% of U.S. children had health insurance coverage. Hispanic (92%) 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)	1.1	5.9	14.7	0.8	5.0	3.0
Children of Incarcerated Parents (per 1,000 children)	6.7	15.3	46.6	1.7	33.1	12.2
Children in Out-of-Home Placement (per 1,000 children)	6.1	12.7	17.9	2.3	6.4	7.2

Sources: Youth at the Training School data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, Calendar Year 2019. Children of Incarcerated Parents data are from the Rhode Island Department of Corrections, September 30, 2019 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, 2019. Population denominators used for Youth at the Training School are youth ages 13 to 18 by race from the U.S. Census Bureau, Census 2010, SF1. Population denominators used for Children of Incarcerated Parents and Children in Out-of-Home Placement are the populations under age 18 by race from the U.S. Census Bureau, Census 2010, SF1.

◆ **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 detention, processing, and incarceration in juvenile and adult 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 nation.[28]**

◆ **Black and Hispanic children in Rhode Island are more likely than their White, Asian or Native American peers to be placed out-of-home 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 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
3rd Grade Students Meeting Expectations in Reading	57%	33%	33%	58%	23%	48%
3rd Grade Students Meeting Expectations in Math	45%	21%	24%	52%	16%	36%
Four-Year High School Graduation Rates	88%	76%	81%	88%	70%	84%
Immediate College Enrollment Rates	72%	56%	61%	76%	59%	67%
% of Adults Over Age 25 With a Bachelor's Degree or Higher	35%	14%	21%	49%	17%	33%

Sources: Third Grade Students Meeting Expectations in Reading and Math data are from the Rhode Island Department of Education, Rhode Island Comprehensive Assessment System (RICAS), 2019. Four-Year High School Graduation Rates data are from the Rhode Island Department of Education, Class of 2019. Immediate College Enrollment Rates data are from the Rhode Island Department of Education, Class of 2018. Adult Educational Attainment data are from the U.S. Census Bureau, American Community Survey, 2014-2018, 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, Black, and Hispanic 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 2018-2019 school year, students of color received 56% of all disciplinary actions, although they made up only 45% 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 35,326 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 2014 and 2018, 35% of Rhode Island's Hispanic children were living in poverty, compared to 28% of Hispanic children nationally. During that same time period, the median family income for Hispanics in Rhode Island was $40,624, compared to $81,822 overall in Rhode Island.[41]**

Health

◆ **In Rhode Island between 2014 and 2018, 18.2% of Hispanic babies were born to women who received delayed or no prenatal care, compared with 15.9% of all babies in the state.[42]**

◆ **Between 2014 and 2018, Hispanic teens ages 15 to 19 in Rhode Island had a birth rate that was more than twice as high as the overall teen birth rate (31.7 per 1,000 Hispanic teens ages 15 to 19 compared to 14.0 per 1,000 for all teens).[43]**

Education

◆ **The four-year high school graduation rate among Hispanic youth in the class of 2019 was 76%, compared to Rhode Island's four-year high school graduation rate for all students 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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(continued on page 174)

Economic Well-Being

Las canciones de mi abuela

by Francisco X. Alarcon

compartían
el ritmo
de la lavadora

trasformaban
la cocina
en una pista de baile

consolaban
las sillas
patas arriba

alegraban
los retratos colgados
de las familia

arrullaban
las sábanas
en el tendedero

les daban sabor
a los frijoles
de olla

las conciones
que cantaba
mi abuela

eran capaces
de hacer salir
a las estrellas

convertir
a mi abuela
en una joven

que de nuevo
iba por aqua
al río

y hacerla
reír y llorar
a la vez

My Grandma's Songs

would follow
the beat of
the washing machine

turning
our kitchen
into a dance floor

consoling
the chairs placed
upside down

delighting
the family portraits
on the walls

putting to sleep
the sheets
on the clothesline

giving flavor
to the boiling pot
of beans

the songs
my grandma
used to sing

could make
the stars
come out

could turn
my grandma
into a young girl

going back
to the river
for water

and make her
laugh and cry
at the same time

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 2018, the median family income for Rhode Island families with their own children was $77,087.[1]

Between 2014 and 2018, in Rhode Island, the median family income for married two-parent families ($105,323) was more than twice that of male-headed single-parent families ($45,491) and more than three and a half times that of female-headed single-parent families ($28,585).[2]

Rhode Island's unemployment rate peaked in 2010 (11.3%), but by 2019 had decreased to 3.5%, slightly lower than the national unemployment rate of 3.7%. Despite declines in unemployment, Rhode Island continues to have gaps in unemployment rates by race and ethnicity. In 2019, the unemployment rate for White workers was 3.3%, while it was 4.6% for Black workers and 6.1% for Hispanic workers.[3,4]

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.[5] As of 2016, almost 24 million people in the U.S. worked in low-wage jobs where they were paid $11.50 per hour or less.[6] 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. In 2015, the top 1% ($928,204) of Rhode Island households had average incomes that were 18 times more than the bottom 99% ($50,963) of households. Rhode Island is ranked 32nd of the 50 states in income inequality based on the ratio of top 1% to bottom 99% income.[8]

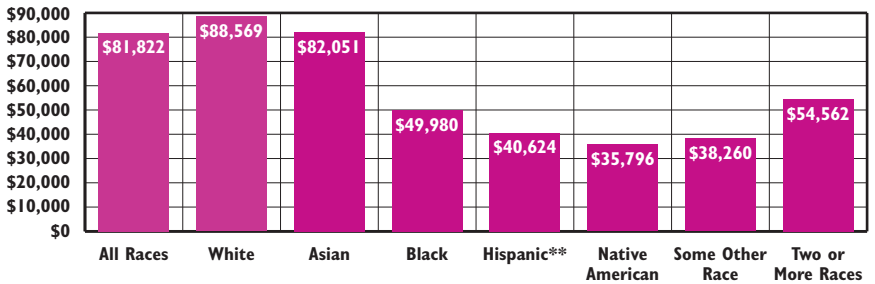
Median Family Income

	2018
RI	$77,100
US	$74,200
National Rank*	*19th*
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

Median Family Income, by Race and Ethnicity, Rhode Island, 2014-2018*



Source: U.S. Census Bureau, American Community Survey, 2014-2018. 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 10 White adults.[10]**

◆ **According to the *2018 Rhode Island Standard of Need*, it costs a single-parent family with two young children $55,115 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 $62,844 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, 2014-2018**

CITY/TOWN	2014-2018 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18	
	ESTIMATES WITH HIGH MARGINS OF ERROR**	ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR
Barrington		$156,034
Bristol		$79,833
Burrillville		$95,417
Central Falls		$30,754
Charlestown		$93,320
Coventry		$95,361
Cranston		$78,842
Cumberland		$104,194
East Greenwich		$157,083
East Providence		$72,855
Exeter	$112,035	
Foster	$109,038	
Glocester		$100,703
Hopkinton		$99,286
Jamestown	$190,565	
Johnston		$90,000
Lincoln		$103,162
Little Compton	$98,393	
Middletown		$79,857
Narragansett		$145,039
New Shoreham	$53,056	
Newport	$68,813	
North Kingstown		$113,750
North Providence		$71,082
North Smithfield		$109,548
Pawtucket		$43,856
Portsmouth		$138,059
Providence		$40,497
Richmond		$104,099
Scituate		$108,288
Smithfield		$131,711
South Kingstown		$113,356
Tiverton		$82,813
Warren	$60,740	
Warwick		$85,677
West Greenwich	$121,389	
West Warwick		$60,084
Westerly		$81,563
Woonsocket		$31,914
Four Core Cities		*NA*
Remainder of State		*NA*
Rhode Island		*$74,540*

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 2014-2018 data come from a Population Reference Bureau analysis of 2014-2018 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).

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[11,12] *The 2018 Rhode Island standard of need.* (2018). 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

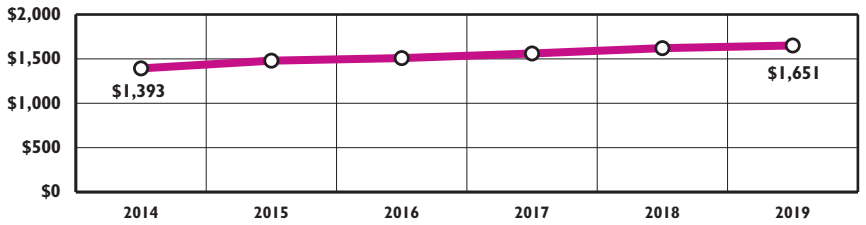
Poor quality, unaffordable, or crowded housing has a negative impact on children's physical health, development, and emotional well-being and on a family's ability to meet a child's basic needs. Children who live in families with cost burdens may live in low-quality and overcrowded housing and move frequently,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

In 2019, a worker would have to earn $31.75 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 three times the 2019 minimum wage of $10.50 per hour.[4,5] Rhode Island required the 17th highest hourly wage in 2019 to afford the rent for a two-bedroom home of any state.[6]

In Fiscal Year (FY) 2019, the Area Median Income for families in Rhode Island was $82,758.[7] Families with this income can afford to purchase a median-priced, single-family home in 11 of the 39 communities in the state. The median cost of a single-family home in Rhode Island in 2018 was $270,000, 22% higher than in 2013.[8]

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.[9] 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.[10] In FY 2018, Rhode Island invested $21.90 per capita in affordable homes (up from $5.21 in FY 2017), compared to neighboring Massachusetts which invested $100.88 per capita, almost five times as much. Rhode Island law establishes a goal that 10% of every community's housing stock qualify as Low- and Moderate-Income Housing. Currently, only six of Rhode Island's 39 cities and towns meet that goal.[11]

Average Rent, Two-Bedroom Apartment, Rhode Island, 2014-2019



Source: Rhode Island Housing, Rhode Island Rent Survey, 2014-2019. Rents include adjustments for the cost of gas, fuel, water, and electricity. Adjustments for utilities for each year vary according to U.S. Census American Community Survey's annual one-year estimates. Due to a change in methodology, data cannot be compared to Factbooks prior to 2019.

◆ In 2019, the average cost of rent in Rhode Island rose by $30 from $1,621 in 2018 to $1,651, increasing 19% since 2014.[12]

◆ The percentage of renters in Rhode Island who spent 30% or more of their household income on rent was 47% in 2018, down from 50% in 2009. The percentage of homeowners who had a cost burden due to their mortgages decreased from 43% in 2009 to 33% in 2018.[13,14]

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 food insecurity, poor health, and developmental delays.[15]

◆ 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.[16]

◆ 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.[17] Rhode Island's FFY 2019 allocation for LIHEAP was $23.7 million.[18] 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.[19]

Table 7.

Cost of Housing for Very Low-Income Families, Rhode Island, 2019

	FAMILY INCOME		HOMEOWNERSHIP COSTS		RENTAL COSTS		
CITY/TOWN	2019 POVERTY LEVEL FAMILY OF THREE	2019 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	$21,330	$36,900	$3,583	117%	$1,331	75%	43%
Bristol	$21,330	$36,900	$2,365	77%	$1,376	77%	45%
Burrillville	$21,330	$36,900	$1,978	64%	$906	51%	29%
Central Falls	$21,330	$36,900	$1,391	45%	$1,436	81%	47%
Charlestown*	$21,330	$36,900	$2,642	86%	$1,060	60%	34%
Coventry	$21,330	$36,900	$1,931	63%	$1,810	102%	59%
Cranston	$21,330	$36,900	$1,953	64%	$1,642	92%	53%
Cumberland	$21,330	$36,900	$2,186	71%	$1,785	100%	58%
East Greenwich	$21,330	$36,900	$3,684	120%	$1,705	96%	55%
East Providence	$21,330	$36,900	$1,870	61%	$1,684	95%	55%
Exeter	$21,330	$36,900	$2,619	85%	$1,137	64%	37%
Foster*	$21,330	$36,900	$2,466	80%	$1,060	60%	34%
Glocester*	$21,330	$36,900	$2,113	69%	$1,060	60%	34%
Hopkinton*	$21,330	$37,350	$2,177	70%	$1,176	66%	38%
Jamestown*	$21,330	$36,900	$4,567	149%	$1,060	60%	34%
Johnston	$21,330	$36,900	$2,079	68%	$1,722	97%	56%
Lincoln	$21,330	$36,900	$2,735	89%	$1,707	96%	56%
Little Compton*	$21,330	$36,900	$3,219	105%	$1,060	60%	34%
Middletown	$21,330	$43,100	$2,691	75%	$1,635	92%	46%
Narragansett	$21,330	$36,900	$3,140	102%	$1,753	99%	57%
New Shoreham*	$21,330	$37,350	$6,825	219%	$1,176	66%	38%
Newport	$21,330	$43,100	$3,815	106%	$1,427	80%	40%
North Kingstown	$21,330	$36,900	$2,920	95%	$1,549	87%	50%
North Providence	$21,330	$36,900	$1,957	64%	$1,544	87%	50%
North Smithfield	$21,330	$36,900	$2,496	81%	$1,516	85%	49%
Pawtucket	$21,330	$36,900	$1,656	54%	$1,394	78%	45%
Portsmouth	$21,330	$43,100	$2,765	77%	$1,855	104%	52%
Providence**	$21,330	$36,900	$1,504	49%	$1,779	100%	58%
Richmond*	$21,330	$36,900	$2,390	78%	$1,060	60%	34%
Scituate*	$21,330	$36,900	$2,524	82%	$1,060	60%	34%
Smithfield	$21,330	$36,900	$2,180	71%	$1,170	66%	38%
South Kingstown*	$21,330	$36,900	$2,691	88%	$1,060	60%	34%
Tiverton	$21,330	$36,900	$2,111	69%	$1,648	93%	54%
Warren	$21,330	$36,900	$2,291	75%	$1,632	92%	53%
Warwick	$21,330	$36,900	$1,815	59%	$1,625	91%	53%
West Greenwich	$21,330	$36,900	$2,874	93%	$2,135	120%	69%
West Warwick	$21,330	$36,900	$1,887	61%	$1,573	88%	51%
Westerly	$21,330	$37,350	$2,311	74%	$1,482	83%	48%
Woonsocket	$21,330	$36,900	$1,674	54%	$1,199	67%	39%
Four Core Cities	*$21,330*	*$36,900*	*$1,556*	*51%*	*$1,656*	*93%*	*54%*
Remainder of State	*$21,330*	*$37,470*	*$2,681*	*86%*	*$1,645*	*93%*	*53%*
Rhode Island	*$21,330*	*$37,250*	*$2,063*	*66%*	*$1,651*	*93%*	*53%*

Source of Data for Table/Methodology

2019 poverty level for a family of three as reported in: *Federal Register, 84*(22), February 1, 2019, pages 1167-1168.

A very low-income family as defined by the U.S. Department of Housing and Urban Development (HUD) is a three-person family with income 50% of the Area Median Income and is defined separately for each of the three metropolitan areas comprising Rhode Island and for the state as a whole. Core city and remainder of state are calculated by Rhode Island KIDS COUNT using unweighted community data. Reported by Rhode Island Housing. (2019). *FY2019 Rhode Island income limits for low- and moderate-income households.* Retrieved February 5, 2020, from www.rihousing.com

Data on typical monthly housing payments are from HousingWorks RI's *2019 Housing Fact Book*. They are based on the median selling price of a single-family home using year-end 2018 data and calculated based on a 30-year mortgage at a 4.54% 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, 2019. Estimates include rent and utility costs. Starting with the *2019 Factbook* average rent is calculated using the CoStar database for two-bedroom units. Average utility costs are from the U.S. Census American Community Survey's annual one-year sample, which includes gas, fuel, water, and electricity for two-bedroom units. All values are in unadjusted dollars. Statewide average based on all units in state. Data cannot be compared to Factbooks prior to 2019.

*Rhode Island Housing 2019 Rhode Island Rent Survey data are not available. Average rent used for these communities is the HUD 2019 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.

(Sources continued with References on page 174)

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]

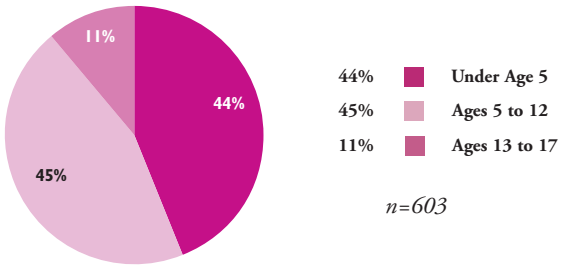
Homeless children are at a higher risk of abuse and exposure to violence. This trauma can lead to an increase in developmental delays and emotional distress and a decrease in academic achievement.[6,7] When homeless children are exposed to multiple traumatic events, they may have increased levels of 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 2019, 279 families with 603 children stayed at an emergency homeless shelter, domestic violence shelter, or transitional housing facility in Rhode Island. Children made up 21% of the people who used emergency homeless shelters, domestic violence shelters, and transitional housing in 2019. Nearly half (44%) of these children were under age five.[11] As of October 30, 2019, there were 88 families on the state's wait list awaiting shelter.[12]

In 2019, United Way 211 received 87,187 calls from individuals and families seeking housing or shelter and 2,710 related to foreclosure prevention.[13]

Children in Emergency Shelters, Domestic Violence Shelters, and Transitional Housing Facilities by Age, 2019



Source: Rhode Island KIDS COUNT analysis of data from the Rhode Island Coalition for the Homeless, Homeless Management Information System, 2019 and Rhode Island Coalition Against Domestic Violence, 2019.

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.[14]**

◆ **The federal *McKinney-Vento Homeless Assistance Act (McKinney-Vento Act)* requires that states identify homeless children, allow them to enroll in school even if they lack required documents, allow them to stay in their "home school," provide transportation when needed, and provide access to all services and programs that the child is eligible for, including preschool, before- and after-school care, school meals, and services for Multilingual Learners/English Learners.[15]**

◆ **The *McKinney-Vento Act* defines a child as homeless if he or she does not have a "fixed, regular and adequate night-time residence."[16] During the 2018-2019 school year, Rhode Island public school personnel identified 1,475 children as homeless. Of these children, 70% lived with other families ("doubled up"), 16% lived in shelters, 13% lived in hotels or motels, and 1% were unsheltered.[17]**

◆ **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.[18]**

Educational Outcomes for Children Experiencing Homelessness

- In Rhode Island in 2019, 25% of homeless students met expectations on the third grade *Rhode Island Comprehensive Assessment System (RICAS)* English language arts assessment compared to 48% of non-homeless students. In eighth grade, 12% of homeless students met expectations on the English language arts assessment compared to 37% of non-homeless students.[19]

- In Rhode Island in 2019, 11% of homeless students met expectations on the third grade *RICAS* mathematics assessment compared to 36% of non-homeless students. In eighth grade, less than 5% of homeless students met expectations on the mathematics assessment compared to 25% of non-homeless students.[20]

- In Rhode Island, the four-year high school graduation rate for the Class of 2019 was 65% for homeless students and 84% for non-homeless students.[21]

Table 8. **Homeless Children Identified by Public Schools, Rhode Island, 2018-2019 School Year**

SCHOOL DISTRICT	TOTAL ENROLLMENT	# OF CHILDREN IDENTIFIED AS HOMELESS BY PUBLIC SCHOOL PERSONNEL
Barrington	3,343	*
Bristol Warren	3,232	35
Burrillville	2,277	58
Central Falls	2,695	85
Chariho	3,218	18
Coventry	4,723	108
Cranston	10,479	30
Cumberland	4,675	26
East Greenwich	2,535	*
East Providence	5,136	40
Exeter-West Greenwich	1,641	23
Foster	272	*
Foster-Glocester	1,306	*
Glocester	523	*
Jamestown	507	0
Johnston	3,265	39
Lincoln	3,129	19
Little Compton	244	0
Middletown	2,153	27
Narragansett	1,290	*
New Shoreham	133	0
Newport	2,156	82
North Kingstown	4,007	38
North Providence	3,565	47
North Smithfield	1,677	*
Pawtucket	8,772	82
Portsmouth	2,439	*
Providence	23,944	298
Scituate	1,231	0
Smithfield	2,413	18
South Kingstown	2,978	20
Tiverton	1,777	*
Warwick	8,800	70
West Warwick	3,579	46
Westerly	2,738	52
Woonsocket	6,050	143
Charter Schools	*8,427*	*51*
State-Operated Schools	*1,783*	*
UCAP	*135*	*0*
Four Core Cities	*41,461*	*608*
Remainder of State	*91,441*	*830*
Rhode Island	*143,247*	*1,475*

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in grades preschool to 12 on October 1, 2019.

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 Achievement First Rhode Island, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Paul Cuffee Charter School, Highlander, Learning Community, Rhode Island Nurses Institute, Segue Institute for Learning, 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 and William M. Davies Jr. Career and Technical High School.

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

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

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

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

References

[1] Bassuk, E.L., DeCandia, C. J., Beach, C. A., & Berman, F. (2014). *America's youngest outcasts: A report card on child homelessness.* Needham, MA: The National Center on Family Homelessness.

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

(continued on page 175)

Secure Parental Employment

DEFINITION

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

SIGNIFICANCE

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

Rhode Island's unemployment rate decreased from 4.1% in 2018 to 3.5% in 2019 and is slightly lower than the U.S. unemployment rate of 3.7%. During the recession in 2010, Rhode Island's unemployment rate was 11.3%.[3,4,5]

In 2018, 4% of children in Rhode Island and the U.S. had at least one unemployed parent.[6] Children with unemployed parents are at increased risk for homelessness, child abuse or neglect, and failure to finish high school or college.[7]

Even when families have adults with secure parental employment, low wages cause many families to remain in poverty. Nationally, 30% of working families were low income (9.9 million) in 2016. While the number of low-income working families fell slightly between 2015 and 2016, there were more low-income working families in 2016 than at the onset of the recession in 2007 (9.5 million). Additionally, people of color are overrepresented among low-income working families. In 2016, families headed by people of color represented 41% of all working families, while accounting for 60% of low-income working families. In the workforce, low-income individuals tend to have few opportunities for advancement, limited benefits, and an overall lack of economic security.[8]

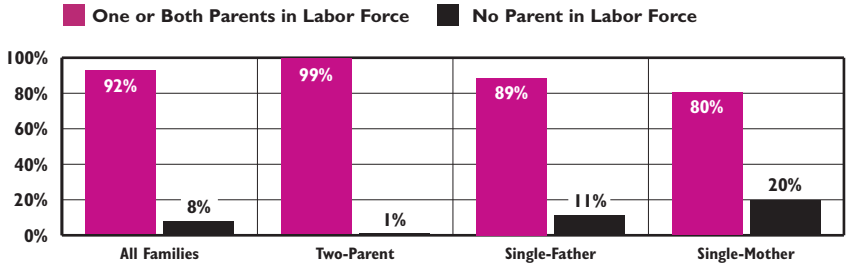
Children Living in Families Where No Parent Has Full-Time, Year-Round Employment

	2013	2018
RI	34%	30%
US	31%	27%
National Rank*		*42nd*
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, 2014-2018



Source: U.S. Census Bureau, American Community Survey, 2014-2018. Table B23008.

◆ **The majority of children living in Rhode Island between 2014 and 2018 had one or both parents in the labor force. Children living with a single parent were twelve 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, 72% had both parents in the labor force.[9]**

◆ **Between 2014 and 2018, there were 15,429 Rhode Island children living in families with no parent in the labor force. Children living in families with a single parent represented 88% (13,579) of families with no employed parents.[10]**

◆ **Between 2014 and 2018, 15% (3,486) of Rhode Island families with incomes below the federal poverty threshold had at least one adult with full-time, year-round employment, and 41% (9,598) of Rhode Island families living in poverty had at least one adult working part-time.[11]**

◆ **According to the *2018 Rhode Island Standard of Need*, 67% of Rhode Island single-parent families and 28% of two-parent families with two or more children earn less than the income required to meet their basic needs without work supports, such as SNAP/food stamps, the Earned Income Tax Credit (EITC), child care subsidies, and health insurance.[12]**

◆ **Between 2014 and 2018, 73% 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, 66% of children under age six and 71% of children ages six to 17 had all parents in the labor force.[13]**

Barriers to Secure Employment for Low-Income Families

◆ Families leaving cash assistance can face many barriers to employment. Research shows that families who leave welfare due to time limits or sanctions often have barriers such as mental and physical impairments, a child with a disability, or learning disabilities that can impede their ability to secure or sustain employment.[14]

◆ 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.[15] 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.[16] 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.[17] Rhode Island is one of eight states, in addition to Washington, DC, that have enacted paid family leave programs.[18]

◆ Limited education also can be a barrier to sustained employment. Between 2014 and 2018 in Rhode Island, adults without a high school diploma were more than three times as likely to be unemployed as those with a bachelor's degree.[19]

◆ Having access to work supports, such as tax credits, SNAP/food stamps, child care, and health insurance, can facilitate steady employment over time. Researchers have found links between these programs and positive employment outcomes for parents, such as work stability and earnings.[20]

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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 affordable child care arrangements affected their ability to remain employed.[21]

◆ In 2017 in Rhode Island, a single mother earning the state median income for a single-parent family ($26,809) would have to spend half (50%) of her income to pay for child care for an infant in center-based care.[22]

◆ In Rhode Island, child care assistance is available to families with incomes at or below 180% of the federal poverty level ($39,096 for a family of three in 2020) who work at least 20 hours per week. Families can continue to receive a subsidy until their income reaches 225% of the federal poverty level ($48,870 for a family of three).[23,24,25]

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

◆ State and federal Earned Income Tax Credits (EITCs) provide tax reductions and wage supplements for low- and moderate-income working families. EITCs reduce child poverty, decrease taxes, and serve as an incentive to work for families struggling to make ends meet. The federal EITC is the nation's most effective antipoverty program for working families. It lifted 6 million people, including about 3 million children, out of poverty in 2018.[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 increased the state's EITC from 12.5% to 15% of the federal EITC.[29] In 2018, approximately 79,000 Rhode Island working families and individuals received a total of $183 million in federal EITC tax credits.[30]

◆ The Child Tax Credit (CTC) helps working families offset the cost of raising children. The CTC lifted 4.3 million people out of poverty in 2018, including 2.3 million children. Boosting a family's income can expand opportunities for children and improve their immediate well-being, as well as improve outcomes into adulthood.[31]

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]

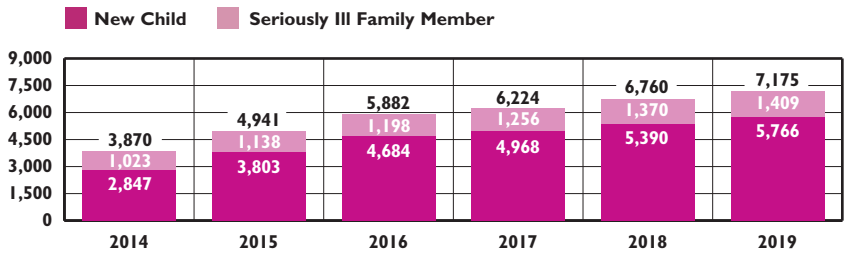
Almost all advanced, industrialized nations guarantee paid leave for new mothers and many include new fathers. In many European countries, families receive at least six months of paid leave to care for a new baby.[2] The U.S. requires employers with 50 or more workers to offer 12 weeks of leave for workers 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 (an estimated 16% of private sector workers), the majority do not. High-wage workers are much more likely to have access to paid family leave than low-wage workers. Among workers who did not take family leave when needed, almost half report they could not afford to take the leave.[5,6]

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. 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. Providing time off from work for new parents gives babies time to form secure attachments, which form the foundation for healthy relationships and development.[7,8,9,10]

Rhode Island's Temporary Disability Insurance Program (TDI) provides partial-wage replacement for participating workers who are temporarily unable to work because of a physical or mental condition, including pregnancy complications and recovery from childbirth. TCI supplements TDI; women who give birth are eligible for both.[11,12]

Approved Temporary Caregiver Insurance Claims by Type, Rhode Island, 2014-2019



Source: Rhode Island Department of Labor and Training, TCI Program, 2014-2019

◆ **There were 7,175 approved claims for TCI during 2019 (up from 6,760 in 2018); 80% were to bond with a new child and 20% were to care for a seriously ill family member. In 2019, 46% of individuals contributing to TDI/TCI earned less than $20,000, yet only 14% of all approved TCI claims were for an individual with wages in this category.**[13]

◆ **Of the 5,766 approved claims to bond with a new child, 98% (5,629) were for a newborn child and 2% were for a newly adopted (23), foster (58), or other child (56). Forty-one percent of claims to bond with a new child were filed by men and 59% were filed by women.**[14]

◆ **Of the 1,409 approved claims to care for a seriously ill family member, 47% were to care for a spouse or domestic partner, 28% were to care for a parent or parent-in-law, 24% were to care for a child, and 1% were to care for a grandparent. Thirty-one percent of claims to care for a seriously ill family member were filed by men and 69% were filed by women.**[15]

Temporary Disability Insurance for Pregnancy Complications & Childbirth

◆ **In 2019, there were 1,239 approved TDI claims for disabling pre/post pregnancy complications and 2,524 TDI claims to recover from uncomplicated childbirth. Recovery from childbirth is a disabling condition covered by TDI. In general, six weeks is covered for vaginal births and eight weeks for cesarean section births. More time can be approved for postpartum complications, based on the health care provider's determination. TDI is not available to new parents who do not give birth (e.g., fathers and adoptive parents).**[16,17]

Table 9. **Approved Temporary Disability Claims for Childbirth & Temporary Caregiver Claims for Paid Family Leave, Rhode Island, 2019**

	TEMPORARY DISABILITY INSURANCE (TDI) CLAIMS			TEMPORARY CAREGIVER INSURANCE (TCI) CLAIMS		
CITY/TOWN	TDI FOR CHILDBIRTH WITH PRE/POST PREGNANCY COMPLICATIONS	TDI FOR UNCOMPLICATED CHILDBIRTH	TOTAL TDI CLAIMS FOR PREGNANCY COMPLICATIONS & CHILDBIRTH	TCI TO BOND WITH NEW CHILD	TCI TO CARE FOR FAMILY MEMBER	TOTAL TCI CLAIMS
Barrington	7	38	45	52	13	65
Bristol	13	43	56	70	27	97
Burrillville	16	14	30	55	16	71
Central Falls	13	33	46	89	18	107
Charlestown	6	16	22	35	14	49
Coventry	49	84	133	201	59	260
Cranston	94	211	305	475	97	572
Cumberland	20	76	96	144	32	176
East Greenwich	16	36	52	77	18	95
East Providence	49	90	139	242	76	318
Exeter	7	13	20	38	6	44
Foster	*	*	9	28	10	38
Glocester	6	11	17	42	18	60
Hopkinton	*	*	20	28	9	37
Jamestown	*	*	6	*	*	23
Johnston	32	66	98	174	54	228
Lincoln	29	37	66	92	24	116
Little Compton	*	*	*	*	*	*
Middletown	13	29	42	30	15	45
Narragansett	6	14	20	28	14	42
New Shoreham	0	0	0	*	*	*
Newport	19	33	52	67	13	80
North Kingstown	24	78	102	152	29	181
North Providence	40	62	102	223	45	268
North Smithfield	15	17	32	33	11	44
Pawtucket	100	139	239	389	74	463
Portsmouth	17	31	48	58	21	79
Providence	247	431	678	898	196	1,094
Richmond	0	10	10	*	*	27
Scituate	12	25	37	60	21	81
Smithfield	22	46	68	110	29	139
South Kingstown	18	57	75	77	24	101
Tiverton	11	21	32	33	8	41
Warren	7	13	20	45	10	55
Warwick	88	190	278	545	121	666
West Greenwich	*	*	11	73	22	95
West Warwick	38	80	118	222	46	268
Westerly	19	44	63	35	15	50
Woonsocket	55	58	113	167	44	211
Out-of-State	*120*	*341*	*461*	*635*	*150*	*785*
Four Core Cities	*415*	*661*	*1,076*	*1,543*	*332*	*1,875*
Remainder of State	*704*	*1,522*	*2,226*	*3,588*	*927*	*4,515*
Rhode Island	*1,119*	*2,183*	*3,302*	*5,131*	*1,259*	*6,390*
Total Program Claims	*1,239*	*2,524*	*3,763*	*5,766*	*1,409*	*7,175*

Source of Data for Table/Methodology

Rhode Island Department of Labor and Training, approved TDI claims for pregnancy complications and for childbirth and approved TCI claims, 2019.

Women without complications typically receive 6 weeks of TDI for vaginal births and 8 weeks for cesarean births. In 2019, 67% of TDI claims for uncomplicated births were for vaginal births and 33% were for uncomplicated cesarean births.

TDI claims for pre/post pregnancy complications include coverage for childbirth. In 2019 in Rhode Island, the average length of approved TDI claims for pre/post pregnancy complications related to a vaginal delivery was 7.6 weeks, and the average length of approved TDI claims for pre/post pregnancy complications related to a cesarean delivery was 9.5 weeks.

The average length of approved TCI claims to bond with a new child was 3.6 weeks for women and 3.4 weeks for men. The average number of weeks approved to care for a seriously ill family member was 3.6 weeks for both women and men.

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

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

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

References

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

[2,5] Donovan, S. A. (2019). *Paid family leave in the United States.* Washington, DC: Congressional Research Service.

[3] Rossin-Slater, M., & Uniat, L. (2019). Paid family leave policies and population health. *Health Affairs Health Policy Brief.* Retrieved March 2, 2020, from www.healthaffairs.org

(continued on page 175)

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.

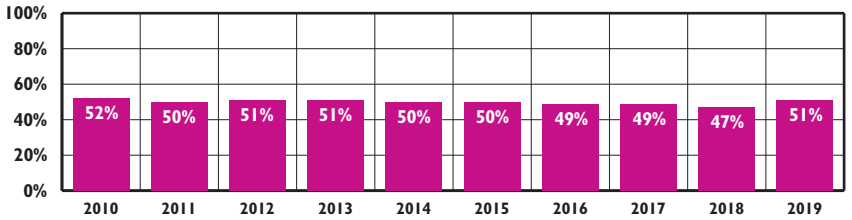
SIGNIFICANCE

Child support is a major part of the safety net for children and families. In 2018, one in five U.S. children (14.7 million) received public child support services.[1,2] Child support provides a mechanism for non-custodial parents (usually fathers) to contribute to the financial and medical support of their children. Child support programs can encourage responsible co-parenting and increase the reliability of child support paid by helping custodial parents locate the non-custodial parent, establishing paternity and support orders, and monitoring and enforcing child support obligations.[3]

Child support is a critical tool to provide resources for children living in poverty. The receipt of child support payments can significantly improve the economic well-being of a child growing up in a family with a non-resident parent. In 2015, child support kept 790,000 U.S. children out of poverty, and for poor custodial parents that received full child support, these payments represented more than half (58%) of their mean personal income. Custodial parents who receive steady child support payments are less likely to rely on public assistance programs and more likely to find work than those who do not.[4,5,6]

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] Child support systems that encourage relationship building with the co-parent and positive parenting can strengthen parent-child relationships and increase child support payments. Non-custodial parents who pay regular child support are more involved with their children, providing them with critical emotional support and care. Child support reduces the risk of maltreatment and has a positive effect on children's academics and behavior.[9,10]

Non-Custodial Parents With Court Orders Who Pay Child Support on Time and in Full, Rhode Island, 2010-2019



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2010-2019.

◆ As of December 1, 2019, there were 70,916 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-eight percent of the children in the Child Support system with a known Rhode Island residence lived in the four core cities. Half (51%) of non-custodial parents under court order in Rhode Island were making child support payments on time and in full.[11]

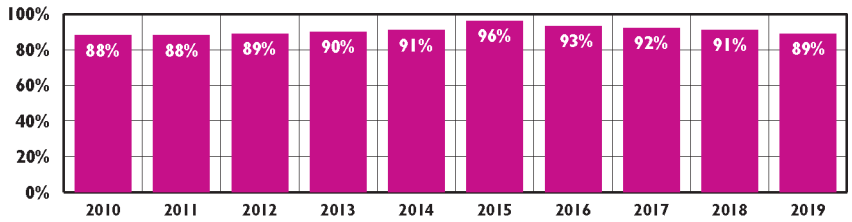
◆ In 2019, the Rhode Island Office of Child Support Services collected $94.1 million in child support, a decrease of about $504,000 over the previous year. Eighty-seven percent ($81.9 million) of the funds collected were distributed directly to families and the remainder was retained by the state and federal governments as reimbursement for RI Works (cash assistance), RIte Care health coverage, and other expenses.[12]

◆ In Federal Fiscal Year (FFY) 2018, the Rhode Island Office of Child Support Services collected $5.48 for every $1.00 Rhode Island spent on administering the program.[13]

◆ During FFY 2019, there were 17,258 court orders for non-custodial parents to provide medical insurance and 10,368 orders for non-custodial parents to contribute funds toward medical coverage. About $5.4 million in payments was retained by the state to offset the cost of RIte Care, while approximately $2.1 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, 2010-2019



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2010-2019. Includes all children in the child support system – private, interstate, and IV-D cases.

◆ **The percentage of children in the Rhode Island child support system with paternity established increased from 88% of children in 2010 to 96% of children in 2015 but has since fallen to 89% in 2019.[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 2018, Rhode Island had the lowest rate of court orders established for child support in New England (Maine – 95%; Connecticut – 94%; Vermont – 90%; Massachusetts – 88%; New Hampshire – 82%; Rhode Island – 75%). The national average for cases with child support orders established is 88%.[19]**

◆ **In FFY 2018, Rhode Island had the highest case/staff ratio in New England at 739 cases per person, more than five times that of the lowest state, Vermont (133 cases per person).[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. (2019). *FY 2018 preliminary report.* Retrieved January 14, 2020, from www.acf.hhs.gov

(continued on page 175)

Child Support and Rhode Island Works

◆ **As of December 1, 2019, Rhode Island's Office of Child Support Services system included 4,298 children enrolled in the cash assistance program (RI Works).[21]**

◆ **In December 2019, the average child support obligation for children enrolled in RI Works was $314 per month, compared to an average child support obligation of $420 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]**

◆ **An average of 383 families received at least one "pass-through" payment each month, for a total of $223,996 paid to families enrolled in RI Works in FFY 2019.[24]**

◆ **States have the option to pass through a part or all of a family's child support payment to families and to disregard this income when calculating the amount of a family's cash assistance benefit. Rhode Island limits the pass-through amount to $50, regardless of the number of children in the household. Some states pass through up to $100 per month for one child (and up to $200 per month for two or more children) and others, like Colorado and Minnesota, pass through the entire child support payment.[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, because more of the child support payment goes to the child. Increased pass-throughs could therefore increase total child support collections, increase custodial family income, and potentially encourage constructive coparenting.[27,28]**

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] Children in poverty are less likely to be enrolled in preschool, more likely to attend schools that lack resources, and have fewer opportunities to participate in extracurricular activities.[3,4,5]

Nationally and in Rhode Island, 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.[6,7]

In 2019, the federal poverty threshold was $20,598 for a family of three with two children and $25,926 for a family of four with two children.[8] 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 it provides policy makers with an additional way to evaluate the effects of anti-poverty policies.[9]

According to the *2018 Rhode Island Standard of Need*, it costs a single-parent family with two young children $55,115 a year to pay basic living expenses, more than two and half times the federal poverty level for a family of three. This family would need an annual pre-tax income of $62,844 to meet this budget without government subsidies. Work supports can help families with incomes below the federal poverty level meet their basic needs.[10]

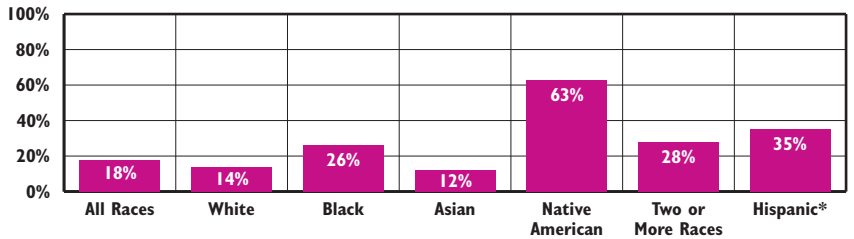
Children in Poverty

	2015	2016	2017	2018
RI	19.4%	17.0%	16.6%	18.0%
US	20.7%	19.5%	18.4%	15.9%
National Rank*				*28th*
New England Rank**				*6th*

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

Source: U.S. Census Bureau, American Community Survey, 2015-2018. Tables R1704, C17024.

Children in Poverty, by Race and Ethnicity, Rhode Island, 2014-2018



Source: U.S. Census Bureau, American Community Survey, 2014-2018. Tables S1701, B17020A, B17020B, B17020C, B17020D, B17020G and B17020I. *Hispanic children may be included in any race category.

◆ **Between 2014 and 2018, 18% (37,402) of Rhode Island's 205,899 children under age 18 with known poverty status lived in households with incomes below the federal poverty threshold.[11]**

◆ **In Rhode Island as well as in the United States as a whole, Native American, Hispanic, and Black children are more likely than White and Asian children to live in families with incomes below the federal poverty threshold.[12,13]**

◆ **Between 2014 and 2018, over half (56%) of all children living in poverty in Rhode Island were White, 13% were Black, 2% were Asian, 2% were Native American, 16% were Some other race, and 11% were Two or more races. During this same time period, 63% of Native American, 35% of Hispanic, and 26% of Black children in Rhode Island lived in poverty, compared to 12% of Asian children and 14% of White children.[14]**

◆ **Between 2014 and 2018, 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.[15,16]**

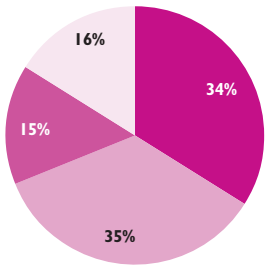
◆ **In Rhode Island between 2013 and 2017, Black children and Hispanic children were more than 10 times as likely to live in high-poverty neighborhoods than non-Hispanic White children.[17] Living in high-poverty neighborhoods (those with poverty rates of 30% or more) provides fewer opportunities for children and their families.[18]**

◆ **In 2018, more than one in six (18%) children in Rhode Island (a total of 36,135 children) lived in poverty and 8% (16,505 children) lived in extreme poverty.[19]**

Rhode Island's Poor Children, 2014-2018

By Age

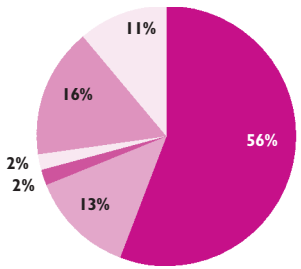
34%	Ages 5 and Younger
35%	Ages 6 to 11
15%	Ages 12 to 14
16%	Ages 15 to 17



n=37,402

By Race*

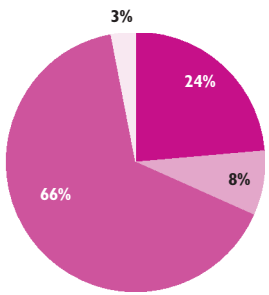
56%	White
13%	Black
2%	Asian
2%	Native American
16%	Some Other Race
11%	Two or More Races



n=37,402

By Family Structure

24%	Married Couple Family
8%	Unmarried Male Householder
66%	Unmarried Female Householder
3%	Not in Related-Family Household



n=37,402

**Hispanic children may be included in any race category. Between 2014 and 2018, 17,896 (48%) of Rhode Island's 37,402 poor children were Hispanic.*

Source: U.S. Census Bureau, American Community Survey, 2014-2018. Tables S1701, B17001, B17006, B17020A, B17020B, B17020C, B17020D, B17020E, 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, 2014-2018

CITY/TOWN	NUMBER IN POVERTY	PERCENTAGE IN POVERTY	NUMBER IN EXTREME POVERTY	PERCENTAGE IN EXTREME POVERTY
Central Falls	2,452	44.9%	807	14.8%
Pawtucket	4,610	30.0%	1,678	10.9%
Providence	13,706	34.3%	5,786	14.5%
Woonsocket	3,305	37.1%	1,429	16.0%
Rhode Island	*37,402*	*18.2%*	*15,529*	*7.5%*

Source: Population Reference Bureau analysis of 2014-2018 American Community Survey data.

◆ **Between 2014 and 2018, almost two-thirds (64%) of Rhode Island's children living in poverty lived in just four cities. These cities, termed core cities, include Central Falls, Pawtucket, Providence, and Woonsocket, all communities in which more than one in four children live below poverty (34.5% between 2014-2018). 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 threshold, or $10,299 for a family of three with two children and $12,963 for a family of four with two children in 2019.[20,21]**

Young Children Under Age Six in Poverty, Four Core Cities and Rhode Island, 2014-2018

CITY/TOWN	NUMBER <AGE 6 IN POVERTY	PERCENTAGE <AGE 6 IN POVERTY
Central Falls	1,006	49.4%
Pawtucket	1,657	32.0%
Providence	4,559	32.1%
Woonsocket	1,348	42.8%
Rhode Island	*12,806*	*19.7%*

Source: Population Reference Bureau analysis of 2014-2018 American Community Survey data.

◆ **Between 2014 and 2018, 19.7% (12,806) of Rhode Island children under age six lived in poverty.[22] Children under age six are at higher risk of living in poverty than any other age group.[23] 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.[24,25]**

Children in Poverty

Financial Asset Building

◆ 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, and rent-to-own stores. These families pay high fees for financial transactions and high interest rates on loans, and often struggle to build credit histories and achieve economic security.[26,27]

◆ In Rhode Island in 2017, 6.5% of households did not have a checking or savings account, the same as the U.S. rate. Nationally, households with lower income, disabled working-age adults, or adults with less than a high school education, as well as Black and Hispanic households, are less likely to have a checking or savings account.[28]

◆ Raising awareness about the importance of saving and consumer protections, providing financial education and counseling, and connecting families to safe and affordable financial products can support families in using traditional banking institutions and increase their savings.[29]

◆ States can protect consumers from high-cost payday lending by prohibiting these loans outright or enacting measures that make the loans more affordable, such as an annual rate cap or limiting the amount of monthly payments as a percent of a borrower's monthly income. Rhode Island is the only New England state that does not currently protect against payday lending.[30,31]

◆ Many public assistance programs have eligibility provisions that limit the amount of assets and/or the value of vehicles a family can own. Such policies discourage families from saving and building the assets they need to improve their economic security.[32]

◆ Rhode Island currently has a $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]

◆ There are large and persistent disparities in wealth between different racial and ethnic groups. In 2016, the median family wealth for non-Hispanic White families was almost 10 times greater than the median wealth of non-Hispanic Black families and eight times greater than the median wealth of Hispanic families.[35]

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 kept millions of children out of poverty.[36]

Health Coverage and Access to Care

◆ Low-income people are the most likely to be uninsured; some because of job loss, some do not have access to coverage through their employers, and others cannot afford the cost.[37] Children with health insurance (public or private) are more likely to have a regular and accessible source of health care than uninsured children.[38]

Affordable Quality Child Care

◆ In Rhode Island in 2018, the average annual cost of center-based child care for one infant was $13,093.[39] 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.[40]

Educational Attainment

◆ Between 2018 and 2028, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring a high school diploma or less.[41] Forty-seven percent of Rhode Islanders had a postsecondary degree or certificate in 2016.[42]

Affordable Housing

◆ In 2019, the average rent for a two-bedroom apartment in Rhode Island was $1,651.[43] In Rhode Island, a family of three with an income at the federal poverty level would need to spend 93% of its income on rent to pay this amount, well above the recommended 30%. Nationally, only one in four eligible low-income families receive rental assistance to help them afford the high cost of housing.[44,45]

Child Support

◆ As of December 1, 2019, there were 70,916 children in Rhode Island's Office of Child Support Services system.[46] Child support helps reduce poverty. Custodial parents who receive steady child support payments are less likely to rely on public assistance and more likely to be employed than those who do not.[47] Among poor custodial parents that received full child support in 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, 2014-2018**

	CHILDREN UNDER AGE 18 LIVING BELOW POVERTY 2014-2018			
	ESTIMATES WITH HIGH MARGINS OF ERROR*		ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR	
CITY/TOWN	N	%	N	%
Barrington			86	2.0%
Bristol			238	7.6%
Burrillville	429	12.9%		
Central Falls	2,452	44.9%		
Charlestown	124	9.9%		
Coventry			868	13.2%
Cranston			1,963	12.5%
Cumberland			747	10.7%
East Greenwich			200	5.6%
East Providence			853	10.0%
Exeter	47	4.4%		
Foster	44	5.1%		
Glocester	227	11.7%		
Hopkinton	148	9.7%		
Jamestown	47	4.4%		
Johnston			412	8.1%
Lincoln			662	13.9%
Little Compton	8	1.6%		
Middletown			246	7.8%
Narragansett			29	1.5%
New Shoreham	15	10.5%		
Newport	790	23.3%		
North Kingstown			738	13.5%
North Providence			598	10.6%
North Smithfield			111	4.6%
Pawtucket			4,610	30.0%
Portsmouth			168	4.7%
Providence			13,706	34.3%
Richmond	70	4.5%		
Scituate			12	0.6%
Smithfield			43	1.3%
South Kingstown			443	9.9%
Tiverton			244	9.2%
Warren	332	19.0%		
Warwick			767	5.5%
West Greenwich			1	0.1%
West Warwick	1,019	18.9%		
Westerly	600	15.3%		
Woonsocket	3,305	37.1%		
Four Core Cities			*24,073*	*34.5%*
Remainder of State			*13,329*	*9.8%*
Rhode Island			*37,402*	*18.2%*

Source of Data for Table/Methodology

Data are from a Population Reference Bureau analysis of 2014-2018 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

[1,4] National Academies of Sciences, Engineering, and Medicine. (2019). *A roadmap to reducing child poverty.* Washington, DC: The National Academies Press.

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

[3] National Center for Education Statistics. (2017). *Number of children under 6 years old and not yet enrolled in kindergarten, percentage in center-based programs, average weekly hours in nonparental care, and percentage in various types of primary care arrangements, by selected child and family characteristics: 2016.* Retrieved January 13, 2020, from https://nces.ed.gov

[5] Knop, B., & Siebens, J. (2018). *A child's day: Parental interaction, school engagement, and extracurricular activities: 2014.* Washington, DC: U.S. Census Bureau.

(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]

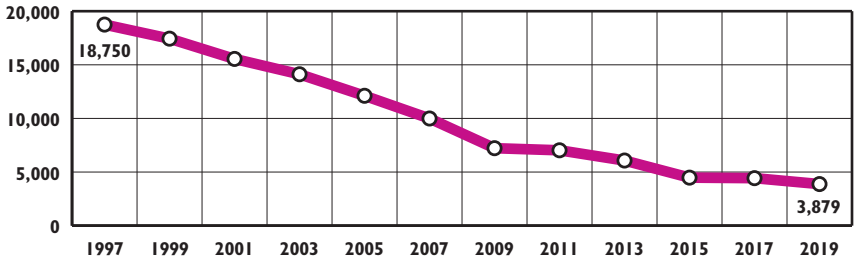
RI Works cash assistance recipients must participate in an employment plan unless they meet specific criteria for an exemption. This employment plan must take into account the parent's skills, education, and family responsibilities as well as place of residence and should outline a process for helping the parent meet his or her employment goals. Parents should be informed about opportunities to seek additional education or training to improve their employability prospects.[2]

RI Works provides a safety net for some children whose parents are unable to work due to a disability and can function as an unemployment system for parents 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 2019, the average hourly wage of working parents enrolled in RI Works was $12.95 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. This benefit amount provides $6 per person per day and has not been increased in almost 30 years.[8,9]

Cash Assistance Caseload, Rhode Island, 1997–2019*



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1997-2015 and RI Bridges Database, December 2016-2019. 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 2010-2019 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 2019, the Rhode Island cash assistance caseload decreased by 79% from 18,428 cases to 3,879 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 was removed as of January 1, 2020 – that limited assistance to no more than 24 months of assistance in any 60-month period), closing the entire family's case when parents reach their time limit, and limiting eligibility for legal permanent residents to those who have had that status for five years.[11]**

◆ **In December 2019, there were 2,579 adults and 6,884 children under age 18 enrolled in RI Works. Almost three-quarters (73%) of RI Works beneficiaries were children, and 42% of the children enrolled in RI Works were under the age of six.[12]**

◆ **In December 2019, 58% (2,241) of RI Works cases were single-parent families, 39% (1,527) were child-only cases, and 3% (111) were two-parent families.[13]**

◆ **In 2018, 16,505 children in Rhode Island lived in extreme poverty (in families with incomes below 50% of the federal poverty threshold), yet only 7,195 children received cash assistance in December 2018.[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. As of January 1, 2020, the periodic time limit of no more than 24 months of cash assistance in a 60-month period was repealed.[17,18]

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 (for six-month periods), there is no limit on the total time a family can receive a hardship extension.[19,20]

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.[21]

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.[22]

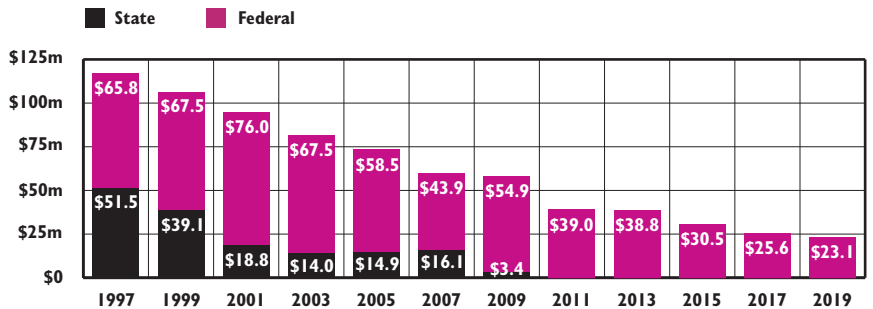
RI Works by Case Type, December 2019

	NUMBER	PERCENTAGE
Child-only cases	1,527	39%
Cases with adults with a work activity	1,505	39%
Cases with adults exempt from a work activity*	318	8%
Unknown status	529	14%
Total RI Works Caseload	*3,879*	

Source: Rhode Island Department of Human Services, RI Bridges Database, December 2019.

**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 (145), in third trimester of pregnancy (57), second parent is a non-participant (56), illness or incapacity (28), being a victim of domestic violence (14), caring for a disabled spouse or child (5), or multiple reasons (13).*

Rhode Island Cash Assistance Expenditures, State Fiscal Years 1997-2019

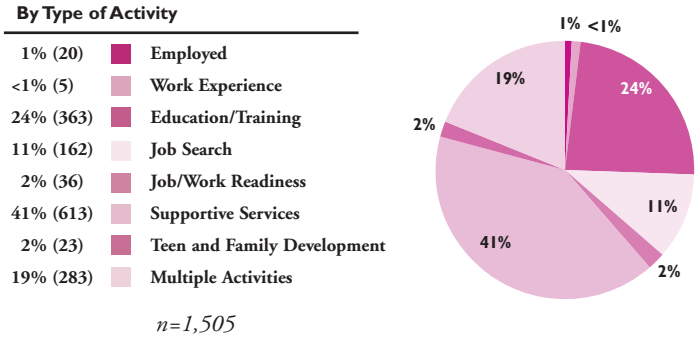


Sources: Rhode Island Department of Human Services. (2007). *Family Independence Program 2007 annual report.* (FY 1996-2001); House Fiscal Advisory Staff. (2004-2019). *Budget as enacted: Fiscal Years 2005-2020.* (FY 2002-2019). Fiscal years 1997-2017 are funds spent and FY 2019 is final budget.

◆ In State Fiscal Year 2019, for the tenth year in a row, no state general revenue was allocated for cash assistance. State general revenue spending for cash assistance decreased steadily from 1996 through 2010. 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 82% between 1996 (when the program began) and 2019, from $126.5 million to $23.1 million.[23,24]

Children in Families Receiving Cash Assistance

Activities of Families Enrolled in the RI Works Program, December 2019



Source: Rhode Island Department of Human Services, RI Bridges Database, December 2019. Percentages may not sum to 100% due to rounding.

◆ As of December 2019, 1% of families with work activities were employed. Less than 1% were in unpaid work experience.[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 2019, 24% of families were participating in education or training programs.[28]

◆ Eleven percent of families with a work activity were participating in job search activities, including job search and job skills development programs delivered in partnership with the Rhode Island Department of Labor and Training, and 2% were participating in other job readiness activities. Another 41% were receiving supportive services, including mental or physical health and substance abuse treatment, and housing and homelessness services needed to address barriers to employment.[29,30]

◆ An additional 2% of families were in the Teen and Family Development Program, a program for young parents, and 19% 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 2019, there were 66 parents under the age of 20 enrolled in RI Works. Some are parent heads of household, and others may be parts of multi-generational households.[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 SSI or SSDI or determined to be eligible for SSI or SSDI. Other parents with disabilities are referred to the Office of Rehabilitation Services for further assessment, vocational rehabilitation services, and help applying for SSI, or to substance abuse or mental health treatment, as appropriate.[36]

◆ As of December 2019, 697 families (18% of the total RI Works caseload) had hardship extensions, 54 for a physical or mental disability, 38 who were unable to work due to a domestic violence situation, 16 due to homelessness, 12 to care for a disabled family member, and 577 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 75,000 working-age adults (ages 18 to 65) in Rhode Island do not have a high school diploma. Of the 5,500 adults in adult education programs in Rhode Island, 94% entered these programs with a reading or math level lower than the ninth grade.[39]

◆ Between 2018 and 2028, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring a high school diploma or less.[40] Between 2014 and 2018, the unemployment rate for Rhode Islanders without a high school diploma was 9.4%, compared to 7.8% for those with a high school degree and 2.7% 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-one percent of parents enrolled in RI Works report not finishing high school. Among a recently tested group of parents receiving cash assistance, about one-third (34%) of those tested in English tested at or below the sixth-grade reading level, while almost half (47%) 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.[42]

◆ 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.[43] States should explore how to meet their work participation rate while offering beneficiaries a chance to improve job skills and long-term work preparedeness.[44]

Source of Data for Table/Methodology

Rhode Island Department of Human Services, RI Bridges Database, December 2019. 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 in the final trimester of her pregnancy.

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

References

[1,2,3,5,8,16,17,19,21,22,26,27,30,33,36] Rhode Island Works Program rules and regulations, 218-RICR-20-00-2 (2020). Retrieved January 28, 2020, from sos.ri.gov

(continued on page 177)

Table 11. **Children in Families Receiving Cash Assistance (RI Works), Rhode Island, December 2019**

CITY/TOWN	# OF CHILDREN UNDER AGE 18	NUMBER RECEIVING CASH ASSISTANCE		% OF CHILDREN RECEIVING CASH ASSISTANCE
		FAMILIES	CHILDREN	
Barrington	4,597	4	6	<1%
Bristol	3,623	32	45	1%
Burrillville	3,576	22	34	1%
Central Falls	5,644	186	313	6%
Charlestown	1,506	2	2	<1%
Coventry	7,770	43	54	1%
Cranston	16,414	180	268	2%
Cumberland	7,535	35	61	1%
East Greenwich	3,436	12	18	1%
East Providence	9,177	114	177	2%
Exeter	1,334	3	3	<1%
Foster	986	10	18	2%
Glocester	2,098	8	16	1%
Hopkinton	1,845	4	7	<1%
Jamestown	1,043	5	5	<1%
Johnston	5,480	77	116	2%
Lincoln	4,751	28	43	1%
Little Compton	654	0	0	0%
Middletown	3,652	45	82	2%
Narragansett	2,269	4	5	<1%
New Shoreham	163	0	0	0%
Newport	4,083	128	230	6%
North Kingstown	6,322	32	64	1%
North Providence	5,514	75	113	2%
North Smithfield	2,456	8	11	<1%
Pawtucket	16,575	442	762	5%
Portsmouth	3,996	16	26	1%
Providence	41,634	1,655	3,142	8%
Richmond	1,849	3	6	<1%
Scituate	2,272	9	16	1%
Smithfield	3,625	10	15	<1%
South Kingstown	5,416	22	52	1%
Tiverton	2,998	31	51	2%
Warren	1,940	14	19	1%
Warwick	15,825	128	226	1%
West Greenwich	1,477	1	1	<1%
West Warwick	5,746	107	193	3%
Westerly	4,787	18	24	1%
Woonsocket	9,888	359	638	6%
Other/Unknown	*NA*	*7*	*22*	*NA*
Four Core Cities	*73,741*	*2,642*	*4,855*	*7%*
Remainder of State	*150,215*	*1,230*	*2,007*	*1%*
Rhode Island	*223,956*	*3,879*	*6,884*	*3%*

Children Receiving SNAP Benefits

DEFINITION

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

SIGNIFICANCE

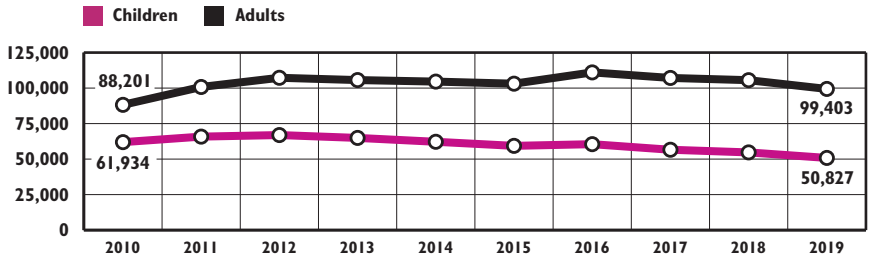
Hunger and lack of regular access to sufficient food are linked to serious physical, psychological, emotional, and academic problems in children and can interfere with their growth and development.[1,2] The Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, helps low-income 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, net monthly incomes below 100% of the federal poverty level, and no more than $2,250 in resources.[5] Rhode Island is one of 39 states that have implemented broad-based categorical eligibility, which allowed Rhode Island to increase the gross income limit and remove the resource limit for most applicants.[6] The gross monthly income limit for Rhode Island is 185% of the federal poverty level ($39,461 per year for a family of three in 2019).[7,8] 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.[9]

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.[10] In Rhode Island during October 2019, 75% of SNAP households had gross incomes below the federal poverty level ($21,330 for a family of three in 2019).[11,12] In October 2019, the average monthly SNAP benefit for a family of three in Rhode Island was $393.[13]

Participation in SNAP in early childhood is associated with improvements in short- and long-term health outcomes, improved high school graduation rates, and increases in adult earnings. In 2018, SNAP lifted 3.2 million Americans out of poverty and was the most effective program for lifting families out of deep poverty.[14,15] In addition, SNAP is a quick and effective form of economic stimulus because it moves money directly into the local economy.[16]

Participation in the Supplemental Nutrition Assistance Program, Children and Adults, Rhode Island, 2010-2019



Source: Rhode Island Department of Human Services, InRhodes Database, 2010–2015 and RI Bridges Database, 2016-2019.
Data represent children under age 18 and adults who participated in SNAP during the month of October.

◆ Of the 150,230 Rhode Islanders enrolled in SNAP in October 2019, 66% were adults and 34% were children. Of the children enrolled in SNAP, 35% were under the age of six.[17]

◆ 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 was due to efforts to avoid denying eligible SNAP recipients during the difficult transition to the RI Bridges/UHIP computer system. Between 2016 and 2019, the number of adults and children receiving SNAP benefits again decreased.[18,19]

Food Insecurity in Rhode Island

◆ The USDA defines food insecurity as not always having access to enough food for an active, healthy life. Between 2016 and 2018, 11.0% of Rhode Island households and 11.7% of U.S. households were food insecure. In 2018, 13.9% of all U.S. households with children were food insecure, while 38.3% of U.S. households with children with incomes below the poverty level experienced food insecurity.[20]

◆ Several federal nutrition programs provide nutrition assistance to children and families, including SNAP, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the National School Lunch Program, the School Breakfast Program, the Summer Food Service Program, and the Child and Adult Care Food Program.[21] In 2019, food pantries and soup kitchens provided emergency food assistance to 53,000 Rhode Islanders each month who needed additional help to meet their nutritional needs.[22]

Increasing Access to SNAP Benefits

◆ The decisions that states make about their enrollment and renewal processes for public benefits such as SNAP can help eligible families successfully access benefits and remain enrolled in the program. Rhode Island has implemented a number of strategies to improve access to SNAP benefits, including implementing broad-based categorical eligibility so more families qualify, developing an online SNAP application, and requiring less frequent certification.[23,24,25]

◆ Rhode Island could increase access to SNAP benefits for children and families by using a more flexible interview process that accommodates households' schedules and has different options for conducting interviews and completing renewals. Rhode Island could also consider the use of mobile technology in the enrollment process to increase access to SNAP benefits. Low-income individuals are more likely to be dependent on their cell phones as a means of going online. Mobile technologies would allow the state to more easily reach families that lack access to a personal computer.[26,27]

Table 12. **Children Under Age 18 Receiving SNAP Benefits, Rhode Island, October 2019**

CITY/TOWN	NUMBER PARTICIPATING
Barrington	114
Bristol	383
Burrillville	407
Central Falls	2,529
Charlestown	125
Coventry	790
Cranston	2,839
Cumberland	667
East Greenwich	165
East Providence	1,569
Exeter	66
Foster	83
Glocester	122
Hopkinton	119
Jamestown	26
Johnston	916
Lincoln	553
Little Compton	34
Middletown	473
Narragansett	153
New Shoreham	3
Newport	1,175
North Kingstown	662
North Providence	1,019
North Smithfield	165
Pawtucket	5,905
Portsmouth	194
Providence	19,225
Richmond	137
Scituate	132
Smithfield	172
South Kingstown	431
Tiverton	302
Warren	311
Warwick	1,895
West Greenwich	57
West Warwick	1,629
Westerly	615
Woonsocket	4,561
Unknown	*104*
Four Core Cities	*32,220*
Remainder of State	*18,503*
Rhode Island	*50,827*

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 2019.

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

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

References

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(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 referrals to health care and social services. WIC serves pregnant, postpartum, and breastfeeding women, infants, and children under age five living in low-income households. Any individual who participates in SNAP (formerly the Food Stamp Program), RIte Care, Medicaid, or Rhode Island Works is automatically income-eligible for WIC. Participants also must have a specified nutritional risk to qualify. This includes medically based risks such as anemia or high-risk pregnancy, or dietary risks such as inadequate nutrition.[1,2,3]

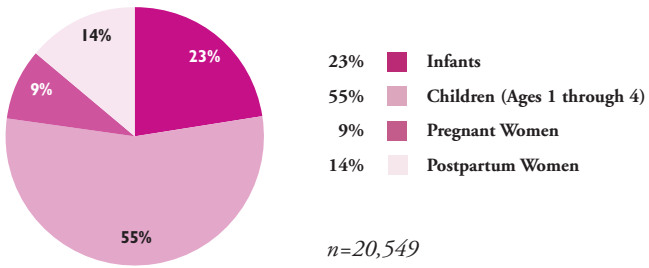
WIC improves the quality of participants' diets and promotes healthy eating habits. Studies have shown that WIC participants access more nutritious foods, including more produce, whole grains, and low-fat dairy. WIC participation also may decrease household food insecurity (families that do not have regular access to food for an active healthy life).[4] Food insecurity in early childhood can lead to impaired cognitive, behavioral, and psychosocial development, and can limit academic achievement.[5] Pregnant women also have special nutritional needs that influence pregnancy outcomes and the health of their children.[6]

WIC participation has been shown to reduce infant mortality, improve birth outcomes (including reducing the likelihood of low birthweight and prematurity), improve cognitive development, reduce risk of child abuse and neglect, increase child immunization rates, boost cognitive development, and increase access to preventive medical care.[7,8]

Revisions made in 2014 to the WIC food package increased access to a wider variety of nutritious foods and strengthened breastfeeding support.[9] WIC consistently promotes breastfeeding as the optimal method of infant feeding.[10] In Rhode Island in Federal Fiscal Year (FFY) 2019, 79% of mothers participating in WIC initiated breastfeeding. Sixteen percent of infants participating in WIC were breastfed at three months of age, and 14% were breastfed at six months of age.[11]

As of June 2020, WIC will provide an EBT (Electronic Benefit Transfer) card to all Rhode Island users.[12]

Women, Infants, and Children Enrolled in WIC, Rhode Island, September 2019



Source: Rhode Island Department of Health, WIC Program, September 2019. Percentages may not sum to 100% due to rounding.

◆ **Infants and children ages one through four comprised more than three-quarters (78%) of the population being served by WIC in September 2019 in Rhode Island. Women accounted for over one-fifth (9% pregnant and 14% postpartum) of the population being served.[13]**

◆ **In September 2019, 68% of WIC participants in Rhode Island were White, 17% were Black, 3% were Asian, and 9% identified as other races or more than one race. Fifty-five percent of WIC participants identified as Hispanic. Hispanics are included in the racial groups above.[14]**

◆ **Three of the four core cities had participation rates exceeding the statewide enrollment rate of 47% in 2019 – Central Falls (58%), Pawtucket (46%), Providence (57%), and Woonsocket (57%).[15]**

◆ **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.[16] Rhode Island received $16.8 million in federal WIC funding during FFY 2019, which was less than the $21.7 million in funding for FFY 2018.[17]**

◆ **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.[18] In Rhode Island, 28 farmers' markets provided fresh produce to 12,747 WIC participants through the FMNP in FFY 2019.[19]**

Table 13. **Women, Infants, and Children Enrolled in WIC, June 2019**

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER ENROLLED	% OF ELIGIBLE ENROLLED
Barrington	151	31	21%
Bristol	370	132	36%
Burrillville	490	144	29%
Central Falls	2,090	1,213	58%
Charlestown	156	32	21%
Coventry	774	282	36%
Cranston	2,799	1,349	48%
Cumberland	721	231	32%
East Greenwich	191	39	20%
East Providence	1,585	626	39%
Exeter	114	41	36%
Foster	109	36	33%
Glocester	185	40	22%
Hopkinton	197	143	73%
Jamestown	25	2	8%
Johnston	982	393	40%
Lincoln	490	136	28%
Little Compton	48	6	13%
Middletown	436	208	48%
Narragansett	163	38	23%
New Shoreham	29	0	0%
Newport	815	407	50%
North Kingstown	555	185	33%
North Providence	1,126	460	41%
North Smithfield	206	74	36%
Pawtucket	4,971	2,278	46%
Portsmouth	237	86	36%
Providence	1,4369	8,252	57%
Richmond	139	48	35%
Scituate	195	56	29%
Smithfield	307	100	33%
South Kingstown	512	101	20%
Tiverton	315	90	29%
Warren	305	95	31%
Warwick	2,211	728	33%
West Greenwich	81	39	48%
West Warwick	1,447	501	35%
Westerly	672	185	28%
Woonsocket	3,002	1,700	57%
Four Core Cities	*24,432*	*13,443*	*55%*
Remainder of State	*19,138*	*7,064*	*37%*
Rhode Island	*43,570*	*20,507*	*47%*

Source of Data for Table/Methodology

Rhode Island Department of Health, WIC Program, June 2019.

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

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

References

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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

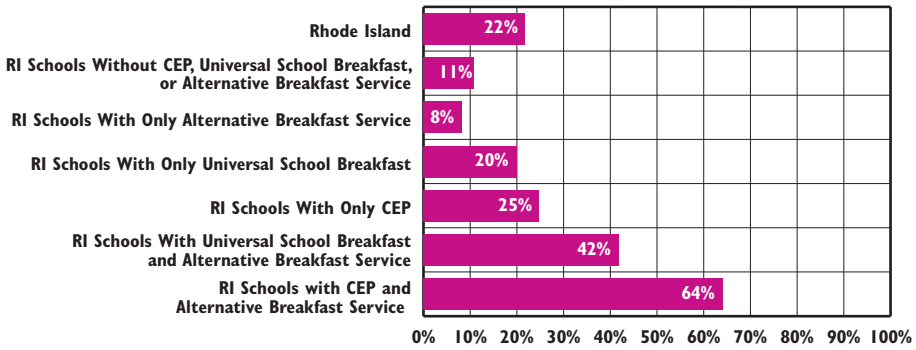
The School Breakfast Program helps ensure that the nation's most vulnerable children start their day off with a healthy meal. During the 2018-2019 school year, 12.4 million low-income children in the U.S. participating in the School Breakfast Program ate breakfast at school each day, remaining stable after a decade of growth in low-income participation.[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. Children experiencing hunger are also more likely to be tardy or absent from school.[4,5,6]

Rhode Island law requires that all public schools make breakfasts and lunches available to all students, including students who qualify for free or reduced-price meals based on their income (less than 130% of the federal poverty level for free meals and between 130% and 185% of the federal poverty level for reduced-price meals).[7,8]

During the 2018-2019 school year in Rhode Island, 54 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 33rd in the U.S. for participation in the School Breakfast Program, the same as 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 $2.4 million in additional federal funds to support the School Breakfast Program.[9]

Children Participating in the School Breakfast Program, Rhode Island, October 2019



Source: Rhode Island Department of Education, Child Nutrition Programs, Office of Statewide Efficiencies, October 2019.

◆ **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 2018-2019 school year, 28,614 schools (65% of all eligible schools nationally) participated in CEP. Rhode Island's participation rate, which increased from 19% of eligible schools participating in the 2016-2017 school year to 36% of eligible schools during the 2018-2019 school year, is still among the lowest nationally.[11,12]**

◆ **Universal School Breakfast Programs, which provide free breakfast to all children regardless of income, increase school breakfast participation by removing the stigma often associated with school breakfast and can reduce the administrative burden for schools.[13] During the 2019-2020 school year, all schools in Cranston and Woonsocket, selected schools in four other districts, and two charter schools 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 alternative breakfast service.[15,16] During the 2019-2020 school year, several Rhode Island school districts offered alternative breakfast service, including "breakfast in the classroom," "grab and go breakfasts," or "second chance breakfasts" in all or some of their schools.[17]**

Table 14.

Children Participating in School Breakfast, Rhode Island, October 2019

SCHOOL DISTRICT	OCTOBER 2019 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	3,375	63	2%	147	11	7%
Bristol Warren	3,124	227	7%	932	171	18%
Burrillville	2,227	172	8%	759	125	16%
Central Falls	2,877	1,533	53%	NA	NA	NA
Chariho	3,152	166	5%	552	104	19%
Coventry	4,524	409	9%	1,311	297	23%
Cranston	10,324	2,714	26%	4,502	1,523	34%
Cumberland	4,508	469	10%	952	258	27%
East Greenwich	2,579	82	3%	139	38	28%
East Providence	5,026	1,063	21%	2,244	687	31%
Exeter-West Greenwich	1,580	84	5%	230	41	18%
Foster	239	34	14%	59	27	46%
Foster-Glocester	1,354	121	9%	199	63	31%
Glocester	555	64	11%	68	22	33%
Jamestown	483	*	1%	34	*	11%
Johnston	3,199	403	13%	1,403	283	20%
Lincoln	3,191	219	7%	893	145	16%
Little Compton	237	*	1%	30	*	4%
Middletown	2,094	179	9%	456	114	25%
Narragansett	1,267	81	6%	256	41	16%
New Shoreham	134	11	8%	28	*	21%
Newport	2,075	336	16%	1,407	299	21%
North Kingstown	3,953	316	8%	844	263	31%
North Providence	3,530	606	17%	1,641	397	24%
North Smithfield	1,645	74	4%	272	44	16%
Pawtucket	8,657	2,495	29%	NA	NA	NA
Portsmouth	2,403	105	4%	394	53	14%
Providence	22,958	11,431	50%	NA	NA	NA
Scituate	1,226	32	3%	130	14	11%
Smithfield	2,379	148	6%	337	75	22%
South Kingstown	2,860	181	6%	475	136	29%
Tiverton	1,717	150	9%	360	88	25%
Warwick	8,302	588	7%	2,917	407	14%
West Warwick	3,586	630	18%	1,816	494	27%
Westerly	2,489	338	14%	894	274	31%
Woonsocket	5,884	2,417	41%	4,397	1,927	44%
Charter Schools	*8,989*	*2,873*	*32%*	*NA*	*NA*	*NA*
State-Operated Schools	*1,860*	*505*	*27%*	*NA*	*NA*	*NA*
UCAP	*128*	*42*	*33%*	*112*	*42*	*38%*
Four Core Cities	*40,376*	*17,875*	*44%*	*NA*	*NA*	*NA*
Remainder of State	*89,337*	*10,073*	*11%*	*26,681*	*6,506*	*24%*
Rhode Island	*140,690*	*31,368*	*22%*	*NA*	*NA*	*NA*

Source of Data for Table/Methodology

Rhode Island Department of Education, Child Nutrition Programs, Office of Statewide Efficiencies, October 2019.

NA indicates that data on low-income students and their participation in school breakfast was not available because some or all schools in this district were using the Community Eligibility Provision (CEP) and therefore not collecting data on the incomes of students' families. During the 2019-2020 school year, Central Falls, Providence, some schools in Pawtucket, Highlander Charter School, Sheila C. "Skip" Nowell Leadership Academy, Rhode Island Nurses Institute Middle College Charter School, Trinity Academy for the Performing Arts, and the Metropolitan Regional Career and Technical Center were using CEP.

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

Charter schools include: Achievement First Rhode Island, Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Charette Charter School, The Compass School, Paul Cuffee Charter School, The Greene School, 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, SouthSide Elementary Charter School, Trinity Academy for the Performing Arts, and The Village Green Virtual Charter School. State-operated schools include: William M. Davies Jr. Career & Technical High School, the Rhode Island School for the Deaf, and Metropolitan Regional Career and Technical Center. UCAP is the Urban Collaborative Accelerated Program.

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

The October 2019 enrollment and number of low-income students are for the full month of October and are not comparable with the October 1, 2019 enrollment numbers reported elsewhere in the Factbook.

(Sources and References are continued on page 177)

Health

You Never Hear the Garden Grow

by Lilian Moore

Row on row,
you never hear the garden
grow.

Seeds split.
Roots shove and reach.
Earth heaves.

Leaves unfurl.
Stems pierce the
ground.

Pea pods fatten.
Vines
stretch and curl.

Such growing
going on
without a sound!

Children's Health Insurance

DEFINITION

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

SIGNIFICANCE

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

Children are more likely to be insured if their parents also have health insurance (especially continuous coverage).[7] RIte Care, Rhode Island's Medicaid/CHIP managed care health insurance program, is available to children and families who qualify based on family income. RIte Care also serves as the health care delivery system for specific groups of children who qualify for Medical Assistance based on a disability or because they are in foster care or receiving an adoption subsidy. RIte Share is Rhode Island's premium assistance program that helps income-qualifying families afford an employer's health insurance plan.[8]

On December 31, 2018, 73% of RIte Care members who qualified based on family income and 74% of RIte Share enrollees were children under age 19.[9]

Rhode Island children who are older than age five, living in urban communities, or are Native American, Asian, or White are the most likely to be uninsured. In 2018, an estimated 2.2% of Rhode Island children were uninsured.[10,11,12,13]

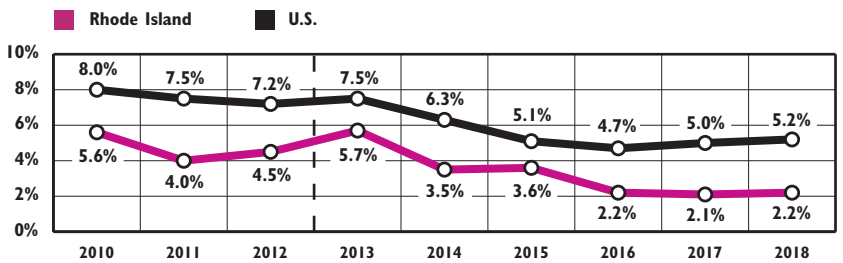
Children Under Age 19 Without Health Insurance

	2013	2018
RI	5.7%	2.2%
US	7.5%	5.2%
National Rank*		*3rd*
New England Rank**		*3rd*

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

Source: For 2018: U.S. Census Bureau, American Community Survey, 2017. Table R2702. For 2013: U.S Census Bureau, American Community Survey, 2013. Table CP03.

Children Without Health Insurance, Rhode Island, 2010-2018



Source: U.S. Census Bureau, American Community Survey, 2012 & 2018. Table CP03. Data from 2010 to 2012 are for children under 18 years of age and data from 2013 to 2018 are for children under 19 years of age due to a change in the 2017 American Community Survey. Prior Factbooks are not comparable.

◆ **In 2018, 2.2% of Rhode Island's children under age 19 were uninsured. Rhode Island ranks third best state in the U.S., with 97.8% of children covered. In 2018, 58% of Rhode Island children under age 19 were covered by private health insurance, most of which was obtained through their parents' employers.[14,15]**

◆ **Younger children are more likely to live in low-income families compared to older children and therefore are more likely to meet the income-eligibility threshold for RIte Care (up to 261% of the federal poverty level). Approximately 67% of children under the age of three were enrolled in RIte Care/Medical Assistance in 2018.[16,17,18]**

◆ **Approximately 68% (3,443) of the estimated 5,028 uninsured children under age 18 in Rhode Island between 2014 and 2018 were eligible for RIte Care coverage based on their family incomes but were not enrolled. An estimated 1,585 uninsured children lived in families with incomes above the income limit for RIte Care eligibility and 63% (1,002) of them may have been eligible for financial assistance through HealthSource RI based on income.[19]**

◆ **As of December 31, 2019, 2,945 children and 1,033 adults (3,978 total) were enrolled in RIte Share, a 25% decrease since 2018.[20]**

◆ **Families can enroll in health coverage though HealthSource RI, Rhode Island's health insurance marketplace under the federal *Affordable Care Act*. As of October 2019, 1,838 children were enrolled in private health coverage through HealthSource RI, 55% of whom received financial assistance through a premium tax credit or a cost sharing reduction.[21]**

Table 15.

Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 31, 2019

CITY/TOWN	RITE CARE	SSI	KATIE BECKETT PROVISION	ADOPTION SUBSIDY	FOSTER CARE	TOTAL
Barrington	507	15	35	31	7	595
Bristol	978	34	19	39	26	1,096
Burrillville	1,171	31	19	80	23	1,324
Central Falls	5,072	249	3	47	47	5,418
Charlestown	401	13	6	19	12	451
Coventry	2,057	82	48	152	66	2,405
Cranston	6,738	192	73	204	110	7,317
Cumberland	1,870	84	47	79	39	2,119
East Greenwich	550	15	32	37	11	645
East Providence	3,950	152	38	120	60	4,320
Exeter	285	9	8	17	10	329
Foster	308	5	7	19	9	348
Glocester	384	15	7	52	36	494
Hopkinton	359	13	2	26	5	405
Jamestown	111	5	9	7	2	134
Johnston	2,440	89	43	76	51	2,699
Lincoln	1,408	56	26	62	31	1,583
Little Compton	156	2	2	2	0	162
Middletown	1,083	44	14	34	10	1,185
Narragansett	402	11	5	25	30	473
New Shoreham	71	0	1	0	0	72
Newport	1,936	112	5	46	45	2,144
North Kingstown	1,555	55	25	75	37	1,747
North Providence	1,394	55	12	37	35	1,533
North Smithfield	571	18	14	58	22	683
Pawtucket	12,173	509	30	189	164	13,065
Portsmouth	692	18	11	57	32	810
Providence	36,624	1,636	66	472	710	39,508
Richmond	392	11	12	31	11	457
Scituate	334	7	8	22	11	382
Smithfield	760	18	27	45	15	865
South Kingstown	1,299	56	33	68	34	1,490
Tiverton	929	23	11	28	19	1,010
Warren	827	34	8	39	28	936
Warwick	5,146	176	83	240	148	5,793
West Greenwich	251	3	9	14	10	287
West Warwick	3,241	158	15	101	61	3,576
Westerly	1,787	56	26	54	33	1,956
Woonsocket	7,334	520	19	150	148	8,171
Four Core Cities	*61,203*	*2,914*	*118*	*858*	*1,069*	*66,162*
Remainder of State	*46,343*	*1,667*	*740*	*1,996*	*1,079*	*51,825*
Rhode Island	*107,546*	*4,581*	*858*	*2,854*	*2,148*	*117,987*

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, MMIS Database, December 31, 2019.

The table includes children enrolled in RIte Care managed care as of December 31, 2019. Children with special health care needs who are covered through RIte Care or Medical Assistance are also included because they receive SSI, adoption subsidies, or qualify for the Katie Beckett provision.

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

Unknown residence: All children are 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 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 (ACIP). In 2018, the complete series included 4 doses of diphtheria, tetanus and pertussis (DTaP); 3 doses of polio; 1 dose of measles, mumps, rubella (MMR); 3-4 doses of Haemophilus influenzae type b (Hib); 3 doses of hepatitis B vaccines (Hep B); 1 dose of varicella (chickenpox); and 4 doses of pneumococcal conjugate vaccine (PCV).

SIGNIFICANCE

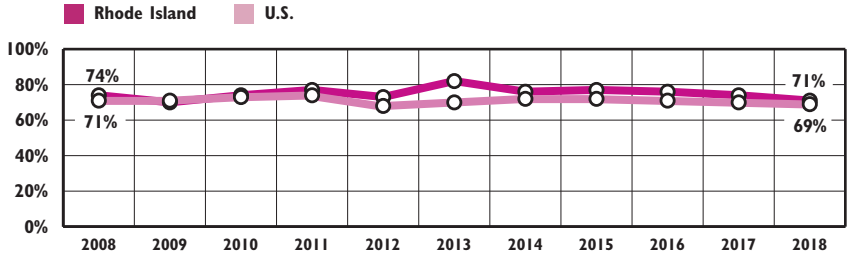
Timely and complete immunization protects children against a number of infectious diseases that were once common and resulted in death or disability. Vaccines interact with the immune system to produce antibodies that protect the body if it is later exposed to disease. The benefits of immunization include 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, and those who cannot be vaccinated for medical reasons are less likely to be exposed. Although many of the diseases against which children are vaccinated are rare, it is important to continue to immunize against them until the diseases are completely eradicated.[1,2,3]

The federal *Vaccines for Children* program is used to eliminate cost as a barrier to vaccination. It allows states to obtain vaccines at a discounted price. Local providers then administer the vaccines at no cost to eligible children under age 19, including those who are uninsured, underinsured, or Medicaid-eligible.[4] Due to the federal *Affordable Care Act (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]

The Rhode Island Department of Health obtains and distributes vaccines and works in partnership with local health care providers to maintain and share KIDSNET immunization data for children from birth through age 18.[6]

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

Fully Immunized Children*, Rhode Island and United States, 2008-2018



**Fully immunized children received the 4:3:1:0:3:1:4 series in 2008 to 2010; and the 4:3:1:3:3:1:4 series from 2011-2017. In 2018, the National Immunization Survey-Child (NIS-Child) methodology changed from coverage among children 19 to 35 months of age to coverage by age 24 months.*

Source: Centers for Disease Control and Prevention, National Immunization Survey, 2008-2018.

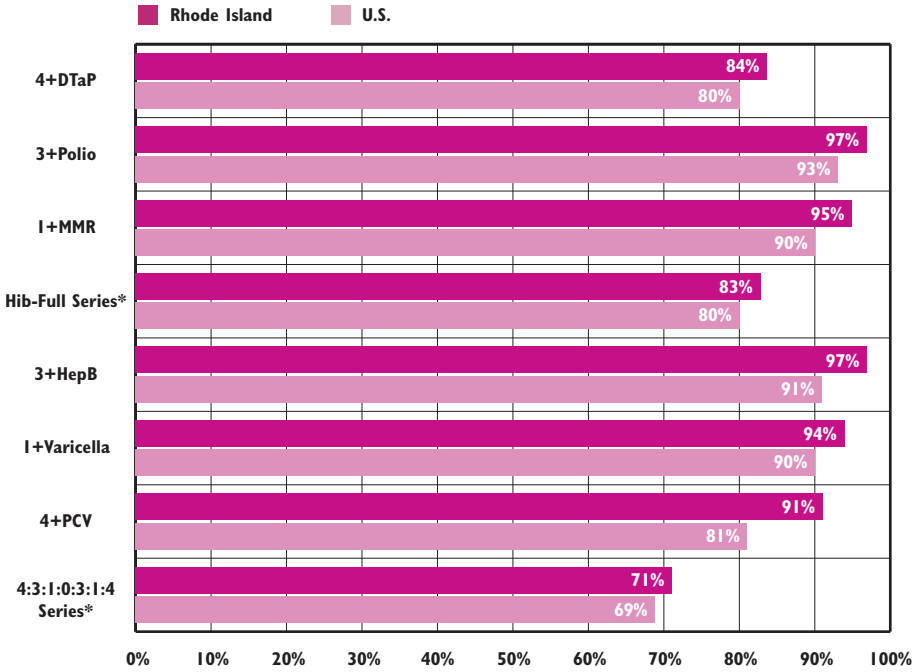
◆ **In 2018, 71% of Rhode Island's children by age 24 months were fully immunized, above the national average of 69%.[9]**

◆ **In 2016-2018, the U.S. rate for fully immunized children by age 24 months was 47% for uninsured children, 64% for children with Medicaid coverage, and 75% for children with private health insurance coverage.[10]**

◆ **Vaccine concerns have led some parents to request alternative vaccination schedules or to refuse some or all immunizations, which contribute to under-immunization.[11,12] Federal law requires that families be provided with information about each vaccine, including risks and benefits about the vaccine.[13]**

◆ **In Rhode Island, children may be exempt from receiving one or more vaccines for medical or religious reasons.[14] In the 2018-2019 school year, 1.3% (139) of kindergarten students had exemptions from vaccination requirements. Of these exemptions, 88% were for religious reasons and 12% were for medical reasons.[15] In the 2018-2019 school year, 4.9% (599) of 7th grade students had exemptions from vaccination requirements. Of these exemptions, 97% were for religious reasons and 3% were for medical reasons.[16]**

Vaccination Coverage Among Children, by Age 24 Months, Rhode Island and United States, 2018



Source: Rhode Island Department of Health analysis of data from the *National Immunization Survey-Children*, 2018.

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

◆ In 2017, Rhode Island ranked first in the U.S. for children receiving the rotavirus vaccines; second for 3+Polio and 3+HepB vaccines; fourth for 1+ MMR; fifth for the 4+DTaP, 1+ Varicella, 4+PCV vaccines; and eleventh for the 3+HepB vaccine.[17]

◆ In 2018, Rhode Island's rate of completion for the 4:3:1:3:3:1:4 (71%) 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, varicella, and pneumococcal conjugate (PCV) had coverage rates that met or surpassed the Healthy People 2020 targets (90%) set for each type of vaccine for children by age 24 months.[18]

References

[1] Centers for Disease Control and Prevention. (2018). *Why are childhood vaccines so important?* Retrieved February 17, 2020, from www.cdc.gov

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Immunizations for Elementary and Middle School Students

◆ The *2018-2019 Rhode Island Department of Health Immunization Survey* analyzed student immunization status reports through a web-based survey of all kindergarten and 7th grade school nurse teachers. More than 98% of kindergarten and 7th grade students were asssessed. Of the immunizations needed for school entry, entering kindergarteners had coverage rates between 96% and 98%, while entering 7th grade students had rates between 75% and 98%.[19,20]

Adolescent Immunization

◆ All Rhode Island seventh grade students are required to receive the human papillomavirus (HPV); tetanus, diphtheria, pertussis (Tdap); and meningococcal conjugate (MCV4) vaccines, as well as any needed catch-up doses, for entry into school.[21]

◆ According to the *2018 National Immunization Survey–Teen*, Rhode Island adolescents ranked first in the U.S. for the 3+HPV vaccine for females and males (with 78% of adolescents vaccinated) and the 1+MenACWY vaccine (99% vaccinated); and second in the nation for the 1+Tdap vaccine (96% vaccinated).[22]

◆ To ensure that all high school seniors are fully vaccinated before beginning college or work, the Rhode Island Office of Immunization runs the *Vaccinate Before You Graduate (VBYG)* program in high schools throughout the state. The program holds vaccination clinics throughout the year at each participating school. The immunizations are funded by the federal Vaccines for Children program, local insurers, and other federal grants and are offered at no cost to students.[23,24]

◆ During the 2018-2019 school year, 110 schools participated in VBYG. In total, 5,463 vaccine doses were administered to 2,600 students. Vaccines administered included influenza, HPV, MCV4, hepatitis A, hepatitis B, measles, mumps, and rubella, polio, tetanus, diphtheria, tetanus, diphtheria, pertussis, and varicella (chicken pox).[25]

◆ The School Located Vaccination (SLV) program administered 28,784 doses of the influenza vaccine to both children and adults at school-based clinics throughout Rhode Island from October to December 2019. The goal of SLV is to ensure all Rhode Island children receive their annual flu vaccination at no out-of-pocket cost.[26]

Access to Dental Care

DEFINITION

Access to dental care is the percentage of children under age 21 who were enrolled in RIte Smiles or Medicaid fee-for-service on June 30, 2019 and who had received dental services at any point during the previous State Fiscal Year.

SIGNIFICANCE

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

Insurance is a strong predictor of access to health and dental care. Eighteen percent of uninsured children in the U.S. have unmet dental needs, compared with 5% of those with Medicaid and 3% of those with private health insurance.[3] In Rhode Island, pediatric dental coverage is embedded in most private health insurance coverage, and RIte Smiles is Rhode Island's dental insurance for Medicaid-eligible children born after May 1, 2000.[4,5]

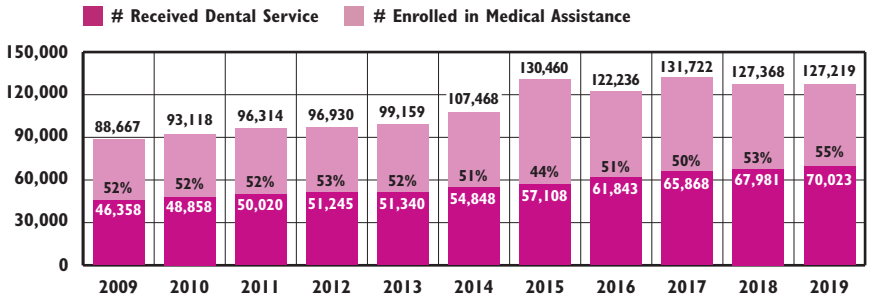
Children living in poverty are more likely to have untreated tooth decay than higher-income children. For children in low-income families, the efficacy and continuity of public dental insurance is a critical factor in access to dental care. In the U.S. and in Rhode Island, children who have public health insurance coverage have greater access to dental and medical care than children who have no insurance.[6,7,8]

Children of color have the highest rates of tooth decay and untreated dental problems. In Rhode Island and the U.S., non-Hispanic White children are less likely to have untreated tooth decay than non-Hispanic Black or Hispanic children.[9,10,11]

Some evidence suggests that poor oral health during pregnancy is a potential risk factor for some pregnancy complications and poor birth outcomes, including preterm birth and low birthweight infants.[12] Although oral health care can be safely provided during pregnancy, only slightly more than half (56%) of Rhode Island women report having a dental visit during their pregnancy. Among those who received dental care, 43% had RIte Care and 67% had private insurance. Sixty percent of pregnant women reported receiving education from a provider about the importance of dental visits during pregnancy.[13,14]

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

Children Under 21 Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2009-2019



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2009-2019. *Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service.

◆ **Fifty-five percent (70,023) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service on June 30, 2019 received a dental service during State Fiscal Year (SFY) 2019. The number of children receiving dental services has increased by 62% since 2006, when RIte Smiles launched.[17]**

◆ **The federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard requires that states provide comprehensive dental benefits to children with Medicaid coverage, including preventive dental services.[18] In Rhode Island, 50% of children with Medicaid in Rhode Island received a preventive dental visit in FFY 2018.[19]**

◆ **RIte Smiles, Rhode Island's managed care oral health program for children has been credited with improving access to dental care for children. RIte Smiles is for low-income children born on or after May 1, 2000, and the cohort expands through an eligibility age-in process.[20, 21, 22]As of December 31, 2019, there were 88,884 children enrolled in RIte Smiles.[23]**

◆ **The federal *Affordable Care Act* made pediatric dental benefits mandatory offerings in individual and small employer plans.[24] In Rhode Island, most commercial coverage in the individual market of HealthSource RI (Rhode Island's state-based insurance marketplace) includes pediatric dental benefits as part of health coverage.[25]**

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 and cumbersome administrative requirements 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, lack of child care, and issues with paperwork. Family education, case management, and streamlining administrative procedures can encourage provider enrollment and patient utilization.[26,27]

◆ Since RIte Smiles started in 2006, reimbursement rates have been raised for participating dental providers.[28] The number of dentists accepting qualifying children increased from 27 before RIte Smiles began to 90 at the launch of RIte Smiles.[29] In FY 2019, there were 312 unduplicated dentists in 176 practice locations participating in RIte Smiles.[30]

◆ General dentists and dental specialists who provide dental care to youth who do not qualify for the RIte Smiles program (currently between the ages of 20 and 21) and pregnant women continue to be reimbursed at the Medicaid fee-for-service reimbursement rate.[31] Medicaid reimbursement rates often lag behind fees charged by dental providers and private commercial rates, which can affect access to care for youth with Medicaid coverage. Rhode Island had the fifth lowest Medicaid fee-for-service reimbursement rate for pediatric dental services in the nation in 2016.[32]

Consequences of Untreated Dental Disease

◆ Between 2014 and 2018, an average of 506 children under age 21 were treated for a primary dental-related condition in Rhode Island emergency departments annually. Of these children and youth, 26% were ages five and under, 20% were ages six to 11, 17% were ages 12 to 17, and 38% were age 18 to 20.[33]

◆ Each year between 2014 and 2018 in Rhode Island, an average of 70 children under age 19 were hospitalized with a diagnosis that included an oral health condition. During this time period, an average of 16 children per year under age 19 were hospitalized with an oral health condition as the primary reason for the hospitalization.[34]

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. However, nearly three-quarters (74%) of babies in the U.S. have not seen the dentist by their first birthday.[35]

◆ Pediatric dentists are dentists with specialized training who work with infants and children through adolescence, including those with special health needs.[36]

◆ In 2018, 40% of Rhode Island children under age five with Medicaid coverage received any dental service. Among those who received any dental services, 95% received a preventative dental visit.[37]

◆ 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.[38]

◆ 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.[39]

◆ All 50 state Medicaid programs reimburse primary care medical providers for preventive oral health services for very young children, including risk assessment, anticipatory guidance, and fluoride varnish application.[40]

References

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[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. (2018). *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, 2017.* Retrieved February 10, 2020, from http://www.cdc.gov/nchs/nhis/shs/tables.htm

[4,25] HealthSource RI. (n.d.). *HealthSource RI dental coverage.* Retrieved February 10, 2020 from www.healthsourceri.com

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Children's Mental Health

DEFINITION

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

SIGNIFICANCE

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

Mental health problems affect children of all backgrounds. 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, physical and sexual abuse, adverse childhood experiences, toxic stress, genes or a family history of mental health issues, 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 36% 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) 2019, there were 437 children and youth awaiting psychiatric inpatient admission, similar to FFY 2018 when there were 465 boarders. The average wait time for FFY 2019 was 3.3 days, up from 1.4 days in FFY 2018. In FFY 2019, an average of five children per day were ready to leave the psychiatric hospital (down from the FFY 2018 average of seven 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]

Infant and Early Childhood Mental Health

- **Infant mental health is the growing capacity of infants and toddlers to experience, regulate, and express emotions, form close and secure relationships with caregivers, and explore their environment to learn and thrive. Infant mental health is synonymous with healthy social and emotional development.[16]**

- **Infants need to form secure attachment with at least one caregiver. Infants who do not develop secure attachment are at risk for learning delays, relationship dysfunction, difficulty expressing emotions, and future mental health disorders.[17]**

- **Infants and toddlers can have specific mental health disorders related to development stage like Excessive Crying Disorder, or general disorders that manifest in certain ways among infants and toddlers like Social Phobia and Autism Spectrum Disorder.[18]**

Children with Medicaid and RIte Care with a Mental Health Diagnosis

- **In State Fiscal Year (SFY) 2019, 26% (31,394) of children under age 19 enrolled in Medicaid/RIte Care had a mental health diagnosis. Of those children with a mental health diagnosis, 23% were ages six and under, 38% were ages seven to 12, and 39% were ages 13 to 18. In addition, 42% were females and 58% were males.[19]**

- **In SFY 2019, 1,096 children under age 19 enrolled in Medicaid/RIte Care were hospitalized due a mental health related condition (up from 983 in SFY 2016), and 2,246 children had a mental health related emergency department visit (up from 1,690 in SFY 2016, a 33% increase). Ninety percent of those mental health-related emergency department visits did not result in a hospitalization.[20]**

- **Sixty-two percent of all emergency department visits for children with a mental health primary diagnosis were enrolled in RIte Care/Medicaid and 33% had commercial insurance.[21]**

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.[22] During 2019, 6,639 children under age 18 were treated at CMHOs, and 5,107 children were receiving treatment as of December 31, 2019.[23]

Psychiatric Hospitals

Children Under Age 19 Treated at Rhode Island Psychiatric Hospitals, October 1, 2018 – September 30, 2019 (FFY 2019)

	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	737	24 days	116	30 days	460*	9 days
Residential	219	45 days**	36	268 days**	--	--
Partial Hospitalization	698	25 visits	110	25 visits	155	5 visits
Home-Based	0	NA	19	23 visits	--	--
Outpatient	1,384	***	87	***	207	NA

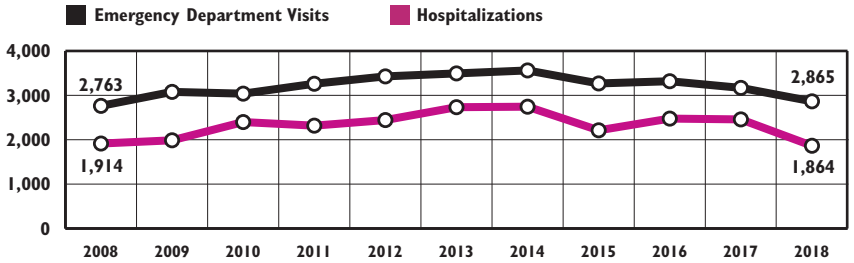
Source: Lifespan, 2018-2019 and Butler Hospital, 2018-2019. Programs can have overlapping enrollment. Number treated is based on the hospital census (i.e., the number of patients seen in any program during FFY 2019). The average length of stay is based on discharges. *An additional 73 youth were treated in adult programs. *** Only total number treated with outpatient services by the Lifespan Physician Group is available.

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

◆ Bradley and Butler Hospitals specialize in providing psychiatric care to children and youth. 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 2019 in an inpatient setting were depressive disorders, anxiety disorders, adjustment disorders, schizophrenia, and bipolar disorders.[24,25]

◆ Bradley Hospital has a Developmental Disabilities Program that offers specialized services to children and adolescents with serious emotional and behavioral problems and developmental disabilities. Lifespan School Solutions owns and operates six Bradley schools and seven community-based classrooms/public school partnerships for children with behavioral health problems and developmental disabilities. These programs had an average daily enrollment of 388 students in FFY 2019.[26]

Emergency Care for Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2008-2018*



Source: Rhode Island Department of Health, Hospital Discharge Database, 2008-2018. *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 classification to the 10th classification, which may impact comparability across the years. As of 2018, data only includes Rhode Island resident children.*

◆ In 2018, there were 2,865 emergency department visits and 1,864 hospitalizations of Rhode Island children with a primary diagnosis of mental disorder.[27]

Suicide Among Rhode Island Children and Youth

◆ Children and youth with mental health conditions are at increased risk for suicide.[28] In 2019, 15% of Rhode Island high school students reported attempting suicide one or more times during the past year.[29] In Rhode Island between 2014 and 2018, there were 886 emergency department visits and 651 hospitalizations of youth ages 13 to 19 due to suicide attempts. Twenty-five children under age 20 died due to suicide in Rhode Island between 2014 and 2018.[30]

References

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[2,7,28] Murphey, D., Barry, M., & Vaughn, B. (2013). *Adolescent health highlight: Mental health disorders.* (Publication No. 2013-1). Washington, DC: Child Trends.

[3,9] Murphey, D., Vaughn, B., & Barry, M. (2013). *Adolescent health highlight: Access to mental health care.* (Publication No. 2013-2). Washington, DC: Child Trends.

[4] Smith, J. P. & Smith, G. C. (2010). Long-term economic costs of psychological problems during childhood. *Social Science & Medicine*, 71, 110-115.

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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 those required generally by children. Special needs can be physical, developmental, behavioral, and/or emotional. This indicator measures the number of children with special health care needs enrolled in Early Intervention, special education, Supplemental Security Income (SSI), and Medical Assistance.

SIGNIFICANCE

An estimated 19% of children in the U.S. and 20% 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] Twenty-five percent of parents with young children in Rhode Island and 32% of parents nationally reported completing a developmental screening.[3] In Rhode Island, 61% of CSHCN have two or more health conditions, compared to 69% of CSHCN in the U.S. Nationally, commonly reported health conditions among CSHCN include allergies, Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, behavioral problems, asthma, learning disabilities, anxiety, developmental delays, and other mental health conditions.[4]

In Rhode Island in 2017, high school students with disabilities reported being bullied at school and cyber bullied more than their peers. They were also twice as likely to feel sad or hopeless and four times as likely to have attempted suicide as their non-disabled peers. They also reported higher rates of sexual activity, cigarette smoking and use of electronic vapor products, drinking, and using marijuana.[5,6]

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 impact parents' finances, employment, and family lives.[7,8,9]

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

Children Enrolled in Early Intervention

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

◆ **As of June 30, 2019, nine certified EI provider agencies served 2,358 children in Rhode Island. Nearly two-thirds (62%) of those children receiving EI services were male and just over one-third (38%) were female. Of these children, 56% were White, 30% were Hispanic, 7% were Black, 4% were Mixed Race, 2% were Asian, and <1% were American Indian or Alaska Native.[14]**

Children Enrolled in Special Education

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

◆ **As of June 30, 2019, in Rhode Island, there were 3,156 children ages three to five who received preschool special education services.[16]**

◆ **In Rhode Island as of June 30, 2019, 21,868 students in public schools ages six to 21 received special education services (15% of all students). Thirty-six percent of students receiving special education services in Rhode Island had a learning disability.[17]**

◆ **Early Intervention (EI) programs are required to provide transition services for children who are enrolled in EI and who may be eligible for special education services at age three. In 2019, 63% of the 1,091 children who reached age three while in EI were determined to be eligible for preschool special education, 17% were found not eligible, and 13% did not have eligibility determined when exiting EI. The remainder completed their service plan prior to reaching the maximum age for EI, moved out of state, withdrew, or were otherwise unreachable for follow-up.[18]**

Medical Assistance for Children With Special Health Care Needs

◆ As of December 31, 2019, there were 4,581 Rhode Island children and youth under age 19 receiving Medical Assistance benefits through their enrollment in the federal SSI program.[19,20]

◆ In Rhode Island, the Katie Beckett eligibility provision provides Medical Assistance coverage to children under age 19 who have serious disabling conditions, in order to enable them to be cared for at home instead of in an institution.[21] As of December 31, 2019, there were 858 Rhode Island children enrolled through the Katie Beckett provision, a decline of 52% from the peak enrollment of 1,770 in 2007.[22,23]

◆ Children with special health care needs have a variety of coverage options under Medicaid. Medicaid coverage also provides access to the Early and Periodic Screening, Diagnostic, and Treatment benefit, which requires that children receive all the services they need, either as a direct benefit or wrap-around benefit to commercial coverage they might have.[24,25]

Children With Special Needs in the Child Welfare System

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

◆ As of December 31, 2019, 2,148 children in Rhode Island were enrolled in Medical Assistance through the child welfare system.[28] Per provisions of the federal *Affordable Care Act*, all youth who turned age 18 while in foster care are eligible for Medicaid coverage until they reach age 26 in the state in which they aged out of care.[29] In Rhode Island, estimates show that 99% of all eligible former foster youth were enrolled in Medicaid coverage as of December 31, 2019, up from 71% in 2018.[30]

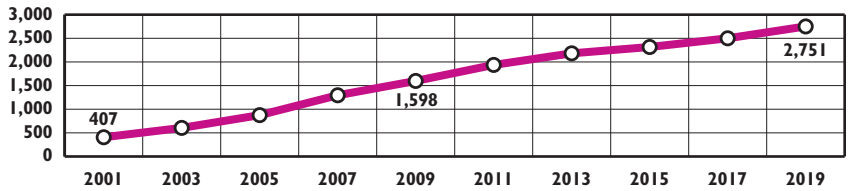
◆ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for Medical Assistance coverage.[31] As of December 31, 2019, 2,863 children were enrolled in Medical Assistance because of special needs adoptions.[32]

Children With Autism Spectrum Disorder (ASD)

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

◆ The national ASD prevalence among children age eight is estimated to be 16.8 per 1,000 children. ASD prevalence is significantly higher among boys (26.6 per 1,000 boys) than girls (6.6 per 1,000 girls). ASD prevalence is higher among non-Hispanic White children than non-Hispanic Black children and Hispanic children (17.2 per 1,000 children, compared to 16.0 and 14.0 per 1,000).[34]

Children Ages Three to 21 With Autism Spectrum Disorder (ASD), Rhode Island, June 2000 – June 2019



Source: Rhode Island Department of Education, June 2001 – June 2019. Numbers include parentally placed students.

◆ In June 2019, there were 2,751 Rhode Island children ages three to 21 with ASD who received special education services.[35] The increase in number of children with ASD has been attributed, in part, to improved awareness and better screening and evaluation tools, as well as the broadening of the definition of ASD.[36] Early and appropriate identification and sustained interventions by skilled professionals can result in improvements in the levels of independent functioning of children and youth with ASD.[37,38]

References

[1] Data Resource Center for Child and Adolescent Health. (n.d.). *2016-2017 National Survey of Children's Health: Children with special health care needs.* Retrieved February 20, 2020, from www.childhealthdata.org

[2] Maternal and Child Health Bureau. (2019). *Children with special health care needs.* Retrieved February 20, 2020, from https://mchb.hrsa.gov

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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 80% 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 early childhood experiences and stable, loving relationships with parents and other caregivers have a sturdy foundation to achieve healthy growth and development, while babies who go without often encounter educational, social-emotional, health, and developmental challenges.[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 developmental delays, health problems, cognitive impairment, lowered rates of school success, and unhealthy behaviors throughout life.[4,5,6]

Economic hardship and racial disparities in early childhood are associated with poor 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 factors such as having a single parent, a parent with low education levels, and living in racially segregated or under resourced neighborhoods, children are at an increased risk for poor outcomes. In the U.S., 44% of all infants and toddlers live in low-income families (below 200% of the federal poverty line) and 21% live in poverty, a significantly higher proportion than older children and adults. Children under age three are more than twice as likely to live in poverty than adults age 65 or older.[7,8,9]

Family planning programs help individuals avoid unintended pregnancies which are associated with negative educational, health, and economic outcomes for women and children.[10] In addition, evidence-based home visiting programs for vulnerable families help parents develop critical nurturing skills and improve outcomes for children and families.[11]

Births by Key Risk Factors, Four Core Cities and Rhode Island, 2019

CITY/TOWN	BIRTHS	# TO LOW-INCOME MOTHERS	# TO SINGLE MOTHERS	# TO MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA	# TO MOTHERS YOUNGER THAN 20
Central Falls	291	247	190	95	22
Pawtucket	820	527	479	116	40
Providence	2,292	1,712	1,364	495	134
Woonsocket	492	367	324	105	27
Rhode Island	*9,614*	*4,837*	*4,350*	*1,092*	*335*

Source: Rhode Island Department of Health, KIDSNET Database, 2019.

◆ **The U.S. birth rate reached a record low in 2018. The U.S. teen birth rate also reached a historic low in 2018. Rhode Island had the fifth lowest overall birth rate and the eighth lowest teen birth rate in the U.S. in 2018, with 9.9 births per 1,000 women ages 15 to 44 and 11.5 births per 1,000 teens ages 15 to 19.[12]**

◆ **The total number of babies born in Rhode Island to Rhode Island women declined 13.5% between 2009 and 2019, from 11,115 to 9,614 births. The proportion of Rhode Island births that were to mothers without a high school diploma fell from 16% to 11% and the proportion of all births that were to teen mothers fell from 9% to 3% 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 2019, there were 6,174 newborns (64%) who "screened positive," indicating the presence of one or more risk factors associated with poor developmental outcomes.[14]**

◆ **Of the 9,614 babies born in Rhode Island to Rhode Island women in 2019, more than one-third (3,318) had a mother with a documented history of treatment for mental health conditions. Also, 639 (7%) had a mother with a documented history of substance abuse problems, and 216 (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, 2019

CITY/TOWN	TOTAL # OF BIRTHS	# OF BIRTHS TO LOW-INCOME FAMILIES	# OF BIRTHS TO SINGLE MOTHERS	BIRTHS TO MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA	# OF BIRTHS TO MOTHERS YOUNGER THAN AGE 20
Barrington	107	14	16	1	0
Bristol	119	37	39	7	*
Burrillville	101	41	41	3	*
Central Falls	291	247	190	95	22
Charlestown	44	17	17	2	0
Coventry	295	83	89	9	9
Cranston	753	332	321	54	22
Cumberland	286	80	70	10	*
East Greenwich	123	16	12	3	*
East Providence	413	184	174	27	9
Exeter	49	16	18	5	*
Foster	40	12	12	2	*
Glocester	60	17	22	0	0
Hopkinton	58	19	25	3	*
Jamestown	26	1	6	0	0
Johnston	257	106	111	10	5
Lincoln	163	42	49	5	*
Little Compton	8	3	1	0	0
Middletown	145	46	43	12	*
Narragansett	45	15	13	1	0
New Shoreham	6	5	1	0	0
Newport	218	96	98	25	11
North Kingstown	219	56	59	13	*
North Providence	312	152	122	18	13
North Smithfield	69	11	18	3	*
Pawtucket	820	527	479	116	40
Portsmouth	103	22	26	3	*
Providence	2292	1712	1364	495	134
Richmond	59	16	16	3	0
Scituate	90	17	28	2	*
Smithfield	127	28	37	0	*
South Kingstown	171	46	38	5	*
Tiverton	57	19	16	1	*
Warren	61	23	21	4	*
Warwick	678	206	247	19	9
West Greenwich	43	9	5	3	0
West Warwick	284	146	144	17	*
Westerly	130	51	38	11	*
Woonsocket	492	367	324	105	27
Four Core Cities	*3,895*	*2,853*	*2,357*	*811*	*223*
Remainder of State	*5,719*	*1,984*	*1,993*	*281*	*112*
Rhode Island	*9,614*	*4,837*	*4,350*	*1,092*	*335*

Source of Data for Table/Methodology

Rhode Island Department of Health, KIDSNET Database, 2019. Birth data from 2019 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 4,837 births to low-income families in 2019, 4,810 had Medicaid/RIte Care coverage and 27 had no insurance.

* Data for cities and towns with fewer than five 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.

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(continued on page 179)

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.

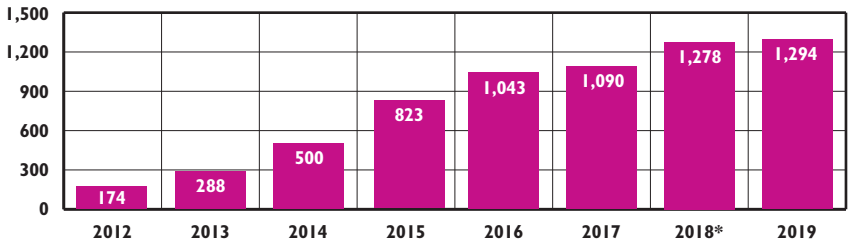
SIGNIFICANCE

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, the child's health, development, and learning trajectory are threatened.[1,2]

Home visiting programs are designed to reach young children and their families at home. Each program is different, but all provide parenting education to foster healthy, safe, and stimulating environments for young children. Children in vulnerable families who participate in high-quality home visiting programs have improved language, cognitive, and social-emotional development and are less likely to experience child 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 vulnerable families with young children. This funding must be spent by states on approved models that meet rigorous evidentiary standards.[6] In 2019, there were 21 home visiting models identified as effective, evidence-based programs for families during the prenatal period and early childhood years, with evidence showing they produce statistically significant improvements in outcomes for children and families.[7] Rhode Island uses MIECHV funding to implement three of these evidence-based models: Healthy Families America, Nurse-Family Partnership, and Parents as Teachers, and the federal government directly funds the Early Head Start home-based option.[8] In order to achieve improved outcomes for children, evidence-based programs must meet the needs of the community, follow national high-quality program standards, and focus on continuous program improvement.[9]

Families Enrolled in Evidence-Based Family Home Visiting Coordinated by the Rhode Island Department of Health, Rhode Island, 2012-2019



Source: Rhode Island Department of Health, Family Home Visiting, Family Visiting Database, October 2012-2019. *Beginning in 2018, enrolled families includes all families participating in Parents as Teachers programs, including those without MIECHV funding.

◆ As of October 2019, of the 1,294 parents/caregivers participating in evidence-based home visiting programs 12% were under age 20, 18% were ages 20 to 24, and 70% were age 25 or older at enrollment. Twenty-seven percent of the parents/caregivers had less education than a high school diploma or GED, 34% had a high school diploma or GED, 21% had some college or vocational training, 10% had a four-year college degree, and 8% had an unknown amount of education. At the time of enrollment, 42% of the parents/caregivers were single, 48% were married or had a domestic partner, 5% were divorced or separated, less than 1% were widowed, and 4% had an unknown marital status. Among the enrolled children, 8% were not born yet, 35% were under age one, 24% were age one, 15% were age two, 15% were age three, and 3% 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 2019 in Rhode Island, there were 374 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 (98%) services through home visits. As of June 2019, there were 2,358 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 2019, 2,235 children received at least one First Connections home visit (49% lived in one of the four core cities and 51% in the remainder of the state).[15]

Table 17.

Evidence Based Family Home Visiting, Rhode Island, 2019

CITY/TOWN	COMMUNITY CONTEXT, 2019			# RECEIVED FIRST CONNECTIONS VISIT IN 2019	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2019			
	TOTAL # OF BIRTHS	# OF BIRTHS WITH 1 OR MORE RISK FACTORS	# OF BIRTHS TO LOW-INCOME FAMILIES		HEALTHY FAMILIES AMERICA	NURSE-FAMILY PARTNERSHIP	PARENTS AS TEACHERS*	TOTAL
Barrington	107	38	14	8	0	0	0	0
Bristol	119	67	37	14	4	0	26	30
Burrillville	101	56	41	16	2	0	0	2
Central Falls	291	248	247	106	45	19	27	91
Charlestown	44	25	17	14	5	0	0	5
Coventry	295	146	83	65	11	1	7	19
Cranston	753	447	332	145	49	3	32	84
Cumberland	286	127	80	39	6	1	5	12
East Greenwich	123	33	16	10	3	0	3	6
East Providence	413	275	184	83	16	6	12	34
Exeter	49	23	16	14	1	0	1	2
Foster	40	20	12	7	1	1	0	2
Glocester	60	25	17	6	1	0	1	2
Hopkinton	58	32	19	12	2	0	0	2
Jamestown	26	13	1	1	0	0	0	0
Johnston	257	166	106	41	6	3	2	11
Lincoln	163	75	42	23	5	1	1	7
Little Compton	8	3	3	2	0	0	1	1
Middletown	145	75	46	31	3	1	7	11
Narragansett	45	19	15	13	2	0	0	2
New Shoreham	6	5	5	0	0	0	0	0
Newport	218	132	96	38	12	1	10	23
North Kingstown	219	92	56	60	5	2	11	18
North Providence	312	195	152	51	10	3	9	22
North Smithfield	69	32	11	13	1	1	1	3
Pawtucket	820	619	527	246	100	28	41	169
Portsmouth	103	40	22	25	5	0	5	10
Providence	2,292	1,800	1,712	644	270	89	93	452
Richmond	59	31	16	20	2	0	1	3
Scituate	90	40	17	6	1	0	0	1
Smithfield	127	62	28	13	0	0	0	0
South Kingstown	171	75	46	43	16	0	0	16
Tiverton	57	27	19	9	4	0	4	8
Warren	61	39	23	7	3	0	11	14
Warwick	678	376	206	144	29	2	24	55
West Greenwich	43	14	9	9	2	0	1	3
West Warwick	284	202	146	96	25	1	5	31
Westerly	130	77	51	58	11	0	40	51
Woonsocket	492	403	367	103	51	10	31	92
Four Core Cities	*3,895*	*3,070*	*2,853*	*1,099*	*466*	*146*	*192*	*804*
Remainder of State	*5,719*	*3,104*	*1,984*	*1,136*	*243*	*27*	*220*	*490*
Rhode Island	*9,614*	*6,174*	*4,837*	*2,235*	*709*	*173*	*412*	*1,294*

Source of Data for Table/Methodology

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

*Beginning in 2018, enrolled families includes all families participating in Parents as Teachers programs, including those without MIECHV funding.

Unknown: Specific city/town information is unavailable.

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

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Women with Delayed Prenatal Care

DEFINITION

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

SIGNIFICANCE

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

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

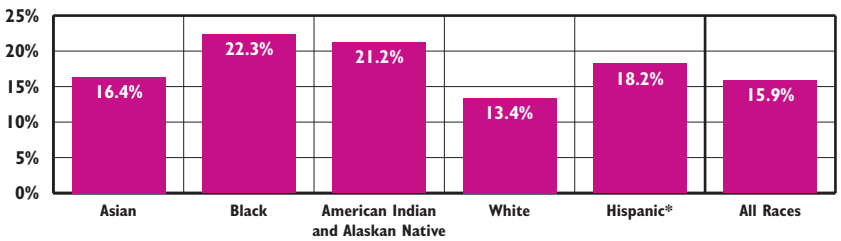
Early prenatal care is especially important for women who face multiple risks for poor birth outcomes, as is ensuring access to preconception health care services before pregnancy. Effective monitoring and treatment of chronic disease, education on preventive health practices, implementing and enhancing Medicaid policies to improve health insurance coverage, and ensuring access to culturally and linguistically competent health providers can improve prenatal care for women of childbearing age.[5,6]

Barriers to prenatal care include not knowing one is pregnant, not being able to get an appointment or start care when desired, lack of transportation or child care, inability to get time off work, and/or financial constraints, including lack of insurance and/or money to pay for care.[7]

Rhode Island women with delayed or no prenatal care are more likely to report their pregnancy was unintended than women who initiated care in the first trimester. Between 2012 and 2015 in Rhode Island, 66% of women whose prenatal care was delayed had unintentional pregnancies.[8]

In Rhode Island between 2014 and 2018, 15.9% of women who gave birth did not begin care until the second or third trimester. Adolescent and teen mothers were more likely to receive delayed prenatal care than older mothers in Rhode Island.[9]

Women With Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2014-2018



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. * Race categories are non-Hispanic..

◆ **Between 2014 and 2018 in Rhode Island, Black women (22.3%), Hispanic women (18.2%), American Indian and Alaskan Native women (21.2%), and Asian women (16.4%) were more likely to receive delayed prenatal care than White women (13.4%).[10]**

◆ **Between 2014 and 2018 in Rhode Island, women who did not graduate from high school were more likely to receive delayed prenatal care than women with more than a high school education (23.4% compared to 13.3%). Nearly 20% of pregnant women in the four core cities received delayed prenatal care.[11]**

Insurance Coverage Improves Access to Prenatal Care

◆ **In the U.S. and Rhode Island, women with private insurance have the highest rates of timely prenatal care. Rhode Island women who are most likely to receive care in the first trimester have higher levels of education.[12,13]**

◆ **Between 2014 and 2018, pregnant women with health coverage through RIte Care (Rhode Island's Medicaid managed care health program) were less likely (19.7%) to receive delayed prenatal care than women who were uninsured (23.7%). Pregnant women with private insurance coverage were the least likely to receive delayed prenatal care (11.9%) during this time period.[14]**

◆ **RIte Care ranks in the top quartile in first trimester prenatal care, compared to other Medicaid health plans in the nation.[15]**

Women with Delayed Prenatal Care

Racial/Ethnic Disparities in Severe Maternal Morbidity

◆ Nationally, Black women are three to four times more likely than White women to die of pregnancy-related complications.[16,17] Racial disparities in maternal mortality span all levels of education, age, and income.[18]

◆ Pervasive racial bias and unequal treatment of Black women in the health care system often result in inadequate treatment for pain.[19] This coupled with stress from racism and racial discrimination contribute to the unacceptable health outcomes among Black women and their infants.[20]

◆ In Rhode Island, maternal mortality numbers are too small to report. To better measure maternal health during pregnancy and after childbirth, Rhode Island reports the prevalence of severe maternal morbidity.[21]

◆ Severe maternal morbidity is defined as unintended outcomes of labor and delivery that result in significant consequences to a woman's health.[22] In 2014-2018, the Rhode Island severe maternal morbidity rate was 223 per 10,000 delivery hospitalizations. Black (345 per 10,000), Hispanic (254 per 10,000), and Asian (262 per 10,000) women all had higher rates of maternal morbidity than White women (189 per 10,000).[23]

Table 18. **Delayed Prenatal Care, Rhode Island, 2014-2018**

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	445	63	14.2
Bristol	550	78	14.2
Burrillville	531	61	11.5
Central Falls	1,276	253	19.8
Charlestown	208	19	9.1^
Coventry	1,213	144	11.9
Cranston	3,156	474	15.0
Cumberland	1,462	178	12.2
East Greenwich	401	43	10.7
East Providence	1,855	270	14.6
Exeter	196	18	9.2^
Foster	131	19	14.5^
Glocester	285	40	14.0
Hopkinton	208	16	7.7^
Jamestown	98	11	11.2
Johnston	1,062	140	13.2
Lincoln	768	112	14.6
Little Compton	71	14	19.7^
Middletown	691	91	13.2
Narragansett	228	27	11.8
New Shoreham	33	8	*
Newport	1,036	162	15.6
North Kingstown	881	107	12.1
North Providence	1,247	183	14.7
North Smithfield	330	45	13.6
Pawtucket	3,832	727	19.0
Portsmouth	556	66	11.9
Providence	9,898	1,957	19.8
Richmond	222	34	15.3
Scituate	330	53	16.1
Smithfield	580	79	13.6
South Kingstown	647	76	11.7
Tiverton	528	82	15.5
Warren	356	47	13.2
Warwick	3,100	379	12.2
West Greenwich	187	26	13.9
West Warwick	1,359	185	13.6
Westerly	766	72	9.4
Woonsocket	2,266	470	20.7
*Unknown***	*291*	*37*	*12.7*
Four Core Cities	*17,272*	*3,407*	*19.7*
Remainder of State	*26,008*	*3,459*	*13.3*
Rhode Island	*43,280*	*6,866*	*15.9*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. Data for births in 2014 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 2014-2018.

*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.

Due to birth certificate changes that began in 2015 (the last two years in the 2014-2018 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.

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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 before 37 weeks gestation are at higher risk than full-term infants for neurodevelopmental, respiratory, gastrointestinal, immune system, central nervous system, hearing, dental, and vision problems. Children who were born preterm may experience physical disabilities, learning difficulties, and behavioral problems later in life.[1,2,3]

While the specific causes of spontaneous preterm births are largely unknown, research indicates that there are a number of interrelated risk factors involved. The three leading risk factors are a history of preterm birth, pregnancy with multiples, and uterine and/or cervical abnormalities. Other risk factors include some health conditions delayed or no prenatal care, stress, domestic violence, having pregnancies close together, and maternal use of tobacco, alcohol, or other drugs.[4,5]

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

The U.S. preterm birth rate rose between 2017 and 2018, from 9.93% to 10.02%. This is the fourth year of an increase after steady declines from 2007 and 2014. The preterm birth rate varies by race/ethnicity, with non-Hispanic Black women (14.1%) continuing to have the highest preterm birth rate in the U.S. in 2018. Hispanic women had a preterm birth rate of 9.7% in 2018 and non-Hispanic White women had a rate of 9.1%. The rate increased for each group between 2017 and 2018.[10,11] Nationally, racial and ethnic disparities affect the outcomes of preterm infants, with the preterm-related infant mortality rate for Black infants about three times the rate for White infants in 2013.[12]

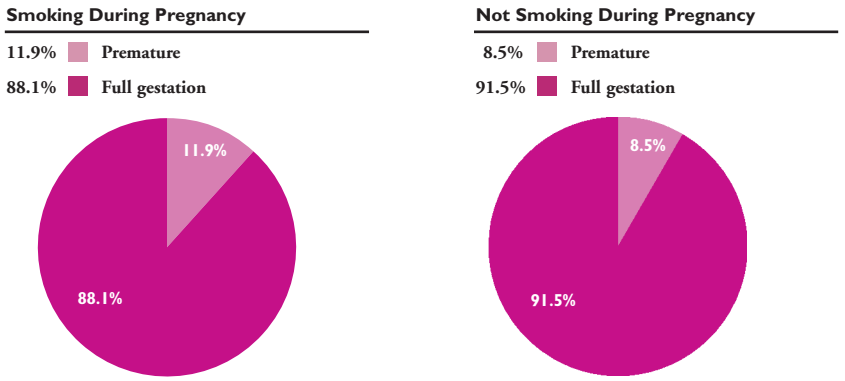
Preterm Births

	2008	2018
RI	10.0%	9.0%
US	10.4%	10.0%
National Rank*		*9th*
New England Rank**		*5th*

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

Sources: For 2008: Martin, J. A., et al. (2015). Measuring gestational age in vital statistics data: Transitioning to the obstetric estimate. *NVSR, 64*(5), 1-19. For 2018: Martin, J. A., et al. (2019). Births: Final data for 2018. NVSR, 68(13), 1-47.

Preterm Births by Smoking Status, Rhode Island, 2014-2018



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. *See note regarding new methodology for calculating preterm births, starting with the 2016 Factbook.

◆ **Between 2014 and 2018, 70.3% of all preterm births in Rhode Island were late preterm births (34-36 weeks gestation), and 17.2% of all preterm births were very preterm (<32 weeks gestation).[13]**

◆ **Multiple births are more likely to be born preterm. In Rhode Island between 2014 and 2018, 57.1% of multiple births were preterm, compared with 6.9% of singleton births.[14]**

◆ **Between 2014 and 2018, 13.2% of births of Non-Hispanic Native American infants and 11.2% of births of Non-Hispanic Black infants in Rhode Island were preterm, compared with 7.5% of Non-Hispanic Asian and 8.1% of Non-Hispanic White infants. During this same time period, 9.3% of births to Hispanic women in Rhode Island were preterm.[15]**

◆ **In Rhode Island between 2014 and 2018, 9.3% of births to women with a high school degree or less were preterm, compared with 8.1% of those with higher education levels.[16]**

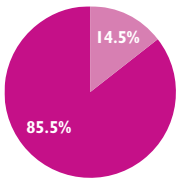
◆ **Social determinants of health, including poverty, racism, and access to care are important factors in the disparities in preterm births.[17]**

◆ **"17P," a weekly injection given to mothers with a history of preterm birth and a current singleton pregnancy, can reduce the chance of recurrent preterm birth by 33%.[18]**

Preterm Births by Mother's Insurance Type, Rhode Island, 2014-2018

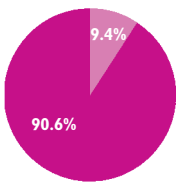
Uninsured

14.5% Preterm Births
85.5% Full-term Births



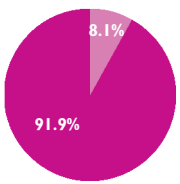
Public Insurance (RIte Care)

9.4% Preterm Births
90.6% Full-term Births



Private Insurance

8.1% Preterm Births
91.9% Full-term Births



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018.

Table 19. **Preterm Births, Rhode Island, 2014-2018**

CITY/TOWN	# BIRTHS	# PRETERM BIRTHS	% PRETERM BIRTHS
Barrington	551	43	7.8%
Bristol	681	56	8.2%
Burrillville	660	59	8.9%
Central Falls	1,598	165	10.3%
Charlestown	257	30	11.7%
Coventry	1,485	100	6.7%
Cranston	3,889	342	8.8%
Cumberland	1,783	133	7.5%
East Greenwich	520	43	8.3%
East Providence	2,301	189	8.2%
Exeter	242	22	9.1%^
Foster	176	12	6.8%^
Glocester	347	26	7.5%
Hopkinton	282	17	6.0%
Jamestown	119	6	*
Johnston	1,297	107	8.2%
Lincoln	966	82	8.5%
Little Compton	82	11	13.4%^
Middletown	850	63	7.4%
Narragansett	286	21	7.3%^
New Shoreham	42	7	*
Newport	1,247	100	8.0%
North Kingstown	1,113	99	8.9%
North Providence	1,601	158	9.9%
North Smithfield	404	32	7.9%
Pawtucket	4,809	454	9.4%
Portsmouth	654	43	6.6%
Providence	12,406	1,212	9.8%
Richmond	281	25	8.9%
Scituate	410	35	8.5%
Smithfield	691	42	6.1%
South Kingstown	792	52	6.6%
Tiverton	598	58	9.7%
Warren	444	38	8.6%
Warwick	3,814	311	8.2%
West Greenwich	235	14	6.0%^
West Warwick	1,710	131	7.7%
Westerly	922	60	6.5%
Woonsocket	2,808	256	9.1%
Unknown	*318*	*27*	*8.5%^*
Four Core Cities	*21,621*	*2,087*	*9.7%*
Remainder of State	*31,732*	*2,567*	*8.1%*
Rhode Island	*53,671*	*4,681*	*8.7%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. Data for births in 2014 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 2014-2018.

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

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

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

The 2014-2018 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

Unknown births include three births with missing maternal residence data.

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

References

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(continued on page 180)

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, level of educational attainment, infections, violence, stress, prenatal nutrition, and environmental hazards.[1,2,3]

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

Cigarette smoking during pregnancy is a leading cause of low birthweight.[5,6] In Rhode Island, 6.5% of births between 2014 and 2018 were to mothers who smoked during their pregnancy. During that time, Rhode Island smokers (13.3%) were nearly twice as likely to deliver a low birthweight infant compared to women who did not smoke (7.1%).[7]

Children born at low birthweight are at a greater risk of physical and developmental 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 higher risk of long-term health issues, including heart disease, diabetes, obesity, and intellectual and developmental disabilities. Low birthweight babies are also at greater risk for long-term learning difficulties and mental health problems than their peers.[8,9,10]

In the U.S. in 2018, 8.3% of infants were born at low birthweight, which was a slight increase from 8.2% in 2008. In Rhode Island in 2018, 7.6% of Rhode Island's infants were born at low birthweight, which was a slight decrease from 7.9% in 2008.[11,12] The *Healthy People 2020* national target is 7.8%.[13]

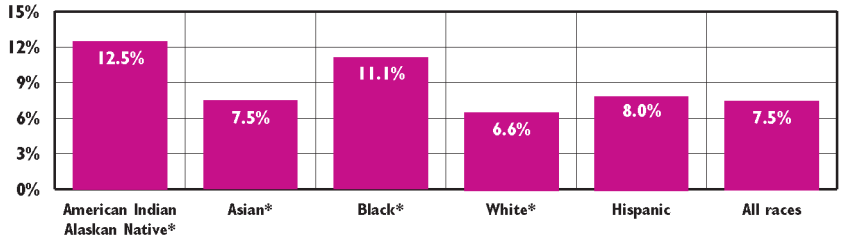
Low Birthweight Infants

	2008	2018
RI	7.9%	7.6%
US	8.2%	8.3%
National Rank*		*15th*
New England Rank**		*4th*

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

Source: For 2008: Martin, J. A., et al. (2010). Births: Final data for 2008. National Vital Statistics Reports, 59(1), 1-70. For 2018: Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Drake, P. (2019). Births: Final data for 2018. *National Vital Statistics Reports, 68*(13), 1-47.

Low Birthweight Infants by Race/Ethnicity, Rhode Island, 2014-2018*



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. * Race categories are non-Hispanic. Data for births in 2018 are provisional.

◆ **There are racial and ethnic disparities in rates of low birthweight.[14] In Rhode Island between 2014 and 2018, 12.5% of American Indian and Alaskan Native infants, 11.1% of Black infants, 8.0% of Hispanic infants, and 7.5% of Asian infants were born at low birthweight, compared to 6.6% of White infants.[15]**

◆ **Factors that persist throughout a woman's life, such as increased stress, income inequality, insufficient health care, toxic environmental exposures, lack of safe and affordable housing, and/or discrimination, have been shown to increase the likelihood of delivering a low birthweight baby, among women of color.[16,17]**

◆ **Between 2014 and 2018 in Rhode Island, 9.8% of births among women under age 20 were low birthweight compared to 7.4% of those over age 20; 8.7% 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 8.6% of infants born to women with a high school degree or less were low birthweight, compared to 6.7% of those born to women with higher education levels.[18]**

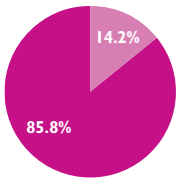
◆ **Rhode Island women who deliver a low birthweight infant are more likely to report smoking while pregnant, feeling unsafe in their neighborhood, delayed or no prenatal care, a depression diagnosis, and intimate partner violence as well as health issues during their pregnancy such as high blood pressure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

◆ **Between 2014 and 2018 in Rhode Island, 1.4% of all live births were born at very low birthweight (less than 1,500 grams or 3.3 pounds).[21]**

Low Birthweight by Mother's Insurance Type, Rhode Island, 2014-2018

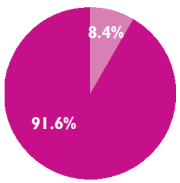
Uninsured

14.2% Low Birthweight
85.8% Normal Birthweight



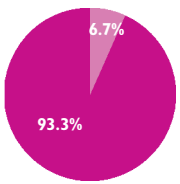
Public Insurance (RIte Care)

8.4% Low Birthweight
91.6% Normal Birthweight



Private Insurance

6.7% Low Birthweight
93.3% Normal Birthweight



Source: Rhode Island Department of Health, Center for Health Data and Analysis. Maternal and Child Health Database, 2014-2018. Data for births in 2017 are provisional.

Table 20. **Low Birthweight Infants, Rhode Island, 2014-2018**

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	551	31	5.6
Bristol	681	34	5.0
Burrillville	660	40	6.1
Central Falls	1,598	137	8.6
Charlestown	257	18	7.0^
Coventry	1,485	96	6.5
Cranston	3,889	270	6.9
Cumberland	1,783	113	6.3
East Greenwich	520	32	6.2
East Providence	2,301	167	7.3
Exeter	242	16	6.6^
Foster	176	12	6.8^
Glocester	347	18	5.2^
Hopkinton	282	17	6.0^
Jamestown	119	4	*
Johnston	1,297	97	7.5
Lincoln	966	57	5.9
Little Compton	82	5	*
Middletown	850	56	6.6
Narragansett	286	22	7.7^
New Shoreham	42	5	*
Newport	1,247	95	7.6
North Kingstown	1,113	87	7.8
North Providence	1,601	148	9.2
North Smithfield	404	27	6.7
Pawtucket	4,809	405	8.4
Portsmouth	654	39	6.0
Providence	12,406	1,093	8.8
Richmond	281	18	6.4^
Scituate	410	22	5.4^
Smithfield	691	34	4.9
South Kingstown	792	42	5.3
Tiverton	598	46	7.7
Warren	444	27	6.1
Warwick	3,814	244	6.4
West Greenwich	235	10	*
West Warwick	1,710	114	6.7
Westerly	922	65	7.0
Woonsocket	2,808	256	9.1
Unknown	*318*	*21*	*6.6^*
Four Core Cities	*21,621*	*1,891*	*8.7*
Remainder of State	*32,050*	*2,149*	*6.7*
Rhode Island	*53,671*	*4,040*	*7.5*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. Data for births in 2018 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 2014 and 2018.

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

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

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

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

References

[1,5] *2019 KIDS COUNT data book: State trends in child well-being.* (2019). Baltimore, MD: The Annie E. Casey Foundation.

[2,4,10] March of Dimes. (2018). *Low birthweight.* Retrieved February 24, 2020, from www.marchofdimes.org

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(continued on page 180)

Infant Mortality

DEFINITION

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

SIGNIFICANCE

Infant mortality rates are associated with maternal health, race and ethnicity, quality of and access to medical care, socioeconomic conditions, and public health practices and are highest in the South and Midwest.[1,2]

In 2018, the five main causes of infant death in the U.S. – congenital malformations, low birthweight, maternal complications, sudden infant death syndrome (SIDS), and unintentional injuries – accounted for 56% of all infant deaths.[3] While infant mortality has declined nationally across all racial and ethnic groups, disparities remain. Nationally in 2016, the non-Hispanic Black infant mortality rate was 11.4 deaths per 1,000 births, the American Indian/Alaska Native rate was 9.4, the Native Hawaiian or other Pacific Islander rate was 7.4, the Hispanic rate was 5.0, the non-Hispanic White rate was 4.9, and the Asian rate was 3.6.[4]

The U.S. infant mortality rate has declined from 26.0 deaths per 1,000 live births in 1960 to 5.8 deaths per 1,000 live births in 2017 due to improvements in nutrition, medical advances, improved access to care, economic growth, and safer sleep practices.[5,6,7] 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.[8]

The overall infant mortality rate in Rhode Island between 2014 and 2018 was 5.2 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 4.1 per 1,000 live births in the remainder of the state.[9] Mothers with a high school degree or less had a higher infant mortality rate (5.3 per 1,000 live births) than mothers with higher educational attainment (3.2 per 1,000 live births) between 2014 and 2018.[10]

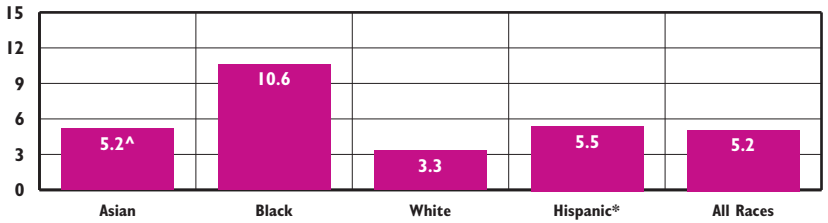
Infant Mortality Rate
(rate per 1,000 live births)

	2007	2017
RI	7.4	6.2
US	6.8	5.8
National Rank*		*31st*
New England Rank**		*6th*

**1st is best; 49th is worst*
***1st is best; 5th is worst*

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

Infant Mortality Rate per 1,000 Live Births by Race/Ethnicity, Rhode Island, 2014-2018



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. ^The data are statistically unstable and should be interpreted with caution. *Hispanic infants can be of any race.

◆ **The Black infant mortality rate is the highest of any racial or ethnic group even after controlling for risk factors such as socioeconomic status and educational attainment. Structural racism as well as exposure to discrimination and racialized stress negatively impact birth outcomes for Black women and their babies.[11]**

◆ **In Rhode Island between 2014 and 2018, the Black infant mortality rate was 10.6 deaths per 1,000 live births, which is over three times the White infant mortality rate of 3.3 deaths per 1,000 live births.[12]**

◆ **Between 2014 and 2018, 279 infants died in Rhode Island before their first birthday, a rate of 5.2 per 1,000 live births. Between 2014 and 2018, 72% of infants who died were low birthweight (less than 2,500 grams) and 24% were born at normal weights.[13]**

◆ **Preterm birth is the leading cause of infant death in Rhode Island.[14] Between 2014 and 2018, 71% (197) of all infant deaths were preterm (born before the 37th week of pregnancy).[15]**

◆ **Of the 279 infant deaths between 2014 and 2018 in Rhode Island, 78% (219) occurred in the neonatal period (during the first 27 days of life).[16] 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.[17] Between 2014 and 2018, 22% (60) of the 279 infant deaths in Rhode Island occurred in the post-neonatal period (between 28 days and one year after delivery).[18]**

Reducing Infant Mortality

◆ Comprehensive state initiatives to reduce infant mortality should improve access to critical services; improve the quality of care to pregnant women; address maternal and infant mental health; enhance supports for families before and after birth; and improve data collection and oversight.[19]

◆ Structural racism is at the root of disparities in maternal and infant mortality, resulting in dramatically higher rates of maternal and infant mortality among Black mothers and their babies. It is critical to acknowledge structural racism and work to identify and remove systemic barriers that keep Black mothers and their babies from receiving needed care. Strategies to reduce disparities in maternal and infant mortality include supporting Black women in navigating the health care system, increasing access to midwives and doulas, training providers to address racism with their patients, increasing diversity of the health care workforce, and dismantling barriers to maternal and infant mental health care.[20]

◆ Participation in evidence-based family home visiting programs has been shown to reduce the risk of infant death.[21,22] As of October 2019, there were 1,294 families enrolled in one of the evidence-based family home visiting programs coordinated by the Rhode Island Department of Health.[23]

Table 21. **Infant Mortality by City/Town, Rhode Island, 2014-2018**

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
Barrington	551	0	0.0
Bristol	681	0	0.0
Burrillville	660	0	0.0
Central Falls	1,598	10	*
Charlestown	257	3	*
Coventry	1,485	4	*
Cranston	3,889	16	4.1^
Cumberland	1,783	8	*
East Greenwich	520	4	*
East Providence	2,301	11	*
Exeter	242	0	0.0
Foster	176	0	0.0
Glocester	347	0	0.0
Hopkinton	282	4	*
Jamestown	119	0	0.0
Johnston	1,297	8	*
Lincoln	966	4	*
Little Compton	82	0	0.0
Middletown	850	4	*
Narragansett	286	1	*
New Shoreham	42	0	0.0
Newport	1,247	5	*
North Kingstown	1,113	1	*
North Providence	1,601	10	*
North Smithfield	404	3	*
Pawtucket	4,809	36	7.5
Portsmouth	654	3	*
Providence	12,406	89	7.2
Richmond	281	3	*
Scituate	410	3	*
Smithfield	691	1	*
South Kingstown	792	1	*
Tiverton	598	0	0.0
Warren	444	0	0.0
Warwick	3,814	15	3.9^
West Greenwich	235	0	0.0
West Warwick	1,710	6	*
Westerly	922	3	*
Woonsocket	2,808	14	5.0^
*Unknown***	*318*	*9*	*
Four Core Cities	*21,621*	*149*	*6.9*
Remainder of State	*32,050*	*130*	*4.1*
Rhode Island	*53,671*	*279*	*5.2*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018.

The denominator is the total number of live births to residents between 2014 and 2018.

^ 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.

References

[1] Federal Interagency Forum on Child and Family Statistics. (2019). *America's children: Key national indicators of well-being, 2019.* Washington, DC: U.S. Government Printing Office.

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[9,10,12,13,15,16,18] Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018.

(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 and continuous breastfeeding for at least 12 months after birth or longer as mutually desired by mother and child.[3]

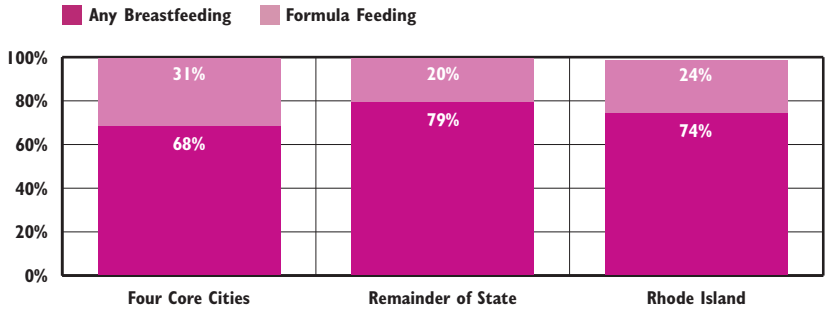
Breastfeeding decreases infant mortality and morbidity. Infant benefits include optimal nutrition and reduced risk for Sudden Infant Death Syndrome, infectious disease, and chronic conditions such as childhood obesity, type 1 and 2 diabetes, and otitis media. Breastfeeding benefits mothers by creating 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 community breastfeeding support networks.[7] In 2015, Women & Infants Hospital became the second-largest hospital in the U.S. to achieve the "Baby-Friendly" designation, which recognizes breastfeeding support and promotion by birth facilities.[8] Rhode Island ranks second best in the U.S. with 86% of babies born at Baby-Friendly hospitals.[9]

Breastfeeding rates generally increase with maternal age, higher educational attainment, and higher income levels.[10] Whether the pregnancy was intentional or not also affects rate of breastfeeding. In Rhode Island between 2017-2018, 8% of babies from intended pregnancies were not breastfed at all, compared with 15% of babies from unintended pregnancies.[11]

Healthy People 2020 sets target breastfeeding rates of 82% of infants ever having been breastfed and 34% at one year of age.[12] Among babies born in the U.S. in 2015, 83% were ever breastfed, 58% were breastfed at six months, and 36% were breastfed at 12 months. In 2015, Rhode Island reported rates of 81% of infants ever having been breastfed, 50% at six months, and 31% at one year of age; all decreases since 2013 and lower than the national averages.[13]

Breastfeeding and Formula Feeding at Birth, Rhode Island, 2014-2018*

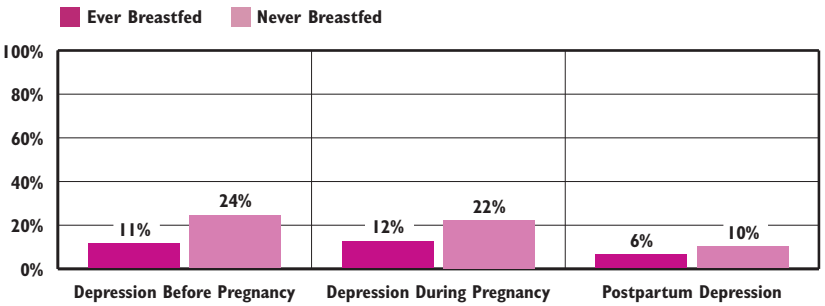


Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. Breastfeeding and formula feeding are defined as intended feeding method at hospital discharge. Totals may not sum to 100% because data on feeding methods were not available 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 2014 and 2018, 74% of new mothers in Rhode Island indicated that they intended to breastfeed when discharged from the hospital, and 24% intended to formula feed.[14] 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.[15]

Maternal Depression by Breastfeeding Status, Rhode Island, 2018



Source: Rhode Island Department of Health, Pregnancy Risk Assessment Monitoring System (PRAMS), 2018.

Rhode Island Supports for Breastfeeding

◆ All 50 states have passed legislation that provides mothers with the explicit right to breastfeed in public places.[16] 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.[17]

◆ 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 December 2019, Rhode Island had 55 licensed IBCLCs.[18,19]

◆ Rhode Island is one of eight states, in addition to Washington, D.C., that have enacted paid family leave programs, which can support breastfeeding initiation and duration.[20] 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, compared to mothers with no paid leave.[21]

Table 22. **Breastfeeding at Time of Birth, Rhode Island, 2014-2018**

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER ANY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING
Barrington	537	488	91%
Bristol	626	491	78%
Burrillville	603	457	76%
Central Falls	1,567	1,005	64%
Charlestown	236	190	81%
Coventry	1,454	1,159	80%
Cranston	3,852	2,929	76%
Cumberland	1,653	1,338	81%
East Greenwich	574	492	86%
East Providence	2,241	1,643	73%
Exeter	236	199	84%
Foster	183	156	85%
Glocester	305	232	76%
Hopkinton	253	207	82%
Jamestown	112	107	96%
Johnston	1,280	932	73%
Lincoln	922	741	80%
Little Compton	53	43	81%
Middletown	777	655	84%
Narragansett	255	225	88%
New Shoreham	40	33	83%
Newport	1,114	884	79%
North Kingstown	1,116	966	87%
North Providence	1,578	1,144	72%
North Smithfield	393	316	80%
Pawtucket	4,554	3,166	70%
Portsmouth	562	482	86%
Providence	11,997	8,121	68%
Richmond	287	245	85%
Scituate	429	353	82%
Smithfield	656	537	82%
South Kingstown	856	758	89%
Tiverton	357	282	79%
Warren	405	298	74%
Warwick	3,693	2,868	78%
West Greenwich	226	186	82%
West Warwick	1,668	1,173	70%
Westerly	718	602	84%
Woonsocket	2,558	1,692	66%
Four Core Cities	*20,676*	*13,984*	*68%*
Remainder of State	*30,250*	*23,811*	*79%*
Rhode Island	*50,926*	*37,795*	*74%*

Sources of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018.

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

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

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

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

References

[1,3] American Academy of Pediatrics. (2012). Policy statement: Breastfeeding and the use of human milk. *Pediatrics, 129*(3), 827-841.

[2,18] *Breastfeeding: 2015-2020 Rhode Island strategic plan.* (2015). Providence, RI: Rhode Island Department of Health.

[4] Kavanaugh, K. & Lessen, R. (2015). Position of the Academy of Nutrition and Dietetics: Promoting and supporting breastfeeding. *Journal of the American Dietetic Association, 115*, 444-449.

[5] *Breastfeeding.* (2016). Washington, DC: Child Trends.

[6,21] The Center for Law and Social Policy. (2016). *Public policies to support breastfeeding: Paid family leave and workplace lactation accommodations.* Retrieved January 7, 2019, from www.clasp.org

(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, 2019.[1,2] These data are for children eligible to enter kindergarten in the fall of 2021 (i.e., children born between September 1, 2015 and August 31, 2016).

SIGNIFICANCE

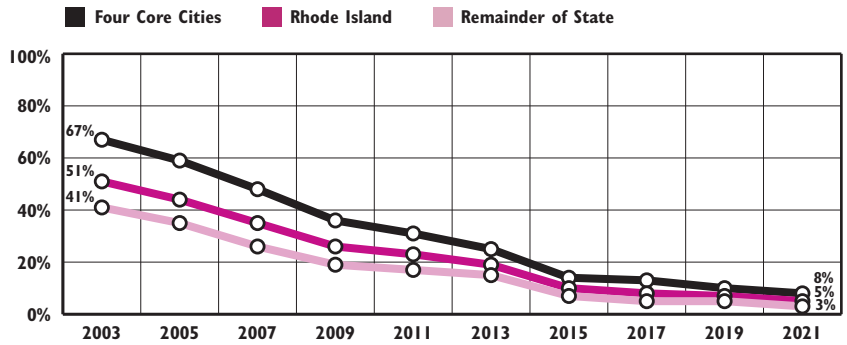
Lead poisoning is a preventable childhood disease. Infants, toddlers, and preschool-age children are most susceptible to the toxic effects of lead because they absorb lead more readily than adults and have inherent vulnerability due to developing central nervous systems.[3] Lead exposure, even at very low levels, can cause irreversible damage, including slowed growth and development, learning disabilities, behavioral problems, and neurological damage. Though rare, severe poisoning can result in seizures, comas, and even death.[4,5] The societal costs of childhood lead poisoning include the loss of future earnings due to decreased intelligence, and increased medical, special education, and juvenile justice costs.[6,7] Children can be exposed to lead in the places they spend the most time. Homes, schools, and child care settings can be contaminated with lead from paint or paint dust if built before 1978. Children can also be exposed to lead poisoning through corrosion of lead service lines where the water pipe from a house or building connects to the public water main.[8]

There is no safe lead level in children. In 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.[9,10]

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

In 2019, 579 (2%) of the 23,947 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 (4%) were four times as likely as children in the remainder of the state (1%) to have confirmed elevated blood lead levels of ≥5 µg/dL.[14]

Children Entering Kindergarten with History of Elevated* Blood Lead Level Screening (≥5 µg/dL), Rhode Island, Four Core Cities, and Remainder of State, 2003-2021



Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 2003 and 2021. *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 four core cities have more than twice the rate of children with elevated blood levels.[15]

Lead Exposure and Academic Performance

◆ Exposure to lead has been shown to negatively impact academic performance in early childhood.[16] Rhode Island children with a history of lead exposure, even at low levels, have been shown to have decreased reading readiness at kindergarten entry and diminished reading and math proficiency in the third grade. 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.[17,18]

◆ A 2016 Rhode Island Department of Health initiative tested schools for lead in drinking water. The results and recommendations for action are available by school on the Department of Health's website.[19,20]

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 84% over the past 14 years, from 349 in 2005 to 55 in 2019.[21]

◆ Starting in 2015, an environmental inspection of a child's home is offered when a single venous test is ≥10 µg/dL (versus ≥15 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 property lead-safe. In 2019, 105 environmental inspections were offered, of which 70 were performed, 21 were refused, nine were pending, and five of the children had moved.[22]

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. By the end of 2019, 75% of Rhode Island three-year-olds had received at least one blood test, 55% had received at least two blood tests, and 25% were never tested.[23,24,25]

Table 23. **Lead Poisoning in Children Entering Kindergarten in the Fall of 2021, Rhode Island**

CITY/TOWN	NUMBER TESTED FOR LEAD POISONING	CONFIRMED WITH BLOOD LEAD LEVEL ≥5 µg/dL	
		NUMBER	PERCENT
Barrington	184	3	*
Bristol	151	5	*
Burrillville	129	3	*
Central Falls	300	26	8.7%
Charlestown	51	0	*
Coventry	289	7	*
Cranston	772	26	3.4%
Cumberland	352	6	*
East Greenwich	148	2	*
East Providence	491	16	3.3%^
Exeter	47	0	*
Foster	29	0	*
Glocester	63	1	*
Hopkinton	67	4	*
Jamestown	24	1	*
Johnston	241	4	*
Lincoln	213	7	*
Little Compton	15	1	*
Middletown	213	4	*
Narragansett	50	3	*
New Shoreham	16	2	*
Newport	265	20	7.5%^
North Kingstown	254	3	*
North Providence	331	3	*
North Smithfield	100	3	*
Pawtucket	833	46	5.5%
Portsmouth	146	4	*
Providence	2,636	226	8.6%
Richmond	39	2	*
Scituate	91	2	*
Smithfield	141	3	*
South Kingstown	200	8	*
Tiverton	132	3	*
Warren	83	2	*
Warwick	751	15	2.0%^
West Greenwich	30	0	*
West Warwick	325	7	*
Westerly	164	4	*
Woonsocket	539	23	4.3%^
Unknown Residence	*1*	*NA*	*NA*
Four Core Cities	*4,308*	*321*	*7.5%*
Remainder of State	*6,597*	*174*	*2.6%*
Rhode Island	*10,906*	*495*	*4.5%*

Source of Data for Table/Methodology

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

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

Data for children entering kindergarten in the fall of 2021 reflect the number of Rhode Island children eligible to enter school in the fall of 2021 (i.e., born between 9/1/15 and 8/31/16).

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 2019. 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 2021 who were tested for lead poisoning. Data include both venous and confirmed capillary tests.

Of the 548 children entering kindergarten in 2021 who had an initial blood lead screen of ≥5 µg/dL, 10 did not receive a confirmatory second test. Their lead poisoning status is unknown.

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

[1,10] Centers for Disease Control and Prevention. (2019). *Blood lead levels in children.* Retrieved February 19, 2020, from www.cdc.gov

[2,24] Rhode Island Department of Health. (2019). *Childhood lead poisoning prevention program referral intervention process.* Retrieved February 19, 2020, from www.health.ri.gov

(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 (such as high levels of ozone), cigarette smoke, allergens, and exposure to cold air or sudden temperature change. While the exact cause is unknown, various genetic, environmental (such as long-term exposure to traffic pollution), birth, and health factors have been linked to an increased risk for asthma.[1,2,3,4]

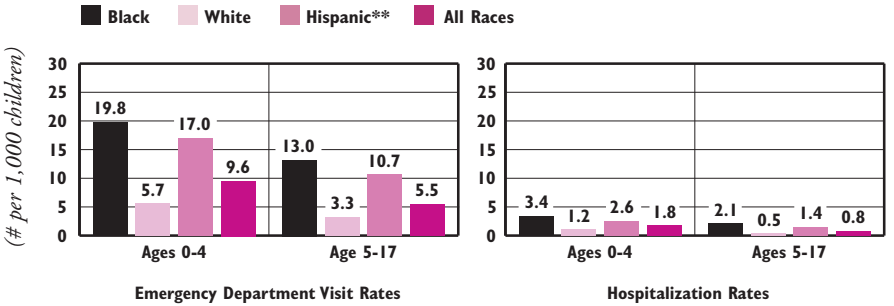
Nationally, asthma is one of the most common chronic conditions among children.[5] After peaking at 9.6% in 2009, asthma prevalence among U.S. children fell to 7.5% in 2018. Rates of asthma are higher among males, Black children, children of Two or more races, children living in poverty, and children ages 12 to 17.[6,7,8] 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 healthcare, and genetic factors.[9,10]

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

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.[13,14,15]

Rhode Island middle and high school staff provide information and referrals about asthma. In 2018, 69% of middle and high schools reported providing health care referrals for students diagnosed with or suspected of having asthma, 52% of schools reported providing asthma education to students, and 33% provided families with information on asthma.[16]

Asthma* Emergency Department and Hospitalization Rates, by Age and Race/Ethnicity, Rhode Island Children, 2014-2018



Source: Rhode Island Department of Health, Hospital Discharge Database, 2014-2018; U.S. Census Bureau, Census 2010.
*Rates are for primary diagnosis of asthma. **Hispanic children can be of any race.

◆ **In Rhode Island between 2014 and 2018, Black children and Hispanic 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.[17]**

◆ **In Rhode Island between 2014 and 2018, boys under age 18 had higher asthma emergency department visit (8.5 per 1,000 boys) and hospitalization (1.3 per 1,000 boys) rates than girls under age 18 (5.4 and 0.9 per 1,000 girls respectively).[18]**

◆ **Among all children who had an emergency department visit for a primary diagnosis of asthma in Rhode Island between 2014 and 2018, 69% had RIte Care/Medicaid coverage, 26% had private health insurance, 4% were self-pay (which could mean they were uninsured or that their insurance did not cover the cost of care), and 1% were unknown/other. Among hospital admissions during that time, 60% had RIte Care/Medicaid coverage, 35% had private health insurance, 4% were self-pay, and 1% were unknown/other.[19]**

Child Hospitalization Rates for Asthma

◆ In 2017, Rhode Island parents reported higher rates of current asthma prevalence of their children (10.3%) than the national average (7.9%). Rhode Island has the fourth highest self-reported child asthma prevalence among ranked states.[20]

◆ In Rhode Island between 2014 and 2018, there were 1,181 hospitalizations with primary asthma diagnosis of children under age 18, a rate of 1.1 per 1,000 children. The rate of primary asthma hospitalizations was more than twice as high in the four core cities (1.7 per 1,000 children) than in the remainder of the state (0.7 per 1,000 children).[21]

◆ Primary asthma hospitalization rates for children were highest in Providence (1.9 per 1,000 children), Central Falls (1.9), Pawtucket (1.6), Middletown (1.6), Barrington (1.4), and Newport (1.4) between 2014 and 2018.[22]

Table 24. **Asthma Emergency Department Visits for Children Under Age 18, Rhode Island, 2014-2018**

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	103	4.5
Bristol	3,623	53	2.9
Burrillville	3,576	52	2.9
Central Falls	5,644	348	12.3
Charlestown	1,506	15	2.0^
Coventry	7,770	175	4.5
Cranston	16,414	368	4.5
Cumberland	7,535	100	2.7
East Greenwich	3,436	39	2.3
East Providence	9,177	232	5.1
Exeter	1,334	23	3.4^
Foster	986	8	*
Glocester	2,098	20	1.9^
Hopkinton	1,845	25	2.7^
Jamestown	1,043	14	2.7^
Johnston	5,480	131	4.8
Lincoln	4,751	81	3.4
Little Compton	654	6	*
Middletown	3,652	109	6.0
Narragansett	2,269	32	2.8
New Shoreham	163	1	*
Newport	4,083	194	9.5
North Kingstown	6,322	84	2.7
North Providence	5,514	204	7.4
North Smithfield	2,456	33	2.7
Pawtucket	16,575	749	9.0
Portsmouth	3,996	56	2.8
Providence	41,634	2,642	12.7
Richmond	1,849	20	2.2^
Scituate	2,272	15	1.3^
Smithfield	3,625	39	2.2
South Kingstown	5,416	81	3.0
Tiverton	2,998	23	1.5^
Warren	1,940	44	4.5
Warwick	15,825	361	4.6
West Greenwich	1,477	24	3.2^
West Warwick	5,746	200	7.0
Westerly	4,787	100	4.2
Woonsocket	9,888	549	11.1
Four Core Cities	*73,741*	*4,288*	*11.6*
Remainder State	*150,215*	*3,065*	*4.1*
Rhode Island	*223,956*	*7,353*	*6.6*

Source of Data for Table/Methodology

Rhode Island Department of Health, Hospital Discharge Database, 2014-2018.

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 2014-2018 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.

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

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

References

[1] *Asthma.* (2016). Washington, DC: Child Trends.

[2,9] Ekerholm, S., Pearlman, D. N., Robinson, D., Sutton, N., & Goldman, D. (2012). *Measuring up: A health surveillance update on Rhode Island children with asthma.* Providence, RI: Rhode Island Department of Health, Division of Community, Family Health and Equity, Asthma Control Program.

[3] Rice, M. B., et al. (2018). Lifetime air pollution exposure and asthma in a pediatric birth cohort. *Journal of Clinical Immunology 141*(5), 1932-1933.

[4] Sheffield, P. E., Knowlton, K., Carr, J. L., & Kinney, P. L. (2011). Modeling of regional climate change effects on ground-level ozone and childhood asthma. *American Journal of Preventive Medicine 41*(3), 251-257.

[5,12,15] Childhood Asthma Leadership Coalition. (2019). *Childhood asthma control saves lives: Opportunities for policymakers.* Retrieved February 24, 2020, from www.childhoodasthma.org

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

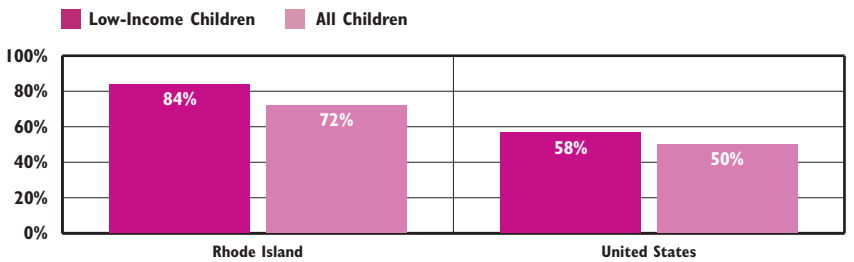
Unhealthy housing can cause or intensify many health conditions. Studies have connected poor quality construction, utility deficiencies, water intrusion, lead paint, radon, and pests to respiratory illnesses, asthma, unintentional injuries, lead poisoning, and cancer. Children under age five, low-income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

Poor quality housing is also a strong predictor of emotional and behavioral problems in low-income children and youth as well as academic achievement. Adolescents living in poorer quality homes have lower reading and math proficiency than their peers.[6]

The quality and stability of children's homes can have long-term effects on children. Lack of adequate and affordable housing puts safe, healthy, well-maintained homes out of reach for many families. Families may be forced to move frequently in search of better, more affordable housing, or to raise their children in overcrowded and unsafe environments that can interfere with their growth, development, health, and academic performance. Overcrowded housing is associated with mental health concerns, stress, sleep problems, injury, and exposure to disease, while multiple moves are associated with behavioral and mental health concerns, academic difficulties, and substance use.[7]

Adopting a comprehensive "healthy homes" approach that addresses multiple housing deficiencies simultaneously can help prevent housing-related injuries and illnesses, reduce health costs, and improve children's quality of life. Because the causes of many health conditions related to the home environment are interconnected, it can be cost-effective to address multiple hazards simultaneously.[8,9]

Children Living in Older Housing*, 2014-2018, Rhode Island and the United States



Source: Population Reference Bureau analysis of 2014-2018 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 2014 and 2018, Rhode Island had the highest percentage of low-income children (84%) and the second highest percentage of children of all incomes (72%) living in older housing in the U.S., after New York.[10]**

◆ **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.[11] In 2019, 579 (2%) of Rhode Island children under age six who were screened had a confirmed blood lead level of ≥5 µg/dL.[12]**

◆ **Asthma: Asthma is one of the most common chronic conditions in children and a leading cause of school absences and hospitalization for children under age 18 in the U.S.[13] Between 2014 and 2018, there were 3,941 emergency department visits of Rhode Island children ages six and under (9.7 per 1,000) for which asthma was the primary diagnosis.[14]**

◆ **Unintentional Injuries: Falls are the leading cause of non-fatal unintentional injuries among children in the U.S.[15] In 2018, housing-related falls resulted in 1,274 emergency room visits by Rhode Island children age six and under.[16]**

◆ **Weatherization Assistance Program: This program helps income-eligible households reduce heating bills by providing whole-house energy efficiency and safety services. In 2018, 1,743 Rhode Island children under age 18 benefited from 1,694 completed weatherization projects administered by seven Community Action Program agencies.[17,18]**

Table 25.

Housing and Health, Rhode Island

CITY/TOWN	TOTAL # OF CHILDREN AGES 6 AND UNDER 2010	CHILDREN WITH LEAD POISONING 2019 #	TESTED	%	PRIMARY ASTHMA ED VISITS 2014-2018 #	RATE PER 1,000	HOUSING RELATED FALLS 2018	% HOUSING STOCK PRE-1980
Barrington	1,213	3	459	*	54	8.9	17	82%
Bristol	1,316	4	318	*	34	5.2	9	68%
Burrillville	1,186	4	269	*	21	3.5^	12	63%
Central Falls	2,374	31	806	3.8%	193	16.3	48	88%
Charlestown	493	1	88	*	9	*	3	50%
Coventry	2,508	7	553	*	101	8.1	36	65%
Cranston	5,814	30	1,733	1.7%	180	6.2	86	77%
Cumberland	2,603	9	734	*	40	3.1	27	63%
East Greenwich	930	3	285	*	20	4.3^	8	63%
East Providence	3,545	14	1,213	1.2%^	122	6.9	51	84%
Exeter	390	0	100	0.0%	7	*	4	47%
Foster	315	0	77	0.0%	5	*	1	63%
Glocester	633	2	116	*	7	*	9	64%
Hopkinton	618	0	87	0.0%	13	4.2^	9	62%
Jamestown	287	0	40	0.0%	10	*	5	55%
Johnston	1,930	5	520	*	54	5.6	31	65%
Lincoln	1,490	2	385	*	41	5.5	17	69%
Little Compton	188	0	45	0.0%	5	*	1	67%
Middletown	1,331	6	329	*	55	8.3	26	66%
Narragansett	739	0	80	0.0%	13	3.5^	5	56%
New Shoreham	57	0	11	0.0%	1	*	0	57%
Newport	1,792	10	412	*	110	12.3	43	81%
North Kingstown	1,965	1	456	*	46	4.7	22	63%
North Providence	2,040	4	670	*	115	11.3	37	71%
North Smithfield	752	3	187	*	8	*	7	68%
Pawtucket	6,835	71	2,039	3.5%	414	12.1	115	88%
Portsmouth	1,206	2	284	*	30	5.0	17	59%
Providence	16,934	295	6,772	4.4%	1,484	17.5	308	86%
Richmond	635	1	83	*	12	3.8^	8	50%
Scituate	608	1	182	*	7	*	8	65%
Smithfield	1,076	3	323	*	21	3.9^	11	62%
South Kingstown	1,707	2	334	*	36	4.2	15	57%
Tiverton	1,006	2	320	*	9	*	9	60%
Warren	727	2	250	*	25	6.9^	12	79%
Warwick	5,561	11	1,349	*	191	6.9	100	80%
West Greenwich	446	0	98	0.0%	8	*	5	34%
West Warwick	2,351	9	593	*	105	8.9	43	72%
Westerly	1,735	3	248	*	44	5.1	27	62%
Woonsocket	4,212	38	1,099	3.5%	291	13.8	81	89%
Unknown	*0*	*0*	*0*	*NA*	*0*	*NA*	*1*	*NA*
Four Core Cities	*30,355*	*435*	*10,716*	*4.1%*	*2,382*	*15.7*	*552*	*87%*
Remainder of State	*51,193*	*144*	*13,231*	*1.1%*	*1,559*	*6.1*	*721*	*69%*
Rhode Island	*81,548*	*579*	*23,947*	*2.4%*	*3,941*	*9.7*	*1,274*	*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, 2019. The numerator is the number of Rhode Island children with a confirmed blood lead level ≥5 µg/dL in calendar year 2019. The denominator is the number of children who were tested in calendar year 2019. Data are for children under age six.

Children with Asthma: Rhode Island Department of Health, Hospital Discharge Database, 2014-2018. 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, 2018. Data are for children age six and under who are residents of Rhode Island.

Housing Stock Pre-1980: Population Reference Bureau analysis of 2014-2018 American Community Survey (ACS) Public Use Microsample (PUMS) 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 classification 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 continued on page 181)

Child Overweight and Obesity

DEFINITION

Child overweight and obesity is the percentage of children whose body mass index (BMI) meets the definition for overweight or obese. Children with a BMI at or above the 95th percentile for gender and age are considered to be obese, and children with a BMI between the 85th and 95th percentiles are considered to be overweight or at risk for obesity.[1]

SIGNIFICANCE

Children and adolescents who are overweight or obese are at immediate and/or long-term risk of many health problems, including type 2 diabetes, cardiovascular disease, asthma, joint problems, 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]

Nationally, there is a continued upward trend in obesity.[5] In 2015-2016 in the U.S., the prevalence of obesity in children ages two to 19 was 19% with a significant increase in severe obesity for children ages two to five years.[6,7]

Prior to 2018, Rhode Island did not have adequate clinical childhood BMI data. A recent study of 65,829 de-identified records with clinical and related billing code data from 2018 found that 13% of Rhode Island children ages two to 17 are overweight and 17% are obese.[8]

The increased prevalence of childhood obesity is the result of complex interactions among many factors, including excess calorie consumption, genes, metabolism, behavior, environment, and culture.[9] 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.[10]

Prevention and intervention for at-risk, overweight, and obese children should occur early and at all ages.[11] Reducing overweight and obesity will require a comprehensive, multi-system approach.

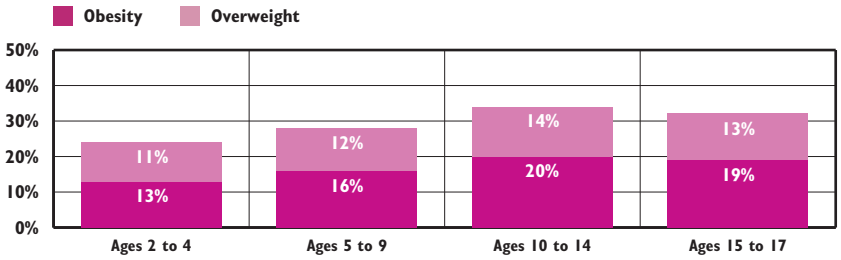
Overweight and Obesity Among Children Age 10-17
(Combined Overweight and Obesity)

	2017-2018
RI	31%
US	31%
National Rank*	*30th*
New England Rank**	*5th*

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

Source: Data Resource Center for Child and Adolescent Health, *2017-2018 National Survey of Children's Health,* childhealthdata.org

Rhode Island Childhood Overweight and Obesity by Age, 2018



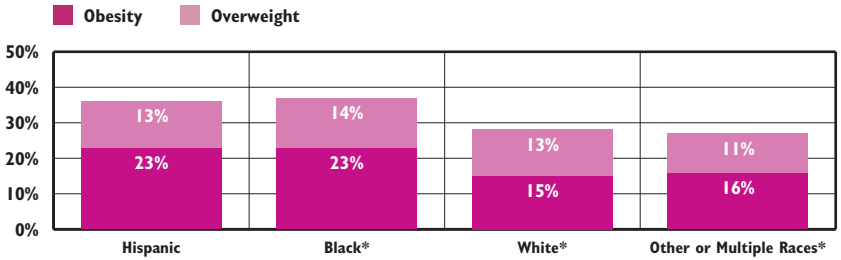
Source: Hassenfeld Child Health Innovation Institute analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, and United Healthcare collected by the Department of Health, 2018.

◆ **Thirteen percent of Rhode Island children age two to 17 are overweight and 17% are obese.**[12]

◆ **Older children are more likely to be overweight or obese. Twenty percent of children ages 10 to 14 and 19% of children ages 15 to 17 are obese.**[13]

◆ **Twenty-two percent of children covered by RIte Care are obese compared to 12% of children with private health insurance.**[14]

Rhode Island Childhood Overweight and Obesity by Race/Ethnicity, 2018



Source: Hassenfeld Child Health Innovation Institute analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, and United Healthcare collected by the Department of Health, 2018. **Non-Hispanic.*

◆ **Hispanic children (13% overweight and 23% obese) and Non-Hispanic Black children (14% overweight and 23% obese) have the highest rates of overweight and obesity.**[15]

Nutrition and Physical Activity

◆ Nutrition and physical activity are important components of supporting a healthy weight. Many children and adolescents consume diets with too many calories and not enough nutrients.[16,17] In 2019, 86% of Rhode Island high school students reported eating less than three servings of vegetables a day, the recommended amount.[18] Eighteen percent of Rhode Island high school students reported drinking a sugar sweetened beverage at least once a day.[19]

◆ Regular physical activity, including school-based physical education and recess, has been shown to have physical, social, emotional, cognitive, academic, and health benefits.[20,21] In 2018, 55% of Rhode Island middle school students and 59% of high school students reported less than five days of physical activity in a week.[22]

◆ 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 in early learning programs, and improving access to safe and walkable neighborhoods and recreational areas.[23]

Table 26. **Prevalence of Overweight and Obesity in Rhode Island Children Ages 2 to 17, 2018**

CITY/TOWN	% OVERWEIGHT	% OBESE	% OVERWEIGHT AND OBESE COMBINED
Barrington	12.3%	7.6%	20%
Bristol	11.2%	11.9%	23%
Burrillville	14.8%	17.4%	32%
Central Falls	17.6%	33.6%	51%
Charlestown	12.6%	11.8%	24%
Coventry	12.2%	12.9%	25%
Cranston	12.1%	15.8%	28%
Cumberland	14.8%	15.8%	31%
East Greenwich	10.9%	7.4%	18%
East Providence	15.4%	18.5%	34%
Exeter	11.0%	9.3%	20%
Foster	12.7%	9.9%	23%
Glocester	11.7%	11.0%	23%
Hopkinton	11.7%	10.8%	22%
Jamestown	8%^	8%^	16%
Johnston	13.2%	18.1%	31%
Lincoln	13.9%	16.0%	30%
Little Compton	*	*	19%^
Middletown	11.8%	12.4%	24%
Narragansett	14.5%	13.6%	28%
New Shoreham	*	*	20%^
Newport	12.1%	15.0%	27%
North Kingstown	9.2%	11.0%	20%
North Providence	18.9%	16.7%	36%
North Smithfield	14.7%	14.9%	30%
Pawtucket	15.2%	26.5%	42%
Portsmouth	9.0%	9.1%	18%
Providence	11.5%	20.4%	32%
Richmond	11.1%	11.3%	22%
Scituate	10.4%	11.3%	22%
Smithfield	11.0%	13.0%	24%
South Kingstown	13.9%	12.8%	27%
Tiverton	9.9%	13.7%	24%
Warren	14.2%	17.6%	32%
Warwick	13.8%	14.9%	29%
West Greenwich	14.5%	10.0%	24%
West Warwick	12.0%	18.0%	30%
Westerly	11.0%	18.1%	29%
Woonsocket	14.6%	26.5%	41%
Four Core Cities	*13%*	*23%*	*36%*
Remainder of State	*13%*	*14%*	*27%*
Rhode Island	*13%*	*17%*	*30%*

Source of Data for Table/Methodology

Hassenfeld Child Health Innovation Institute analysis of BMI clinical and billing records of children ages 2 – 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, and United Healthcare collected by the Department of Health, 2018.

^ 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.

References

[1] Centers for Disease Control and Prevention. (2015). *About child and teen BMI.* Retrieved February 18, 2020, from www.cdc.gov

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[8,12,13,14,15] Hassenfeld Child Health Innovation Institute analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, and United Healthcare collected by the Department of Health, 2018.

(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 teen parents as well as their children. Children of teen parents have higher rates of infant mortality, premature birth, and low birthweight. Children of teens have lower test scores, academic outcomes, and are more likely to have a teen birth themselves compared with children of older mothers.[1] There are strong intergenerational links between maternal education among teen mothers, and educational attainment, income, and well-being in the next generation.[2]

Teen mothers are less likely to graduate from high school or go to college.[3] Teen girls in foster care are twice as likely as their peers to become pregnant by age 19.[4]

Nationally, one in six births to teens are repeat births (two or more children born before the mother is 20 years old). Repeat teen births are more likely to be preterm or low birthweight than first teen births.[5] Teens mothers who have repeat births are more likely to experience additional negative outcomes, including increased health issues, lower educational attainment, and less economic independence.[6]

Despite downward national trends of teen births, including among all racial and ethnic groups, disparities in teen births persist. In 2018 in the U.S., the rate of teen births to Hispanic teens (26.7 births per 1,000) and non-Hispanic Black teens (26.3 per 1,000) were both more than twice the rate of births to non-Hispanic White teens (12.1 per 1,000).[7]

After peaking in 1991, the U.S. teen birth rate steadily declined and reached a historic low in 2018. Despite these declines, the U.S. teen birth rate remains higher than other developed countries.[8,9,10]

Rhode Island's teen birth rate mirrors national trends, peaking in 1993 at a rate of 47.6 per 1,000, and reaching a historic low in 2017 at a rate of 11.4 births per 1,000 teen girls.[11,12] In 2018 in Rhode Island, 4% (412) of babies were born to teen mothers.[13] Nationally and in Rhode Island, fewer teens are having sex and those that are sexually active are more likely to use contraception.[14,15]

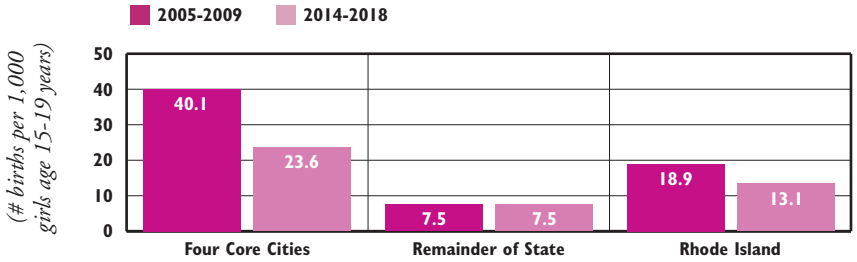
Teen Birth Rates
(rate per 1,000 girls ages 15-19)

	1991	2018
RI	44.7	11.5
US	61.8	17.4
National Rank*		*8th*
New England Rank**		*6th*

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

Source: For 1991: Ventura, S. J., et al. (2014). National and state patterns of teen births in the United States, 1940-2013. *NVSR, 63*(4), 1-33. For 2018: Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Drake, P. (2019). Births: Final data for 2018. *National Vital Statistics Reports, 67*(8), 1-49.

Teen Birth Rates, Rhode Island, Five-Year Average Comparisons: 2005-2009, 2014-2018



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2005-2018.

◆ **In 2018, the birth rate for U.S. teens (17.4 births per 1,000 teen girls) was the lowest ever recorded. In Rhode Island the teen birth rate was 11.5 births per 1,000 teen girls.[16]**

◆ **The statewide five-year average teen birth rate declined 31% between 2005-2009 and 2014-2018, from 18.9 births per 1,000 teen girls to 13.1. The teen birth rate in the four core cities did not decline during that time and remains three times higher than the remainder of the state.[17]**

◆ **Despite declines among all racial and ethnic groups, disparities still exist in teen birth rates.[18] In Rhode Island between 2014 and 2018, the teen birth rates for Hispanic (31.7 per 1,000), Native American (26.7 per 1,000), and Black (16.6 per 1,000) teens were higher than the rates of their White (7.5 per 1,000) and Asian (3.3 per 1,000) peers.[19]**

Repeat Births to Teens, Rhode Island, 2014-2018

AGE	TOTAL NUMBER OF BIRTHS	NUMBER OF REPEAT BIRTHS	PERCENT REPEAT BIRTHS
15-17	598	34	6%
18-19	1,813	300	17%
TOTAL 15-19	*2,411*	*334*	*14%*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2014-2018.

◆ **Nationally, 17% of all births to teens ages 15-19 in 2016 were repeat births.[20] To continue to reduce repeat teen births, pregnant and parenting teens should be connected to patient-centered primary care that address a variety of needs and integrate a range of tailored services for young mothers and families.[21]**

Teen Birth Rates by Location

- In Rhode Island between 2014 and 2018, the rate of births to teens ages 15-19 in the core cities (21.0 per 1,000) was three times higher than the remainder of the state (7.0 per 1,000).[22]

- Thirteen percent of teen births in the core cities were repeat births, while 15% of teen births in the rest of the state were repeat births.[23]

- Health care providers can play a key role in reducing teen births, by integrating comprehensive reproductive health counseling into health care for all women and men of reproductive age, to help reduce unintended pregnancies.[24]

- In 2019, 13.4% of Rhode Island high school students who reported ever having sexual intercourse used no method (or were not sure) to prevent pregnancy, and 45% did not use a condom, the last time they had sexual intercourse.[25]

- Among 15 to 19-year-olds in Rhode Island between 2008 and 2017, the rates of chlamydia have increased by 36% (1,388 to 1,880 per 100,000) and the rates of gonorrhea have increased by 147% (89 to 219 per 100,000).[26]

Table 27. **Births to Teens, Ages 15-19, Rhode Island, 2014-2018**

CITY/TOWN	# OF BIRTHS AGES 15-17	# OF BIRTHS AGES 18-19	# OF BIRTHS AGES 15-19	BIRTH RATE PER 1,000 AGES 15-19
Barrington	0	2	2	*
Bristol	2	13	15	2.2
Burrillville	6	22	28	9.8
Central Falls	44	122	166	45.1
Charlestown	1	18	19	17.2^
Coventry	5	21	26	4.8
Cranston	30	84	114	10.9
Cumberland	4	24	28	5.6
East Greenwich	0	5	5	*
East Providence	18	52	70	15.9
Exeter	4	6	10	11.7^
Foster	3	4	7	*
Glocester	0	7	7	*
Hopkinton	1	6	7	*
Jamestown	0	1	1	*
Johnston	5	30	35	8.8
Lincoln	3	19	22	7.3
Little Compton	0	0	0	0
Middletown	7	13	20	14.2^
Narragansett	3	3	6	*
New Shoreham	0	0	0	*
Newport	15	36	51	8.8
North Kingstown	8	24	32	7.8
North Providence	15	53	68	17.7
North Smithfield	2	7	9	*
Pawtucket	55	192	247	26.3
Portsmouth	2	6	8	*
Providence	250	629	879	19.3
Richmond	1	8	9	*
Scituate	1	9	10	*
Smithfield	1	3	4	*
South Kingstown	2	20	22	1.4^
Tiverton	4	11	15	13.6^
Warren	2	15	17	13.7^
Warwick	24	80	104	11.5
West Greenwich	1	6	7	*
West Warwick	19	65	84	24.7
Westerly	4	19	23	7.1
Woonsocket	54	168	222	39.5
Unknown	*2*	*10*	*12*	*
Four Core Cities	*403*	*1,111*	*1,514*	*23.6*
Remainder of State	*195*	*702*	*897*	*7.5*
Rhode Island	*598*	*1,813*	*2,411*	*13.1*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018.

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

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

The denominators for girls ages 15 to 19 are from the 2014-2108 American Community Survey.

Factbooks published before 2007 reported only births to girls ages 15 to 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 include three births with missing maternal residence data.

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

References

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(continued on page 181)

Alcohol, Tobacco, Substance Use, and Exposure

DEFINITION

Alcohol, tobacco, substance use, and exposure is the percentage of middle school and high school students who report using alcohol, tobacco products (including e-cigarettes), and illicit substances.

SIGNIFICANCE

The use and/or abuse of substances such as alcohol, tobacco, and other substances by youth impact the health and safety of themselves, their families, their schools, and their communities.[1,2] Rhode Island ranks among the states with the highest percentages of adolescents reporting use of alcohol and many types of illicit drugs.[3]

Key risk periods for alcohol, tobacco, and other drug abuse occur during major life transitions, including the shifts to middle school and high school, when young people experience new academic, social, and emotional challenges. Adolescents are especially vulnerable to developing substance 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 for becoming a substance user involve the relationship between risk and protective factors, which vary in their effect on different people. Risk factors are associated with increased drug use and include early aggressive behavior, poor school achievement, peer and parental substance abuse, chaotic home environment, and poverty. Protective factors lessen the risk of drug use, and include a strong parent-child bond, healthy school environment, academic competence, and attachment to their communities.[6,7] 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 the increased use of marijuana.[8,9]

Prevention and reduction in teen substance abuse can be achieved by enacting policies that support prevention, screening, early intervention, treatment, and recovery. Policy examples include preventing underage substance use and sales to minors, improving school climate and academic achievement, enacting sentencing reform, and 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 specialty treatment for their alcohol use problem, which is the 15th highest rate among all states. Four percent of Rhode Island youth ages 12-17, needed but did not receive any specialty treatment for their illicit drug use. Rhode Island has the sixth highest percentage among all states on this measure.[11]

Tobacco Use Among Rhode Island Youth

◆ In 2019, 32% of Rhode Island high school students reported currently smoking cigarettes or using electronic vapor products (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]

◆ E-Cigarettes: E-cigarettes are harmful to youth. They contain, among other chemicals, nicotine which is highly addictive and can harm brain development. Some e-cigarette pods have as much or more nicotine as a pack of cigarettes.[13]

◆ E-Cigarettes: Nationally in 2019, current e-cigarette use among high school students was 22%, higher than use of traditional tobacco cigarettes.[14] In Rhode Island in 2019, 30% of high school students reported current use of e-cigarettes and 49% reported ever using e-cigarettes.[15] Effective January 1, 2018, the General Assembly passed legislation prohibiting the use of e-cigarettes in schools.[16]

◆ Cigarettes: Cigarette use has reached record low levels among U.S. middle and high school students.[17] In 2019, 4% 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.[18]

◆ Hookah, cigars, and smokeless tobacco: The prevalence of youth hookah, cigar, and smokeless tobacco use has declined nationally and in Rhode Island.[19] In 2019, 6% of Rhode Island high school students reported currently smoking tobacco in a hookah, 5% reported currently smoking cigars, and 3% reported current use of smokeless tobacco.[20]

Tobacco to 21

◆ The Centers for Disease Control and Prevention, the Institute of Medicine, and the American Academy of Pediatrics suggest that raising the minimum legal sale age for tobacco products to 21 may prevent or delay initiation of tobacco use by adolescents.[21,22,23] Nationally, 88% of adult cigarette users who smoke daily report starting by age 18.[24] On December 20, 2019, legislation was signed raising the federal minimum age of sale of tobacco products from 18 to 21 years, effective immediately.[25] Prior to this, nineteen states (not including Rhode Island) had already set the age to 21.[26]

Current Substance Use, Rhode Island High School Students by Select Subgroups, 2019

	ALCOHOL USE*	E-CIGARETTE USE*	CIGARETTE USE*	MARIJUANA USE*	PRESCRIPTION DRUG MISUSE**
Female	23%	31%	2%	22%	11%
Male	20%	28%	6%	24%	9%
Black, Non-Hispanic	13%	18%	3%	17%	13%
White, Non-Hispanic	24%	36%	4%	25%	9%
All other races, Non-Hispanic	NA	NA	NA	NA	NA
Multiple races, Non-Hispanic	NA	NA	NA	NA	NA
Hispanic	17%	20%	5%	20%	11%
9th Grade	11%	21%	2%	12%	7%
10th Grade	19%	25%	3%	22%	8%
11th Grade	22%	35%	4%	28%	14%
12th Grade	36%	42%	8%	33%	12%
All Students	*22%*	*30%*	*4%*	*23%*	*10%*

Source: *2019 Rhode Island Youth Risk Behavior Survey*, Rhode Island Department of Health, Center for Health Data and Analysis. *Current use is defined as students who answered yes to using respective substances in the 30 days prior to the survey. **Prescription drug misuse is defined as ever took prescription pain medicine without a doctor's prescription or differently than doctor told them to use it. NA is not available due to small sample size..

◆ Among Rhode Island high school students in 2019, 22% reported current alcohol consumption, 23% reported current marijuana use, 30% reported current use of e-cigarettes, 11% reported current binge drinking, 4% reported current cigarette use, 4% reported currently using over the counter drugs to get high, and 10% reported ever misusing prescription pain medication.[27]

◆ In 2019, a majority of Rhode Island high school students reported that they have never smoked a cigarette (83%) or used an e-cigarette product (51%).[28]

◆ Cigarette excise taxes are a potential funding stream for state tobacco control programs.[29] Between SFY 2002-2019, Rhode Island cigarette tax revenue increased from $79.4 million to $139.8 million and state tobacco control funding decreased from $3 million to $395,637. Only .28% of the cigarette tax in SFY 2019 went toward tobacco control and smoking cessation programs.[30,31,32,33]

Family and Community Exposure

◆ Having parents or friends who use tobacco, alcohol, and other drugs, as well as living in communities where there is drug use, are risk factors for teen substance use.[34] In Rhode Island in 2019, 28% of middle school students and 25% of high school students reported living with someone who smokes cigarettes. Nearly one in seven (13%) 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. Nearly one in seven (13%) 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.[35]

Exposure to Substances at Birth

◆ Neonatal abstinence syndrome (NAS) refers to the objective and subjective signs and symptoms attributed to the cessation of prenatal exposure of substances. Neonatal opioid withdrawal syndrome, more specifically, refers to the withdrawal symptoms related to opioid exposure. Not all substance exposed newborns are diagnosed with NAS.[36]

◆ In Rhode Island in 2018, 108 newborns were diagnosed with NAS, at a rate of 106 per 10,000 births; almost as high as the highest rate in 2015 at 114 per 10,000 births, and almost triple the rate of 37.2 in 2006.[37]

◆ Seventy-seven percent of babies born with NAS in 2018 were born to White mothers, 92% were born to mothers who were covered by Medicaid.[38]

◆ NAS rates will not decrease until Opiate Use Disorder rates decreases in the general population. Adequate treatment options and services for those struggling with Opiate Use Disorder are needed before and during pregnancy, at birth, and throughout parenting for the whole family.[39]

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Safety

Give Yourself to the Rain

by Margaret Wise Brown

Give yourself to the rain when it falls
Give yourself to the wind
Go with it
Blow through the bright dark
Green light on trees
Listen to the rain
Again—through sleep
Dream of it
Brace nothing against it
Safe in your bed
Listen
And give yourself to the rain
When it falls down.

Child and Teen Deaths

DEFINITION

Child and teen deaths is the number of deaths from all causes among children ages one to 19, per 100,000 children. The data are reported by place of residence, not place of death.

SIGNIFICANCE

The child and teen death rate is a reflection of access to health care; mental and physical health; the dangers to which children and teens are exposed in the community; a variety of risk behaviors including alcohol, drug use, and violence; access to and use of safety devices and practices (such as bicycle helmets and smoke alarms); and the level of adult supervision children and teens receive.[1,2]

The U.S. child and teen death rate has declined steadily since 1980, but disparities still exist by age, gender, and race and ethnicity. Children ages one to four and teens ages 15 to 19 are more likely to die than children ages five to 14, and the child and teen death rate is higher for boys than girls and higher for Black children and teens than for children and teens of all other racial and ethnic groups.[3,4]

Children are particularly vulnerable to injury deaths due to their size, development, inexperience, and natural curiosity.[5] 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.[6,7]

Nationally, the leading causes of child unintentional injury deaths are motor vehicle crashes and drowning.[8] Child injury deaths can be reduced by educating families about injury prevention strategies and the importance of using safety products (such as seat belts and fencing around pools), 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 safely engineered toys and safety surfacing on playgrounds).[9]

Factors that protect against teen deaths include parent and family involvement, access to mental health services, state regulated teen driving programs, as well as violence and substance use prevention programs. Individual and group therapeutic programs in family, school, and community settings can support positive behavior changes and increase mental health awareness.[10,11,12]

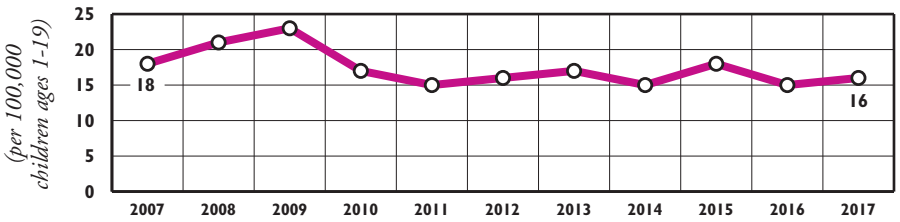
Child and Teen Death Rate
(per 100,000 Children Ages 1-19)

	2007	2017
RI	18	16
US	31	26
National Rank*		*1st*
New England Rank**		*1st*

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

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

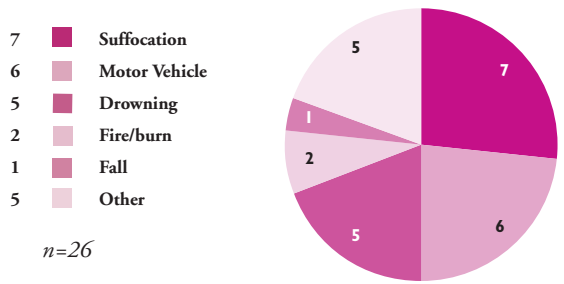
Child and Teen Death Rate per 100,000 Children Ages One to 19, Rhode Island, 2007-2017



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

◆ In 2017, Rhode Island's child and teen death rate for children ages one to 19 was 16 per 100,000 children and teens, which was a small increase from 2016. Rhode Island's child and teen death rate is the lowest in the nation.[13]

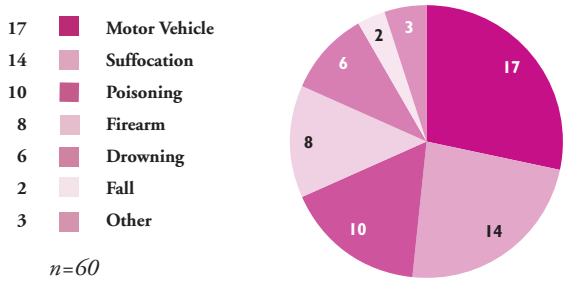
Child Deaths Due to Injury, by Cause, Rhode Island, 2014-2018



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2014-2018.

◆ Between 2014 and 2018, 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 these child deaths in Rhode Island during this time period.[14]

Teen Deaths Due to Injury, by Cause, Rhode Island, 2014-2018



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2014-2018. This chart and the first bullet below report deaths of teens residing in Rhode Island. Data reported in the second, third, and fourth bullets below reflect teen motor vehicle deaths that occurred in Rhode Island, regardless of residence. Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th classification to the 10th classification, which may impact comparability across the years.

- **Between 2014 and 2018 in Rhode Island, 58% of the 60 teen deaths caused by injury were unintentional. Twenty-eight percent of all teen injury deaths involved motor vehicles.[15]**

- **Among the 23 teens ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2014 and 2018, 11 were driving, seven were passengers in vehicles driven by others, four were pedestrians, and one was a bicyclist.[16]**

- **Two (18%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2014 and 2018 had been drinking, and three teen fatalities occurred with adult drivers who had been drinking.[17]**

- **Seven (54%) of teen drivers and passengers killed in automobile accidents in Rhode Island between 2014 and 2018 were not wearing a seatbelt.[18]**

- **In 2019, 32% 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 alcohol in the prior month, and 6% reported that they never or rarely wore a seatbelt while riding in a car driven by someone else.[19]**

Teen Suicide

- **According to the *2019 Rhode Island Youth Risk Behavior Survey*, 15% of Rhode Island high school students reported attempting suicide one or more times in the 12 months before the survey was administered.[20]**

- **Of the 19 youth ages 15 to 19 who died from suicide between 2014 and 2018, 17 were male and two were female.[21]**

- **In 2018, 306 teens ages 13 to 19 were admitted to the emergency department after a suicide attempt, more than double the number in 2014 (138). Seventy-seven percent of teens admitted were girls, and 23% were boys.[22]**

- **In 2018, 250 teens ages 13 to 19 were hospitalized after a suicide attempt, more than double the number in 2014 (103). Seventy-five percent of teens hospitalized were girls, and 25% were boys.[23]**

- **Nationally, depression and suicide among adolescents have increased in recent years, with more females reporting symptoms of depression and committing suicide nationally than males.[24] Mental health problems, depression, attempting suicide, alcohol use, experiencing partner violence, and having a family member or friend attempt suicide are associated with an increased risk of suicide or attempted suicide among youth.[25]**

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Youth Violence

DEFINITION

Youth violence is the number of arrests of youth 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 stop youth violence from happening in the first place and requires an understanding of the factors that influence 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 promoting nurturing family environments that support healthy development, providing high-quality early education, strengthening youth's interpersonal, emotional, and behavioral skills, connecting youth to caring adults in the community, and creating protective environments to reduce youth exposure to violence.[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, poor academic performance, 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 2017, 24% of students in grades nine through 12 reported being in a physical fight during the previous year, 19% reported being bullied on school property during the previous year, and 16% reported carrying a weapon during the previous month.[9]

The juvenile arrest rate for violent crimes in the U.S. reached a historic low in 2018, down 71% from its peak in 1994.[10] In 2018, the number of juvenile arrests for violent crimes made up 6% of the total number of juvenile arrests in the U.S.[11] In 2018 in Rhode Island, there were 537 juvenile arrests for assault offenses and 81 juvenile arrests for weapons offenses.[12] In 2018, violent crimes made up 5% (209) of the 4,630 juvenile offenses referred to Rhode Island Family Court.[13]

Bully Status, by Gender and Grade Level, Rhode Island, 2019

	MIDDLE SCHOOL		HIGH SCHOOL	
	MALE	FEMALES	MALE	FEMALE
Bullied on School Property	27%	37%	13%	20%
Bullied Electronically	15%	27%	9%	17%
Been in a Physical Fight	24%	9%	12%	7%

Source: *2019 Youth Risk Behavior Survey,* Rhode Island Department of Health, Center for Health Data and Analysis.

◆ **Violence in schools affects individual victims and disrupts the functioning of entire schools and communities.[14] In Rhode Island in 2019, 8% of high school students reported not going to school due to safety concerns.[15]**

◆ **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.[16]**

◆ **Cyberbullying is bullying that takes place online or by digital communication through text messages, instant messengers, social media, and/or other digital applications.[17] In 2019 in Rhode Island, 20% of middle school students (27% of females and 15% of males) and 13% of high school students (17% of females and 9% of males) reported being electronically bullied.[18]**

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.[19]**

◆ **Nationally, the number of firearm-related deaths for youth ages 15 to 19 was at a record low (9.7 per 100,000) in 2013, but has begun to climb in the last few years reaching 13.8 deaths per 100,000 in 2017.[20] In Rhode Island between 2014 and 2018, there were 101 emergency department visits, 32 hospitalizations, and eight deaths of children and youth ages 15 to 19 attributed to firearms.[21]**

Table 28.

Youth Violence, Rhode Island

	COMMUNITY CONTEXT		VIOLENCE IN HIGH SCHOOLS, 2019		JUVENILE ARRESTS FOR VIOLENCE, 2018		
CITY/TOWN	VIOLENT CRIME OFFENSES (ALL AGES) 2018	TOTAL POPULATION AGES 11-17 2010	% OF STUDENTS WHO WORRY ABOUT VIOLENCE IN SCHOOL	% OF STUDENTS WHO REPORT PHYSICAL FIGHTS IN SCHOOL	# FOR ASSAULT OFFENSES	# FOR WEAPONS OFFENSES	TOTAL # FOR ASSAULT AND WEAPONS OFFENSES
Barrington	8	2,186	5%	2%	6	0	6
Bristol	10	1,545	19%	23%	0	0	0
Burrillville	19	1,526	12%	6%	8	1	9
Central Falls	83	2,089	27%	16%	19	3	22
Charlestown	7	659	19%	39%	1	0	1
Coventry	35	3,509	20%	45%	21	4	25
Cranston	118	6,984	18%	28%	27	6	33
Cumberland	23	3,271	8%	5%	8	0	8
East Greenwich	10	1,671	3%	1%	1	0	1
East Providence	50	3,730	31%	61%	14	3	17
Exeter	NA	673	7%	2%	NA	NA	NA
Foster	6	467	4%	2%	0	0	0
Glocester	5	1,000	4%	2%	3	0	3
Hopkinton	4	826	19%	39%	1	0	1
Jamestown	3	528	NA	NA	2	0	2
Johnston	40	2,376	16%	28%	12	0	12
Lincoln	17	2,189	9%	5%	6	2	8
Little Compton	2	284	NA	NA	0	0	0
Middletown	13	1,504	10%	4%	9	0	9
Narragansett	8	1,052	7%	4%	4	1	5
New Shoreham	4	64	4%	0%	0	0	0
Newport	85	1,484	18%	21%	19	4	23
North Kingstown	10	2,917	14%	18%	12	1	13
North Providence	38	2,303	23%	49%	17	2	19
North Smithfield	13	1,132	6%	1%	0	0	0
Pawtucket	321	6,268	19%	32%	67	13	80
Portsmouth	7	1,881	12%	9%	14	2	16
Providence	819	16,024	20%	19%	84	21	105
Richmond	4	759	19%	39%	7	1	8
Scituate	8	1,143	3%	3%	3	0	3
Smithfield	21	1,729	5%	4%	11	1	12
South Kingstown	16	2,498	9%	5%	6	0	6
Tiverton	16	1,318	10%	6%	4	0	4
Warren	18	777	19%	23%	5	0	5
Warwick	73	6,781	21%	36%	27	3	30
West Greenwich	5	678	7%	2%	0	0	0
West Warwick	65	2,139	8%	6%	30	3	33
Westerly	17	2,003	18%	16%	10	1	11
Woonsocket	246	3,649	27%	62%	45	7	52
State Police/Other	*NA*	*NA*	*NA*	*NA*	*34*	*2*	*36*
Four Core Cities	*1,469*	*28,030*	*21%*	*27%*	*215*	*44*	*259*
Remainder of State	*778*	*65,586*	*14%*	*19%*	*288*	*35*	*323*
Rhode Island	*2,247*	*93,616*	*15%*	*21%*	*537*	*81*	*618*

Sources of Data for Table/Methodology

Total violent crime offense data are from U.S. Department of Justice, Federal Bureau of Investigation. (2018). *Crime in the United States 2018: Rhode Island offenses known to law enforcement.* Retrieved March 2, 2020, from ucr.fbi.gov

Total population ages 11 to 17 data are from U.S. Census Bureau, Census 2010.

Data on high school students experiencing violence at school are from the 2018-2019 administration of *SurveyWorks!*, Rhode Island Department of Education. Percentages reflect students answering frequently or almost always to the question of "how often do you worry about violence at your school" and "how often do students get into physical fights in your school." *SurveyWorks!* data for communities that belong to regional districts reflect the district's overall survey results. Students from Little Compton attend high school in Portsmouth, and students from Jamestown can choose to attend high school in North Kingstown or Narragansett. Rhode Island total and remainder of state include charter schools, state operated schools, and UCAP.

Juvenile arrests for assault and weapons offenses data are from Rhode Island Department of Public Safety, Unified Crime Reporting/National Incident Based Reporting, 2018. NA indicates that the data are not available. Exeter arrest numbers are included in the State Police/Other totals.

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

References for Youth Violence

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Gun Violence

DEFINITION

Gun violence is the number of firearm-related deaths and hospitalizations to Rhode Island children and youth under age 20. The data are reported by place of residence, not place of death, injury, or hospitalization.

SIGNIFICANCE

Children and youth can experience gun violence as victims of firearm assaults, self-inflicted firearm injuries, or accidental shootings.[1] Gun violence also can impact children and youth when someone they know is the victim or perpetrator of a shooting. Exposure to violence at home, in schools, and in the community can lead to lasting psychological and emotional damage, including post-traumatic stress disorder, substance abuse, depression, anxiety, and suicidal ideation as well as cognitive and attention difficulties, and involvement in the child welfare and juvenile justice systems.[2,3]

In the U.S. during 2018, 55% (1,831) of the 3,342 firearm deaths of children and youth under age 20 were the result of homicide, 39% (1,297) were the result of suicide, 3% (116) were the result of unintentional injuries, 2% (72) were the result of shootings with an undetermined intent, and 1% (26) were the result of a legal intervention (e.g., law enforcement shooting).[4]

Firearms are the second leading cause of death in the U.S. overall among children and teens.[5] Of the 3,342 U.S. children and youth under age 20 killed by firearms during 2018, 84% (2,807) were ages 15 to 19.[6] In the U.S., 2017 marked the highest number of child and teen gun-related deaths since 1998. Black, Hispanic, and Native American children and teens were disproportionately more likely to be hurt or killed by gun violence, and gun violence was the leading cause of death for Black children and teens. Nationally in 2017, males ages 15 to 19 were more than six times more likely to die from a firearm-related incident than females of the same age. Among teens 15 to 19 years old in the U.S., the rate of firearm deaths for Black males (64.5 per 100,000) was approximately four times the rate of both Hispanic males (17.8 per 100,000) and White males (15.8 per 100,000) in 2017.[7,8,9,10]

Preventing access to guns is an important strategy for preventing firearm-related injuries and death in children and youth. The presence and availability of a gun is strongly associated with adolescent suicide risk. Keeping guns unloaded and locked, as well as storing and locking ammunition separately, reduces the risk of gun-related injury and death by suicide or homicide.[11,12]

Gun-Related Emergency Department (ED) Visits, Hospitalizations, and Deaths Among Children and Youth, Rhode Island, 2014-2018

AGE	# OF ED VISITS	# OF HOSPITALIZATIONS	# OF DEATHS
1 to 14	52	4	0
15 to 17	48	12	4
18 to 19	53	20	4
TOTAL	*153*	*36*	*8*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2014-2018.

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 2014 and 2018 in Rhode Island, eight (9%) of the 86 injury deaths of children and youth under age 20 were the result of firearms. Of these, four were among youth ages 18 to 19, four were among youth ages 15 to 17, and zero were among children ages one to 14. Between 2014 and 2018 in Rhode Island, there were four youth under age 20 who committed suicide using a firearm.[13,14]**

◆ **In Rhode Island between 2014 and 2018, there were 153 emergency department visits and 36 hospitalizations of children and youth for gun-related injuries, down from 162 and 44 respectively, between 2013 and 2017.[15,16,17]**

Weapon Carrying Among Rhode Island Public Middle and High School Students, 2019

	FEMALES	MALES	TOTAL
High School students who carried a weapon on school property at least once in the past 30 days	3%	4%	4%
Middle School students who ever carried a weapon	11%	26%	19%

Source: 2019 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.[18,19]**

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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 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 abuse, strained family relationships, substance abuse by a family member, and/or parental neglect. While data collection efforts such as the *Voices of Youth Count* have estimated there to be more than four million homeless youth in the U.S., the exact number is not known due to the residential instability of these youth and overlap among the homeless and runaway populations.[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 and/or selling drugs which risks exploitation, arrest, assault, and/or contracting sexually transmitted infections.[7,8]

Homelessness often has a negative impact on education, employment, and health outcomes for youth. Homeless youth are more likely than their peers to be chronically absent, face disciplinary actions, be held back, and drop out.[9] They are also more vulnerable to physical and sexual violence, substance abuse, mental health problems, bullying, and suicide than youth with stable housing.[10,11] Homeless youth often have trouble accessing health services because they may lack health insurance, information about their coverage, and/or parental consent for treatment.[12] They may also face difficulties attending school due to a lack of required enrollment records, as well as lack of transportation to school.[13]

Homeless Youth in Rhode Island

◆ In 2018, Rhode Island conducted the second annual *Youth Point in Time Count* to assess the number and characteristics of Rhode Islanders ages 14 to 24 with experiences of current, former or potential housing instability or homelessness. The *2018 Youth Point in Time Count* identified 173 young adults ages 14 to 24 experiencing current, former, or potential housing instability, 67 of whom were currently homeless. Information was also collected on age, gender, race/ethnicity, education level, sexual orientation, unsafe conditions, pregnancy and parenting, and barriers to services.[14]

◆ During the 2018-2019 school year, Rhode Island public school personnel identified 12 unaccompanied homeless youth.[15]

◆ In 2019, 144 single youth ages 18 to 24 stayed in emergency shelters and transitional housing programs (not including those in the domestic violence system). Thirty-two of these young adults were in households with children.[16]

◆ In 2017, the National Runaway Safeline handled 64 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 75 in 2016. Nationally, 73% of callers to the Safeline were youth and the remainder were friends, family, and other adults.[17]

◆ On December 31, 2019, there were 37 youth in the care of the Rhode Island Department of Children, Youth and Families between the ages of 13 and 20 who were classified as absent from care (formerly called AWOL), 12 females and 25 males. These youth were absent from either foster care or juvenile justice placements.[18]

◆ An additional 68 youth ages 13 to 17 stayed in emergency shelters, transitional housing programs, or domestic violence shelters with their families in Rhode Island in 2019.[19] 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.[20]

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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, community disorganization, poverty, and crime.[1]

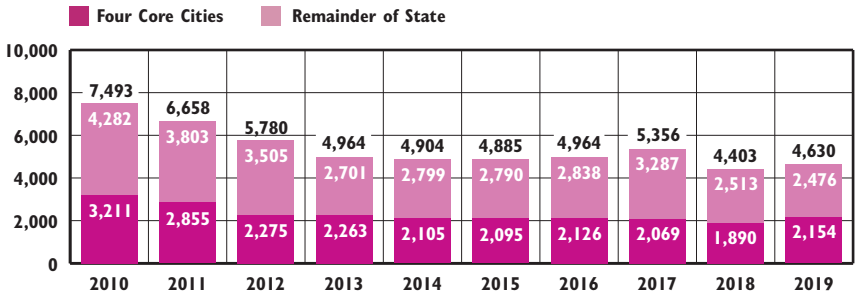
The Rhode Island Family Court has jurisdiction over children and youth under age 18 referred for wayward and delinquent offenses. When a police or school department refers a juvenile to Family Court, a petition is submitted accompanied by an incident report detailing the alleged violation of law.[2] During 2019 in Rhode Island, 2,588 youth (2% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court, up from 2,565 youth during 2018. The number of offenses referred during 2019 (4,630) increased from 2018, when 4,403 offenses were referred. Of the juvenile offenses in 2019, 209 (5%) involved violent offenses.[3,4]

In 2019 in Rhode Island, 24% of juvenile offenses referred to Family Court were committed by youth from Providence, 23% were committed by youth from the other three core cities, and 54% were committed by youth living in the remainder of the state.[5]

Using risk and needs assessments can reduce bias in juvenile justice sanctions and has been found to better predict a youth's likelihood to reoffend than a justice official's professional judgment.[6] Of the youth referred to the Rhode Island Family Court in 2019, 69% were referred for the first time, 16% had been referred once before, and 15% had been referred at least twice before.[7]

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.[8] Community-based programs that improve a youth's skills, relationships, and behaviors 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.[9]

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2010-2019



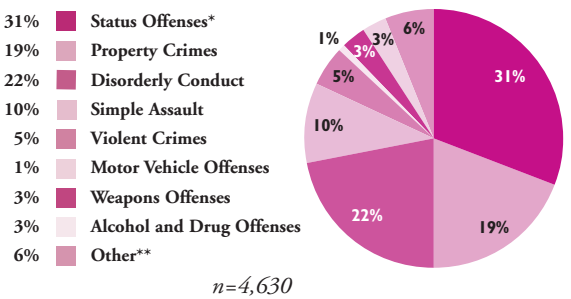
Source: Rhode Island Family Court, *2010-2019 Juvenile Offense Reports.*

◆ The number of juvenile offenses has fallen by 38% since 2010, from 7,493 to 4,630 in 2019. The number of children and youth referred to Family Court for wayward and delinquent offenses declined 40% between 2010 and 2019, from 4,288 to 2,588.[10]

◆ In 2019, 68% of offenses referred to the Family Court involved males and 32% females. In 2019, 43% of offenses involved White youth, 23% Black youth, 15% Hispanic youth, 1% Asian youth, and 18% of offenses involved youth of some other race or an unknown race.[11]

◆ In 2019, 12% of offenses referred to Family Court involved youth ages 12 or younger, 49% youth ages 13 to 15, 38% youth ages 16 to 17, and 1% youth of unknown age.[12]

Juvenile Offenses, By Type of Offense, 2019



**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.*

Source: Rhode Island Family Court, *2019 Juvenile Offense Report.*
Percentages may not sum to 100% due to rounding.

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.[13] In 2019 in Rhode Island, 45% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing, up from 43% in 2018.[14]

◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2019, 1,350 juveniles were referred to the Truancy Court by schools, down from 1,729 in 2018. In 2019, 150 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication, up from 72 in 2018.[15] 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.[16]

◆ In 2019, there were 34 Juvenile Hearing Boards in Rhode Island. Five communities did not have Juvenile Hearing Boards (Little Compton, New Shoreham, North Kingstown, Richmond, and South Kingstown). 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 358 cases in 2019.[17]

LGBT Youth in the Juvenile Justice Systems

◆ 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.[18,19]

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 the juvenile system. 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.[20]

◆ 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 present during adolescence due to the brain still developing.[21,22]

◆ 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 conduct a waiver hearing so that the juvenile may be tried as an adult in Superior Court.[23]

◆ In 2019, the Attorney General's Office filed nine motions to waive jurisdiction to try juveniles as adults. Of nine waiver motions, two waived voluntarily and four remain pending before the Family Court at the end of 2019.[24]

◆ 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 was one certification motion filed in 2019 (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.[25,26]

References

[1] Development Services Group, Inc. (2015). *Risk factors for delinquency-Literature review.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention. Retrieved March 5, 2020, from www.ojjdp.gov

[2] Rhode Island Family Court. (n.d.). *About the Family Court.* Retrieved March 5, 2020, from www.courts.ri.gov

(continued on page 183)

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

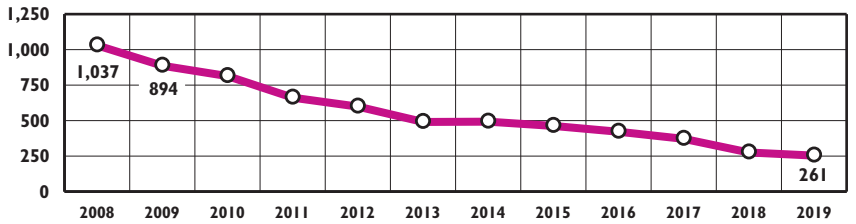
The juvenile justice system is responsible for ensuring community safety by promoting the positive development of youth in its care while recognizing that children have different developmental needs than adults.[1]

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 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 261 youth (84% male and 16% female) were in the care or custody of the Training School at some point during 2019, down from 283 during 2018. Between 2018 and 2019, the number of females at the Training School decreased by 28% and the number of males decreased by 3%. On December 31, 2019, there were 73 youth in the care or custody of the Training School, 40 of whom were physically at the Training School.[7,8]

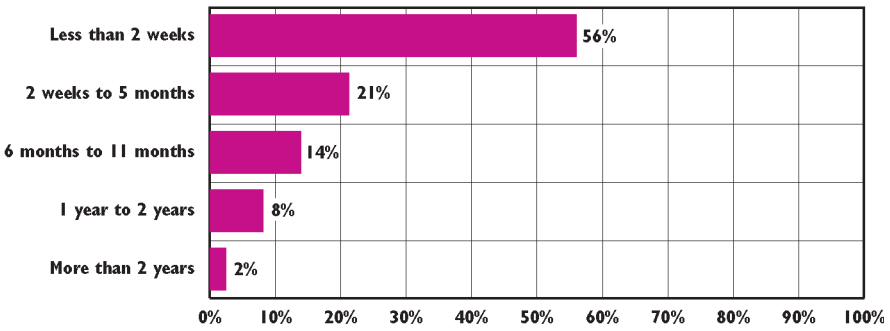
Youth in the Care and Custody of the Rhode Island Training School, Calendar Years 2008-2019



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2019.

◆ **Between 2008 and 2019, the annual total number of youth in the care and custody of the Training School at any point during the year declined by 75% from 1,037 to 261.[8] 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.**

Discharges From the Rhode Island Training School, by Length of Time in Custody, Calendar Year 2019



n=324

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2019. Total discharges (324) are higher than the total number of youth who passed through the Training School (261) due to some youth being discharged from the Training School more than once in 2019.

Youth at the Training School by Age

◆ During 2019, there was one child age 11 or under, two children age 12, 47 youth ages 13-14, 132 youth ages 15-16, 103 youth ages 17-18, and one youth older than age 18 held at the Training School. The average age for youth at the Training School was 16 years.[9]

◆ Rhode Island is one of 29 states that has no statutory minimum age for prosecution in juvenile court.[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 a 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 261 youth who were in the care or custody of the Training School at some point during 2019, 19% (50) were admitted at least twice in 2019, and 7% (17) 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 a residential treatment program (temporary community placement) 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, 2020, there were 380 youth on the DCYF probation caseload (334 males and 46 females). Three percent of youth on probation were ages 12 to 13, 23% were ages 14 to 15, 53% were ages 16 to 17, and 21% were age 18 or older.[20]

◆ More than half (56%) of youth on probation on January 2, 2020 were White, 27% were Black, 1% were American Indian, <1% were Asian, 9% were multiracial, and 7% were of undetermined race. Thirty-four 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.[22]

◆ 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.[23]

Youth at the Training School

Racial and Ethnic Disparities in the Juvenile Justice System

◆ 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.[24] The federal *Juvenile Justice and Delinquency Prevention Act (JJDPA)* requires states to collect data disaggregated by race and implement strategies to reduce racial and ethnic disparities in the juvenile justice system.[25]

Racial and Ethnic Disparities in Rhode Island

	% OF TOTAL CHILD POPULATION, 2010	% OF YOUTH IN THE CARE AND CUSTODY OF RHODE ISLAND TRAINING SCHOOL, 2019
White	64%	52%
Hispanic	21%	35%*
Black	6%	33%
Asian	3%	1%
Multi-Racial	5%	9%
American Indian	<1%	1%
Unknown	NA	4%
TOTAL	*223,956*	*261*

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), RICHIST, 2019. Percentages may not sum to 100% due to rounding. *Hispanic children may also be included in race categories.

◆ Youth of color are disproportionately more likely than White youth to be in the care and custody of the Training School. During 2019, Black youth made up 33% of youth at the Training School, while making up 6% of the child population.[26]

Girls in the Juvenile Justice System

◆ Nationally, 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.[27]

Risk Factors for Rhode Island Youth at the Training School

History of Child Abuse and Neglect

◆ In 2019, 12% (31) of the 261 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.[28]

◆ Children who experience child abuse or neglect are at an increased risk for developing behavior problems and becoming involved in the juvenile justice system.[29]

Behavioral Health Needs

◆ In 2019, 130 youth (103 males and 27 females) received mental health services at the Training School for psychiatric diagnoses other than conduct disorders and substance abuse disorders. During 2019, 59 residents (43 males and 16 females) received substance abuse treatment services. Of these, 40 (all males) received residential substance abuse treatment.[30]

Educational Attainment

◆ While the average age of youth at the Training School in 2019 was 16 years, students' math skills and reading levels were on average at the fifth-grade level at entry to the Training School.[31]

◆ Of the 167 youth ages 13 to 19 who received educational services at the Training School during the 2018-2019 academic year, 35% (59) received special education services based on Individualized Education Programs (IEPs).[32]

◆ During 2019, nine youth graduated from high school while serving a sentence at the Training School (seven earned a GED, and two graduated with a high school diploma). An additional 15 youth received post-secondary education services at the Training School during the 2018-2019 academic year.[33]

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).[34]

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.[35,36]

◆ Some youth are detained for short periods of time and released at their first court appearance (usually the following business day). Of the 324 discharges from the Training School during 2019, 22% resulted in stays of two days or less, 34% resulted in stays of three days to two weeks, and 44% resulted in stays of more than two weeks.[37]

Table 29. **Youth in the Care or Custody of the Rhode Island Island Training School, 2019**

CITY/TOWN	TOTAL POPULATION AGES 13-18	# OF ADJUDICATED YOUTH AT THE RITS	TOTAL # OF YOUTH AT THE RITS
Barrington	1,802	0	0
Bristol	1,780	0	0
Burrillville	1,319	3	5
Central Falls	1,859	3	11
Charlestown	554	0	1
Coventry	3,010	3	4
Cranston	6,184	8	16
Cumberland	2,746	1	2
East Greenwich	1,362	0	1
East Providence	3,243	1	4
Exeter	642	0	0
Foster	430	0	1
Glocester	878	0	1
Hopkinton	693	0	0
Jamestown	436	0	0
Johnston	2,025	4	7
Lincoln	1,851	2	2
Little Compton	228	0	0
Middletown	1,229	1	2
Narragansett	948	0	0
New Shoreham	50	0	0
Newport	1,604	1	2
North Kingstown	2,407	3	7
North Providence	2,027	4	7
North Smithfield	970	1	0
Pawtucket	5,514	19	36
Portsmouth	1,596	0	2
Providence	16,515	48	94
Richmond	637	0	0
Scituate	963	0	0
Smithfield	1,856	0	0
South Kingstown	3,540	1	3
Tiverton	1,115	0	0
Warren	675	0	1
Warwick	5,883	3	9
West Greenwich	568	0	1
West Warwick	1,891	1	5
Westerly	1,705	1	2
Woonsocket	3,112	11	20
Out-of-State	*NA*	*7*	*15*
Four Core Cities	*27,000*	*81*	*161*
Remainder of State	*58,847*	*38*	*85*
Rhode Island	*85,847*	*119*	*246*

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2019; 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 2019 (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

[1,3,5,14,24] National Research Council. (2013). *Reforming juvenile justice: A developmental approach.* Committee on Assessing Juvenile Justice Reform, Bonnie, R. J., Johnson, R. L., 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 24, 2020, from www.jjie.org

[6,13] Mendel, R. A. (2011). *No place for kids: The case for reducing juvenile incarceration.* 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. have had a parent incarcerated in jail or state or federal prison at some point in their lives.[1] Parental incarceration can contribute to children's insecure attachment to their parent, which can lead to poor developmental outcomes. Children of incarcerated parents experience high rates of physical and mental health problems (including asthma, obesity, and depression) and educational challenges (including grade retention, placement in special education, and suspension). Parental incarceration increases children's risk for learning disabilities, ADHD, conduct problems, developmental delays, and speech problems.[2,3,4,5]

Nationally, most children of incarcerated parents live with their other parent, a grandparent, or other relatives.[6] Of the 1,610 parents incarcerated in Rhode Island on September 30, 2019 (including those awaiting trial), 93% (1,496) were fathers and 7% (114) 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., 40% of children in foster care had experienced parental incarceration at some point in their lives.[9] These children often represent complex cases for child welfare agencies, involving balancing parental rights with the safety and well-being of the child.[10]

Programs and policies 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.[11,12]

The criminal justice system disproportionately affects people of color, and in the U.S. 24% of Black children and 11% of Hispanic children will experience parental incarceration compared to 4% of White children.[13] Of the 1,610 parents incarcerated in Rhode Island on September 30, 2019 (including those awaiting trial), 43% were White, 28% were Black, 26% were Hispanic, and 3% were of another race.[14]

Parents at the Rhode Island Adult Correctional Institutions (ACI), September 30, 2019

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	671	430	64%	1,017
Serving a Sentence	2,019	1,180	58%	2,722
TOTAL	*2,690*	*1,610*	*60%*	*3,739*

Source: Rhode Island Department of Corrections, September 30, 2019. **Does not include inmates who were missing responses to the question on number of children, inmates on home confinement, inmates serving at Institute of Mental Health, or those from another state's jurisdiction.*

◆ **Of the 2,690 inmates awaiting trial or serving a sentence at the ACI on September 30, 2019 who answered the question on number of children, 1,610 inmates reported having 3,739 children. Thirty-seven percent of sentenced mothers and 15% of sentenced fathers had sentences that were six months or less.[15]**

◆ **Of the 75 sentenced mothers on September 30, 2019, 48% were serving a sentence for a nonviolent offense, 33% for a violent offense, 11% for a drug-related offense, 7% for breaking and entering, and 1% for a sex-related offense. Of the 1,105 sentenced fathers, 50% were serving sentences for a violent offense, 18% for a nonviolent offense, 15% for a sex-related offense, 12% for a drug-related offense, and 5% for breaking and entering.[16]**

◆ **Thirty-eight percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2019 had less than a high school diploma, 48% had a high school diploma or a GED, and 13% had at least some college education.[17]**

◆ **A supportive family, safe and secure housing, assistance obtaining employment, medical and mental health services, and substance abuse treatment are critical to parents' successful transition to the community after incarceration and to support the well-being of their children.[18,19]**

◆ **Families with parents with a criminal record can experience significant challenges even if the parent has never been incarcerated. A parent's criminal record is often a barrier to housing eligibility, employment opportunities, and access to public benefits. For immigrants a conviction can lead to deportation.[20]**

Table 30. **Children of Incarcerated Parents, Rhode Island, September 30, 2019**

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2010 POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	0	0	4,597	0.0
Bristol	4	11	3,623	3.0
Burrillville	9	17	3,576	4.8
Central Falls	40	100	5,644	17.7
Charlestown	2	2	1,506	1.3
Coventry	16	35	7,770	4.5
Cranston	76	163	16,414	9.9
Cumberland	13	34	7,535	4.5
East Greenwich	4	17	3,436	4.9
East Providence	19	38	9,177	4.1
Exeter	2	3	1,334	2.2
Foster	2	4	986	4.1
Glocester	2	8	2,098	3.8
Hopkinton	3	5	1,845	2.7
Jamestown	1	2	1,043	1.9
Johnston	24	42	5,480	7.7
Lincoln	2	6	4,751	1.3
Little Compton	0	0	654	0.0
Middletown	8	20	3,652	5.5
Narragansett	4	9	2,269	4.0
New Shoreham	2	4	163	24.5
Newport	25	55	4,083	13.5
North Kingstown	9	23	6,322	3.6
North Providence	29	61	5,514	11.1
North Smithfield	3	7	2,456	2.9
Pawtucket	114	256	16,575	15.4
Portsmouth	5	15	3,996	3.8
Providence	358	867	41,634	20.8
Richmond	3	5	1,849	2.7
Scituate	3	6	2,272	2.6
Smithfield	5	9	3,625	2.5
South Kingstown	12	29	5,416	5.4
Tiverton	9	23	2,998	7.7
Warren	5	7	1,940	3.6
Warwick	61	118	15,825	7.5
West Greenwich	2	14	1,477	9.5
West Warwick	42	89	5,746	15.5
Westerly	17	37	4,787	7.7
Woonsocket	89	212	9,888	21.4
Unknown Residence	*95*	*226*	*NA*	*NA*
*Out-of-State Residence***	*61*	*143*	*NA*	*NA*
Four Core Cities	*601*	*1,435*	*73,741*	*19.5*
Remainder of State	*423*	*918*	*150,215*	*6.1*
Rhode Island	*1,024*	*2,353*	*223,956*	*10.5*

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2019. 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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(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 15.5 million U.S. children are exposed to domestic violence each year. Rates of partner violence are higher among couples with children than those without children.[1,2] In Rhode Island in 2017 (the most recent year for which full data are available), police reports indicate that children were present at 27% of domestic violence incidents resulting in arrests.[3]

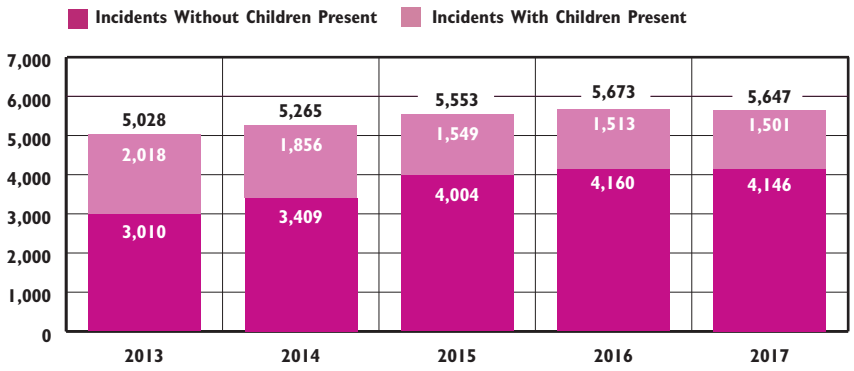
Children can be exposed to domestic violence in a number of ways. They may witness it directly (by seeing and/or hearing violent incidents), have their lives disrupted by moving or being separated from a parent, and/or may be used by the abusive parent to manipulate or gain control over the victim. Children exposed to domestic violence may also lose a parent to domestic homicide.[4,5,6] Children exposed to domestic violence are often victims of physical abuse, and they are at an increased risk of entering into abusive relationships or becoming an abuser themselves.[7,8]

Exposure to domestic violence is distressing to children and can lead to mental health problems, including post-traumatic stress, depression, and anxiety, in childhood and later in life. Children who witness domestic violence are more likely to experience physical, emotional, health, and learning challenges throughout their childhood and adulthood. They are more likely to have concentration and memory problems, and to have difficulty with school performance than children who have not witnessed domestic violence.[9,10,11]

While many children who have witnessed domestic violence show resilience, exposure to violence may impair a child's capacity for partnering and parenting later in life. There is a strong association between witnessing domestic violence as a child and becoming a perpetrator of domestic violence as an adult.[12,13]

Children can be injured or killed in domestic violence especially when their parent is planning to leave an abusive relationship. This includes biological children as well as step- and adopted children who live in the household and are children of the victimized partner.[14] It is, therefore, important to put supports in place to ensure the safety of all children living in households experiencing domestic violence.

Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2013-2017



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2013-2017. Includes domestic violence reports resulting in an arrest by local police and Rhode Island State Police.

◆ **In Rhode Island in 2017, there were 5,647 domestic violence incidents that resulted in arrests, down less than 1% from 5,673 incidents in 2016. Children were reported present in 27% (1,501) of incidents in 2017.[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 2017, police reported that children saw the domestic violence incident in 1,123 arrests and children heard the incident in 1,256 arrests. These incidents were not mutually exclusive, and more than one child may have witnessed each incident.[17]**

◆ **Rhode Island's statewide network of six domestic violence shelters and advocacy programs provides emergency and support services to victims of domestic violence, dating violence, sexual violence, and stalking.[18] During 2019, the network provided services to 10,134 individuals, including 601 children (up from 8,514 and 556, respectively, in 2018). In 2019, 191 children and 214 adults spent a total of 23,965 nights in domestic violence shelters. During 2019, 77 children and 63 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence) for a total of 33,063 nights.[19]**

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 domestic violence situations, victims are six times more likely to die.[21] Between 2006 and 2015, 42% percent of Rhode Island women killed by intimate partners were shot to death.[22]

◆ In 2018, "red flag" legislation passed that authorizes the Rhode Island Supreme Court to issue "extreme risk protection orders" requiring the surrender of all firearms from persons determined to be capable of causing personal injury.[23]

Table 31. **Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2017**

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # OF INCIDENTS WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	34	9	26%
Bristol	79	10	13%
Burrillville	69	20	29%
Central Falls	182	66	36%
Charlestown	26	9	35%
Coventry	157	39	25%
Cranston	358	92	26%
Cumberland	128	45	35%
East Greenwich	30	3	10%
East Providence	303	78	26%
Exeter*	NA	NA	NA
Foster	27	13	48%
Glocester	22	7	32%
Hopkinton	40	16	40%
Jamestown	12	3	25%
Johnston	130	29	22%
Lincoln	60	15	25%
Little Compton	2	1	50%
Middletown	104	21	20%
Narragansett	62	10	16%
New Shoreham	4	1	25%
Newport	178	44	25%
North Kingstown	78	30	38%
North Providence	166	39	23%
North Smithfield	72	17	24%
Pawtucket	862	229	27%
Portsmouth	82	17	21%
Providence	893	260	29%
Richmond	20	2	10%
Scituate	14	4	29%
Smithfield	59	13	22%
South Kingstown	100	28	28%
Tiverton	56	13	23%
Warren	54	14	26%
Warwick	263	84	32%
West Greenwich	8	5	63%
West Warwick	250	66	26%
Westerly	124	17	14%
Woonsocket	448	117	26%
Rhode Island State Police	*91*	*15*	*16%*
Four Core Cities	*2,385*	*672*	*28%*
Remainder of State	*3,171*	*814*	*26%*
Rhode Island	*5,647*	*1,501*	*27%*

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, 2017 and December 31, 2017.

The data are only the incidents during which an arrest was made in which children were present, and do not represent the total number of children who experienced domestic violence in their homes. More than one child may have been present at an incident.

*Reports of domestic violence in Exeter are included in the Rhode Island State Police numbers. Rhode Island State Police numbers are included in the Rhode Island state totals.

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

References

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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

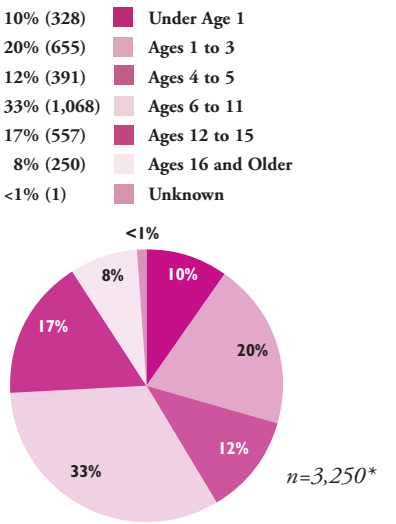
Children need love, affection, and nurturing from their parents and caregivers for healthy physical and emotional development. Experiencing child abuse or neglect can have lifelong consequences for a child's health, well-being, and relationships with others. Parents and caregivers are at increased risk for maltreating children if they are overwhelmed by multiple risk factors such as poverty, substance abuse, intergenerational trauma, isolation, and/or unstable housing.[1] Children who have been maltreated often face long-term consequences including chronic health and psychological problems. They are at increased risk for delinquency, substance 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 with support services provided to their family. In both of these cases, DCYF makes referrals to regional Family Care Community Partnerships (FCCP) 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]

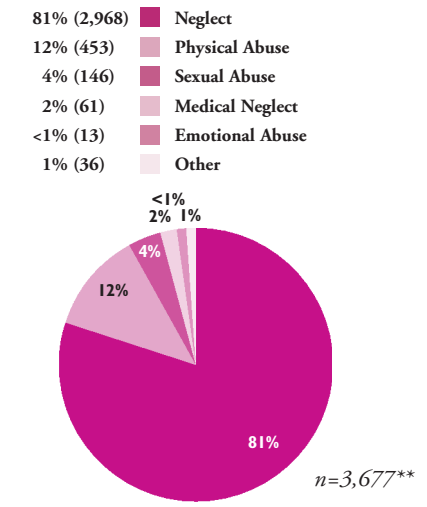
In 2019 in Rhode Island, there were 2,249 indicated investigations of child abuse and neglect involving 3,109 Rhode Island children. The rate of child abuse and neglect per 1,000 children under age 18 was almost two times higher in the four core cities (20.1 victims per 1,000 children) than in the remainder of the state (10.8 victims per 1,000 children). Almost half (42%) of the victims of child abuse and neglect in 2019 were young children under age six and almost one-third (30%) were ages three and younger.[5]

Child Abuse and Neglect, Rhode Island, 2019

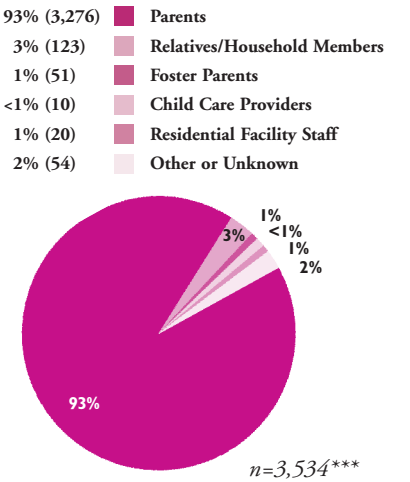
By Age of Victim*



By Type of Neglect/Abuse**



By Relationship of Perpetrator to Victims***



Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST), 2019. Percentages may not sum to 100% due to rounding.

Notes on Pie Charts

**These data reflect an unduplicated count of child victims which includes out-of-state child victims. The number of victims is higher than the number of indicated investigations. One indicated investigation can involve more than one child victim.*

***This number is greater than the unduplicated count of child victims because children often experience more than one maltreatment event and/or more than one type of abuse. Within each type of abuse, the number of child victims is unduplicated.*

****Perpetrators can abuse more than one child and can abuse a child more than once. This number is a duplicated count of perpetrators based on the number of 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, 2009-2019

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
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
2018	21,837	38% (8,296)	2,430
2019	19,401	37% (7,240)	2,249

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2009-2019.

**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 2018 and 2019 in Rhode Island, the number of unduplicated child maltreatment reports decreased by 11% and the number of completed investigations decreased by 13%. The number of indicated investigations also decreased by 7% between 2018 and 2019. In 2019, 31% (2,249) of the 7,240 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 19,401 maltreatment reports in 2019, 53% (10,235) were classified as "information/ referrals".[8] Information/referrals are reports made to the CPS Hotline that contain a concern about the well-being of a child but do not meet the criteria for an investigation. Criteria for investigation include that the victim is a minor, the alleged perpetrator is responsible for the child's welfare, there is reasonable cause to believe that abuse or neglect exist, and there is a specific incident or pattern of incidents suggesting that harm can be identified. In February of 2019, the Department began using a standardized screening tool to determine whether Hotline reports that don't meet criteria for investigation should be referred for family functioning assessment. When essential criteria for investigation are not present, the family functioning assessment may lead to the development of a safety plan with the family, including referral and delivery of other services.[9]**

Emergency Department Visits, Hospitalizations, and Deaths Due to Child Abuse and/or Neglect, Rhode Island, 2014-2018

YEAR	# OF EMERGENCY DEPARTMENT VISITS*	# OF HOSPITALIZATIONS*	# OF DEATHS**
2014	102	44	1
2015	94	28	0
2016	79	8	1
2017	107	18	2
2018	102	13	1
TOTAL	*484*	*111*	*5*

Source: Rhode Island Department of Health, 2014-2018.

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 2014 and 2018, there were 484 emergency department visits, 111 hospitalizations, and five deaths of Rhode Island children under age 18 due to child abuse and/or neglect.[10] Nationally, 73% of child maltreatment deaths involved neglect and 46% involved physical abuse (because a victim may have suffered more than one type of maltreatment, these categories are not mutually exclusive).[11]**

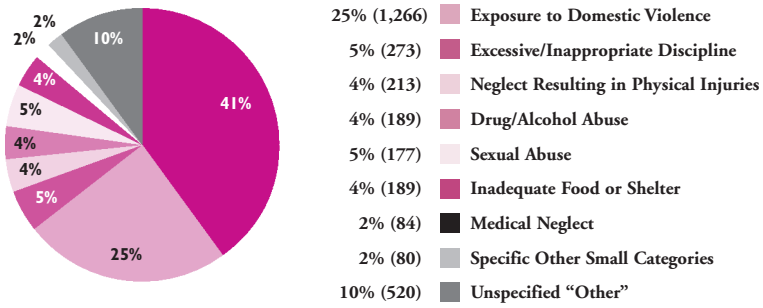
Child Abuse and Neglect in Rhode Island Communities

◆ **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.[12] 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.[13,14]**

◆ **In 2019, Rhode Island had 13.9 child victims of abuse and neglect per 1,000 children, which is lower than the rate (14.6) in 2018. Woonsocket (32.7 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 (25.3), Newport (26.5), Pawtucket (24.0), and West Warwick (30.3).[15]**

Child Abuse and Neglect

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2019



*n=5,058**

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2019.

**The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation.*

◆ Of the 5,058 indicated allegations (confirmed claims) of neglect to children under age 18 in Rhode Island in 2019, 41% involved lack of supervision. This highlights the importance of access to high-quality, affordable child care, preschool, and after-school programs.[16]

◆ The second largest category of neglect (25%) is "exposure to domestic violence." These are instances where the neglect is related to the child witnessing domestic violence in the home.[17]

◆ The "specific other small categories" include: educational neglect (29), tying/close confinement (15), abandonment (8), emotional neglect (5), corporal punishment (3), failure to thrive (4), emotional abuse (8), inappropriate restraint (2), and poisoning/noxious substances (1).[18]

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2019

◆ In Rhode Island in 2019, there were 177 indicated allegations (confirmed claims) of child sexual abuse. Some children were victims of sexual abuse more than once. There were 137 (77%) female victims and 40 (23%) male victims with confirmed allegations. Twenty-eight percent of the female victims were under age 12 while 53% of the male victims were under age 12.[19]

◆ In the majority of sexual abuse cases, the perpetrator is a relative or person known to the victim. Sexual abuse by a stranger is less likely.[20]

Services & Supports for Young Children in the Child Welfare System

◆ In Rhode Island in State Fiscal Year 2019, there were 847 children under age three who were victims of child abuse and neglect. Because maltreated infants and toddlers are more likely to have a developmental delay, federal legislation requires states to have procedures in place to refer victims to developmental screening and/or directly to Early Intervention (Part C of the *Individuals with Disabilities Education Act*).[21,22]

◆ Of the 847 young victims of child abuse and neglect identified in State Fiscal Year 2019 in Rhode Island, 637 (75%) were referred to First Connections for a developmental screening, 156 (18%) were referred to Early Intervention for an evaluation, 44 (5%) were already screened or enrolled in Early Intervention, and 10 (1%) lost contact or were not referred.[23]

◆ Of the 267 young victims of child abuse and neglect that were referred to Early Intervention (either directly or through First Connections or another program), 229 (86%) were found eligible, 34 (12%) were found not eligible and 4 (1%) were in process.[24]

◆ Of all 847 young victims of child abuse and neglect in State Fiscal Year 2019, 81 (10%) were enrolled in an evidence-based family home visiting program in Rhode Island.[25]

◆ Of the 476 victims of child abuse and neglect under age six in foster care from October 2018-September 2019, 339 (71%) were enrolled in a licensed child care or early learning center. Of these, 96 (28%) were enrolled in a high-quality program with a 4- or 5-star BrightStars rating.[26]

Table 32.

Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2019

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	13	2.8	21	4.6
Bristol	3,623	19	5.2	27	7.5
Burrillville	3,576	20	5.6	34	9.5
Central Falls	5,644	95	16.8	143	25.3
Charlestown	1,506	15	10.0	23	15.3
Coventry	7,770	53	6.8	77	9.9
Cranston	16,414	112	6.8	159	9.7
Cumberland	7,535	56	7.4	80	10.6
East Greenwich	3,436	15	4.4	27	7.9
East Providence	9,177	90	9.8	123	13.4
Exeter	1,334	7	5.2	9	6.7
Foster	986	12	12.2	16	16.2
Glocester	2,098	11	5.2	26	12.4
Hopkinton	1,845	18	9.8	25	13.6
Jamestown	1,043	4	3.8	4	3.8
Johnston	5,480	52	9.5	50	9.1
Lincoln	4,751	31	6.5	40	8.4
Little Compton	654	1	1.5	1	1.5
Middletown	3,652	21	5.8	41	11.2
Narragansett	2,269	17	7.5	22	9.7
New Shoreham	163	0	0.0	0	0.0
Newport	4,083	72	17.6	108	26.5
North Kingstown	6,322	27	4.3	55	8.7
North Providence	5,514	65	11.8	94	17.0
North Smithfield	2,456	13	5.3	18	7.3
Pawtucket	16,575	274	16.5	397	24.0
Portsmouth	3,996	26	6.5	24	6.0
Providence	41,634	449	10.8	617	14.8
Richmond	1,849	4	2.2	5	2.7
Scituate	2,272	9	4.0	16	7.0
Smithfield	3,625	10	2.8	8	2.2
South Kingstown	5,416	29	5.4	44	8.1
Tiverton	2,998	21	7.0	33	11.0
Warren	1,940	23	11.9	30	15.5
Warwick	15,825	82	5.2	131	8.3
West Greenwich	1,477	6	4.1	6	4.1
West Warwick	5,746	130	22.6	174	30.3
Westerly	4,787	57	11.9	76	15.9
Woonsocket	9,888	225	22.8	323	32.7
Unknown Residence	*NA*	*11*	*NA*	*2*	*NA*
Out of State	*NA*	*54*	*NA*	*NA*	*NA*
Four Core Cities	*73,741*	*1,043*	*14.1*	*1,480*	*20.1*
Remainder of State	*150,215*	*1,206*	*8.0*	*1,629*	*10.8*
Rhode Island	*223,956*	*2,249*	*10.0*	*3,109*	*13.9*

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 2019. These data include child victims who child victims living out-of-state and in unknown residences.

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.

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 2019, Rhode Island increased the eligibility for voluntary extended DCYF services to under age 21.

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

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[3] Vasileva, M., & Petermann, F. (2016). Attachment, development, and mental health in abused and neglected preschool children in foster care: A meta-analysis. *Trauma, Violence & Abuse, 1*(16), 1-16.

[4] Rhode Island Department of Children, Youth and Families, Child Protective Services, 2019.

(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, assessment and stabilization centers, residential facilities, and medical facilities. Permanency can be achieved through reunification with the family, adoption, or guardianship.

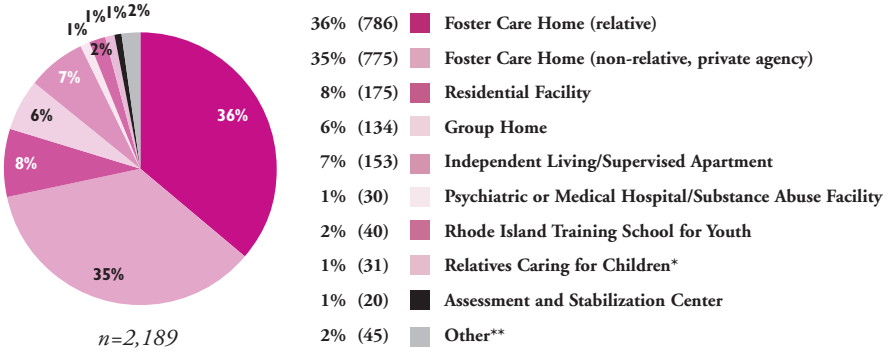
SIGNIFICANCE

Children need stability, permanency, and safety for healthy development. 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 long-term well-being and success.[7] Children in foster care are about twice as likely as their peers to be absent from school or to be suspended, and are nearly three times more likely than their peers to be expelled from school.[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 various points in the child welfare system, including reporting, screening, investigation, assessment, and child welfare systems often have difficulty finding and retaining resource and adoptive families of color.[10] Children of color in child welfare systems are more likely to be removed from their homes, are less likely to receive preservation services, stay in the child welfare system longer, are less likely to be adopted, and are more likely to age out of care.[11]

Children in Out-of-Home Placement, Rhode Island, December 31, 2019



**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.*

***The placement category "Other" includes: runaway youth in DCYF care or those with unauthorized absences (37), pre-adoptive homes (2), and minors with their mother in shelter/group home/residential facility (6).*

Source: RI Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2019.
Percentages may not sum to 100% due to rounding.

◆ **As of December 31, 2019, there were 2,189 children under age 21 in the care of DCYF who were in out-of-home placements.**[12]

◆ **The total DCYF caseload on December 31, 2019 was 6,836, including 2,016 children living in their homes under DCYF supervision and 2,556 children living in adoption settings.**[13]

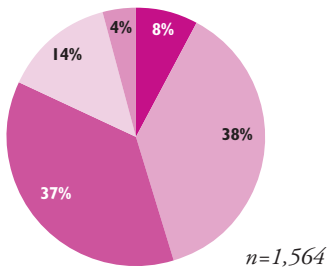
◆ **The total DCYF caseload also included 63 children in out-of-state placements/other agency custody, two children receiving respite care services, one youth in Job Corps, and nine children in other placements.**[14]

◆ **On December 31, 2019, 309 children were living in a residential facility or group home, an increase from 303 children on December 31, 2018. The percentage of children in out-of-home placement who were in a relative foster care home decreased from 40% (872) on December 31, 2018 to 36% (786) on December 31, 2019.**[15,16]

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

In Foster Care Homes

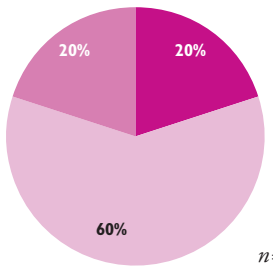
8% (121)	Under Age 1
38% (587)	Ages 1 to 5
37% (577)	Ages 6 to 13
14% (221)	Ages 14 to 17
4% (58)	Ages 18 and Over



n=1,564

In Group Homes and Residential Facilities**

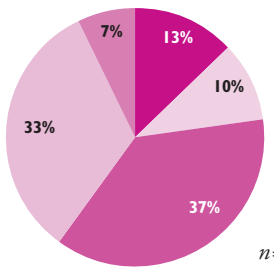
0% (0)	Under Age 1
0% (0)	Ages 1 to 5
20% (62)	Ages 6 to 13
60% (185)	Ages 14 to 17
20% (62)	Ages 18 and Over



n=309

In Medical Facilities***

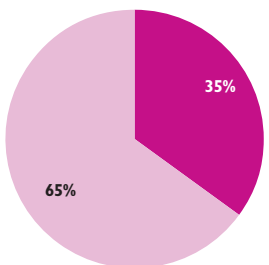
13% (4)	Under Age 1
10% (3)	Ages 1 to 5
37% (11)	Ages 6 to 13
33% (10)	Ages 14 to 17
7% (2)	Ages 18 and Over



n=30

In Assessment and Stabilization Centers****

0% (0)	Under Age 1
0% (0)	Ages 1 to 5
35% (7)	Ages 6 to 13
65% (13)	Ages 14 to 17
0% (0)	Ages 18 and Over



n=20

**Pie charts show data for a single point-in-time (Foster Care Homes-January 2, 2020; Group Homes and Residential Facilities, Medical Facilities, and Assessment and Stabilization Centers-December 31, 2019.)*

***Residential facilities do not include psychiatric hospitals, medical hospitals, or the Rhode Island Training School.*

****Medical facilities data include medical hospitals (11), psychiatric hospitals (19), and substance abuse treatment facilities (0).*

*****Assessment and Stabilization Centers are described as an emergency placement.*

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2019-2020. 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.[17] 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.[18]

Family First Prevention Services Act

◆ The *Family First Prevention Services Act (FFPSA) of 2018* enables states to use funds from the entitlement of Title IV-E of the Social Security Act that pays for child welfare, for "time-limited" services aimed at preventing the use of foster care in cases of maltreatment. States can spend money on services to address mental health issues, in-home parent skill-based programs, and substance abuse treatment. Parents or relatives caring for children who are at risk of entering foster care and youth in foster care who are pregnant or parenting are eligible for services through *FFPSA.*[19]

Pivot to Prevention

◆ In April of 2018, DCYF launched Pivot to Prevention, the Department's new operational direction to focus on child safety as a public health issue. DCYF will work with state partners to address poverty, substance abuse and serious mental health issues, and family violence in the community, whether or not families become involved with the Department.[20]

Congregate Care

◆ Older youth are more likely to be placed in congregate care settings (e.g., group homes, residential facilities) than young children. In Rhode Island on December 31, 2019, 309 of the children and youth in out-of-home placement were in group homes or residential facilities. Of those, 80% (247) were age 14 and older.[21]

Racial and Ethnic Disparities

◆ In Rhode Island in SFY 2017, Black, Multiracial, and Hispanic youth ages 10 to 17 were overrepresented in entering into an out-of-home placement compared to their Rhode Island census population. Twenty-six percent of Black Non-Hispanic children, 22% of Hispanic children, and 17% of White children were placed in congregate care as their first out-of-home placement.[22]

(References are on page 184)

Permanency for Children in DCYF Care

DEFINITION

Permanency for children in DCYF care is the percentage of children in out-of-home care who transition to a permanent living arrangement through reunification, adoption, or guardianship. Data are for all children under age 18 who entered out-of-home placement with the Rhode Island Department of Children, Youth and Families (DCYF) during a 12-month period.

SIGNIFICANCE

Children who are removed from their families often suffer trauma leading into removal. This trauma compounds when children remain in foster care for years and are moved to different placements.[1] Multiple, prolonged, and unstable placements can negatively affect children's academic achievement, mental health, ability to develop healthy connections, and future earnings.[2,3,4] Many of these factors can also affect these children's likelihood of reaching permanency.[5]

Planning for permanency begins with increasing placement stability so children are living in safe, caring foster families that can support them in exiting to permanency as soon as possible. Strategies to improve permanency include prioritizing kinship care, placement matching to ensure that first placements are successful, improving supports for children and foster families, and increasing caseworker training and retention efforts.[6]

Reunification with parents is the most common permanency outcome. When reunification is not possible, child welfare agencies focus on placing children in another permanent family through adoption or guardianship, a legal arrangement where an adult is named a child's caregiver and given custody and legal authority to make decisions about the child often without terminating parental rights.[7,8,9]

Children and youth who live with families while in the child welfare system are better prepared to thrive in permanent homes.[10] To promote permanency through placements with family members, federal law requires states to notify relatives when a child is placed in foster care, provides funding for states offering kinship guardianship assistance, provides incentive payments for adoptions of older children and children with special needs, and requires that states inform families about the availability of the federal adoption tax credit.[11]

Older youth who age out of foster care are at risk for low educational attainment, homelessness, unemployment, and unintended pregnancy. Extending foster care to age 21 helps youth in foster care transition to independent living with better outcomes into adulthood.[12,13]

Children Achieving Permanency, by Discharge Reason, Rhode Island, Entry Cohort FY 2018*

DISCHARGE REASON	NUMBER	PERCENTAGE	MEDIAN DAYS IN PLACEMENT
Reunification with Parents	418	89%	183
Guardianship	26	6%	271
Adoption – Direct Consent	11	2%	306
Living with Relative(s)	8	2%	54
Adoption	6	1%	275
Total Number	*469*	*100%*	*195*

Source: *Permanency analytic report FY19* (n.d.) Rhode Island Department of Children, Youth and Families. *Data cannot be compared to Factbooks prior to 2018. The data are now reported by entry cohort and represent children who achieved permanency within 12 months of entering out-of-home placement, excluding children who entered care at age 18 or older. Permanency includes reunification, guardianship, living with relative, adoption, and reunification.

◆ **Of the 1,368 Rhode Island children in the FY 2018 entry cohort, 34% (469) of children in out-of-home placement in Rhode Island exited foster care to permanency (reunification, guardianship, living with other relatives, or adoption) within 12 months of removal. In the FY 2018 entry cohort, 47% of children under age six, 22% of children ages six to 11, and 31% of children ages 12 and older achieved permanency within 12 months.**[14]

◆ **Among the 469 Rhode Island children who achieved permanency within 12 months, 83% lived in one out-of-home placement, 11% lived in two placements, and 6% had three or more placements.**[15]

Reunification, Entry Cohort FY 2018

◆ **Among the 469 Rhode Island children who achieved permanency within 12 months, 89% achieved permanency through reunification with their family of origin within 12 months of entering out-of-home placement.**[16]

◆ **Poverty, parental mental health issues, substance use, and domestic violence are leading contributors to neglect. Achieving successful reunification requires access to substance abuse and mental health treatment, as well as interventions designed to improve the economic status of families.**[17]

Subsidized Guardianship, Entry Cohort FY 2018

◆ 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.[18] The percent of children who achieved permanency through guardianship in Rhode Island increased slightly from 5% in entry cohort FY 2017 to 5.5% in entry cohort FY 2018.[19]

Adoptions of Children in DCYF Care, 2019

◆ During calendar year 2019, 182 children in the care of DCYF were adopted in Rhode Island, down 29% from the 255 children adopted in 2018. Of these children, 66% were White, 21% were Multiracial, 10% were Black, 2% were American Indian, less than 1% were Asian, and less than 1% were of unknown race. Twenty-nine percent of children adopted in 2019 were Hispanic (belonging to any race category).[20,21]

◆ Of the 182 children adopted in 2019, 64% were under age six, 32% were ages six to 13, and 4% were age 14 or older.[22]

Rhode Island Children Waiting to be Adopted, January 6, 2020

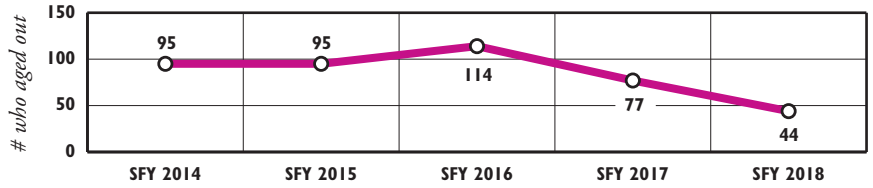
◆ On January 6, 2020, there were 276 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these, less than 1% of children were under age one, 41% were ages one to five, 28% were ages six to 10, 25% were ages 11 to 15, and 6% were ages 16 and older.[23]

◆ Of all children waiting to be adopted, 42% were White Non-Hispanic, 34% were Hispanic (any race), 12% were Black Non-Hispanic, 12% were Multiracial or other Non-Hispanic, and less than 1% were of unknown race/ethnicity.[24]

◆ Of the 276 children waiting to be adopted, 20% (55) were children of parents whose parental rights had been legally terminated.[25]

◆ Of the 317 Rhode Island children in entry cohort 2017 who achieved permanency in 13 to 24 months, 26.5% were adopted.[26]

Rhode Island Youth Aging Out of Foster Care, SFY 2014-2018



Source: Rhode Island Department of Children, Youth and Families, RICHIST 2014-2018.

Extending Foster Care to Age 21

◆ Youth who exit foster care to adulthood without permanency through adoption, guardianship, or reunification are considered to have "aged out" of foster care. It is crucial that youth continue to receive supports to achieve permanency, including help locating relatives, ongoing visits with family, youth voice in permanency planning, and supports for caregivers.[27,28]

◆ In 2018, Rhode Island established the Voluntary Extension of Care (VEC) program, allowing youth in foster care to voluntarily extend their support services until age 21. The goal of the VEC program, administered through the Youth Development Services (YDS) division, is to support youth in transitioning to independence by providing an opportunity to begin making life decisions about housing, education, employment, and social activities while providing support for decision-making and when challenges arise.[29]

◆ As of October 31, 2019, of the 184 young people assigned to the YDS, 42% (78) had approved court petitions securing enrollment in the VEC program.[30]

◆ As the VEC program is implemented, it is important that Rhode Island continues to track and publicly report the number of youth eligible for VEC, the number who enroll, and their educational, employment, and housing outcomes.

References

[1,3,5] Casey Family Programs. (2018). *Strong families strategy brief: What impacts placement stability?* Retrieved March 2, 2020, from www.casey.org

[2] Wedeles, J. (n.d.). *Placement stability in child welfare.* Retrieved March 2, 2020, from www.oacas.org

(continued on page 185)

Education

How To Write A Poem
celebrating Naomi Shihab Nye

by Kwame Alexander

Hush.

Grab a pencil
some paper
spunk.

Let loose your heart –
raise your voice.

What if I have many voices?

Let them dance together
twist and turn
like best friends
in a maze
till you find
your way
to that one true word

(or two).


a bird is

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]

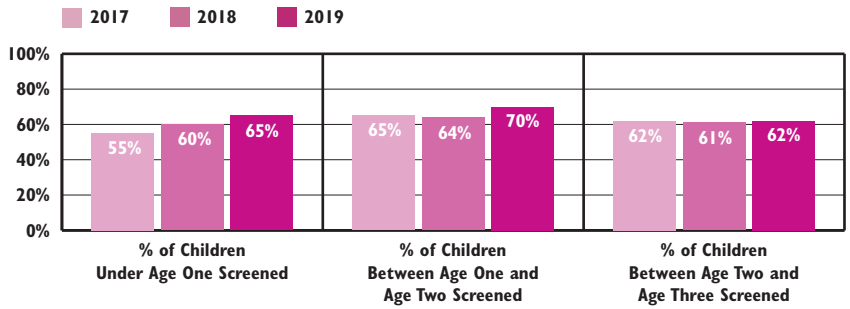
In 1986, Congress established Early Intervention (EI) services for infants and toddlers under the *Individuals with Disabilities Education Act (IDEA)*. Part C of *IDEA* requires states to identify and provide appropriate EI services to children under age three who are developmentally delayed or have 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 17% 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, 2017-2019



Source: Rhode Island Executive Office of Health and Human Services, Performance Years 2017-2019.

◆ **As of June 30, 2019, there were 2,358 infants and toddlers receiving Early Intervention (EI) services, 7% of the population under age three. Of these, 56% percent were eligible due to a measured significant developmental delay, 24% due to significant circumstances impacting child or family functioning, and 20% due to a single established condition category (such as Down Syndrome). Of the 2,358 children receiving EI services on June 30, 2019, 41% began receiving services before age one, 39% began at age one, and 21% began at age two.**[7]

◆ **In Calendar Year 2019 in Rhode Island, 4,601 children received EI services, up from, 4,389 in 2018. In 2019, 1,091 children were discharged from EI upon reaching age three. Of these, 63% were found eligible and 17% were found not eligible for preschool special education. Thirteen percent were in the process of eligibility determination, and 7% left the program for other reasons.**[8,9]

◆ **In Rhode Island, Early Intervention services are financed through private and public health insurance, with some supplemental funding through an *IDEA* Part C state grant. As of June 30, 2019 in Rhode Island, 1,425 children (60%) received services through public insurance (RIte Care and Medicaid), 865 children (37%) received services through a private health insurance provider, and 68 children (3%) were uninsured with services covered by Part C funding.**[10,11]

Table 33. **Infants and Toddlers Enrolled in Early Intervention (EI) by Eligibility Type, Rhode Island, 2019**

		CALENDAR YEAR 2019 ENROLLMENT		JUNE 30, 2019 ENROLLMENT BY ELIGIBILITY				
CITY/TOWN	# OF CHILDREN UNDER AGE 3	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED IN EI	SINGLE ESTAB-LISHED CONDITION	MEASURED DEVELOP-MENTAL DELAY	CIRCUMSTANCES SIGNIFICANTLY IMPACTING CHILD/FAMILY FUNCTION*	# OF CHILDREN UNDER AGE 3 ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED IN EI
Barrington	366	60	16%	9	12	8	29	8%
Bristol	507	53	10%	5	15	4	24	5%
Burrillville	460	67	15%	7	21	15	43	9%
Central Falls	1,028	162	16%	10	68	7	85	8%
Charlestown	186	25	13%	2	4	5	11	6%
Coventry	940	121	13%	14	22	22	58	6%
Cranston	2,318	303	13%	20	82	48	150	6%
Cumberland	970	172	18%	17	55	16	88	9%
East Greenwich	299	42	14%	4	8	8	20	7%
East Providence	1,560	165	11%	18	43	21	82	5%
Exeter	166	20	12%	5	3	4	12	7%
Foster	113	8	7%	2	4	1	7	6%
Glocester	247	21	9%	4	7	2	13	5%
Hopkinton	258	25	10%	2	4	6	12	5%
Jamestown	85	6	7%	0	0	1	1	1%
Johnston	816	116	14%	14	31	18	63	8%
Lincoln	587	91	16%	5	26	8	39	7%
Little Compton	68	4	6%	0	2	0	2	3%
Middletown	502	56	11%	8	12	9	29	6%
Narragansett	271	16	6%	1	4	3	8	3%
New Shoreham	21	2	10%	0	1	0	1	5%
Newport	820	80	10%	9	20	8	37	5%
North Kingstown	728	108	15%	12	23	20	55	8%
North Providence	851	134	16%	11	47	13	71	8%
North Smithfield	290	47	16%	5	14	8	27	9%
Pawtucket	2,959	384	13%	34	135	34	203	7%
Portsmouth	429	63	15%	3	19	11	33	8%
Providence	7,609	1,111	15%	158	320	107	585	8%
Richmond	235	15	6%	1	2	2	5	2%
Scituate	193	48	25%	8	8	4	20	10%
Smithfield	402	70	17%	7	22	16	45	11%
South Kingstown	640	71	11%	8	13	17	38	6%
Tiverton	398	46	12%	6	7	9	22	6%
Warren	296	35	12%	4	10	5	19	6%
Warwick	2,322	299	13%	20	76	46	142	6%
West Greenwich	178	15	8%	2	0	4	6	3%
West Warwick	1,044	110	11%	9	34	13	56	5%
Westerly	726	91	13%	11	13	17	41	6%
Woonsocket	1,900	339	18%	24	122	30	176	9%
Four Core Cities	*13,496*	*1,996*	*15%*	*226*	*645*	*178*	*1,049*	*8%*
Remainder of State	*20,292*	*2,605*	*13%*	*253*	*664*	*392*	*1,309*	*6%*
Rhode Island	*33,788*	*4,601*	*14%*	*479*	*1,309*	*570*	*2,358*	*7%*

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 2019 and June 30, 2019 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.

References

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[2] Jones, Lynn. (2009). *Making hope a reality: Early Intervention for infants and toddlers with disabilities.* Retrieved February 27, 2020, from www.zerotothree.org

[3] *Rhode Island Early Intervention certification standards policies and procedures: IV. Eligibility determination.* (2018). Cranston, RI: Rhode Island Executive Office of Health and Human Services.

[4] Zablotsky, B. & Black, L. I., (2019). Prevalence and Trends of Developmental Disabilities among Children in the United States: 2009–2017. *Pediatrics, 144*(4)

[5] Council on Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee and Medical Home Initiatives for Children with Special Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics, 118*(1), 405-420.

[6] *Birth to 5: Watch me thrive! CMS efforts to ensure children receive developmental and behavioral screening.* (n.d.). Retrieved February 27, 2020, from www.medicaid.gov

[7,8,11] Rhode Island Executive Office of Health and Human Services, 2019.

[9] Rhode Island Executive Office of Health and Human Services, 2018.

(continued on page 185)

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 with incomes below the federal poverty level ($21,720 for a family of three in 2020).[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 screenings and referrals, and fostering the development of healthy family relationships.[4]

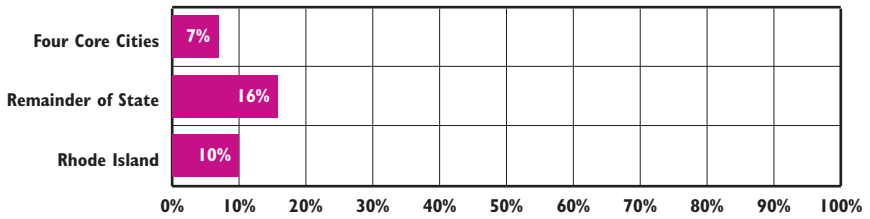
Pregnant women enrolled in Early Head Start are assessed for risks to a successful pregnancy. Individualized plans are developed to support prenatal health, promote healthy behaviors, and prepare for the baby's arrival.[5] After the baby is born, families participate by enrolling in either a center-based 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 2019, of the 678 children and pregnant women enrolled in Early Head Start, 374 (55%) were enrolled in home-based services and 304 (45%) 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 development and learning to their children at home and are more likely to be involved in preschool. Early Head Start parents are less likely to experience depression and more likely to be self-sufficient (higher incomes). Children who enroll in high-quality preschool after Early Head Start have better outcomes at kindergarten entry.[10,11]

As of October 2019, there were 664 infants and toddlers and 14 pregnant women receiving Early Head Start in Rhode Island, and 167 pregnant women and children on the waiting list.[12]

Estimated Percentage of Eligible Infants and Toddlers Enrolled in Early Head Start, 2019



Source: Rhode Island KIDS COUNT calculations using Early Head Start program enrollment October 2019 as the numerator and number of children under age three from Census 2010, Summary File 1 multiplied by the percentage of children under age six living in families with incomes below the federal poverty level according to the Population Reference Bureau's (PRB) analysis of 2014-2018 American Community Survey data as the denominator.

◆ As of October 2019 in Rhode Island, there were 678 children and pregnant women enrolled in Early Head Start, 10% of the population in poverty and 5% of the population in low-income families. There were 344 children and pregnant women from the four core cities (7% of the population in poverty and 5% of the population in low-income families). In the remainder of the state, 334 children and pregnant women were enrolled in Early Head Start (16% of the population in poverty and 6% of the population in low-income families).[13,14]

◆ As of October 2019, 2% of Early Head Start clients were pregnant women, 19% were infants under age one, 31% were age one, 39% were toddlers age two, and 9% were age three.[15]

◆ Rhode Island Early Head Start programs serve significant numbers of children with high needs including: 100 infants and toddlers with developmental delays or disabilities (15% of all children enrolled), 45 children who were in foster care, and 33 children who were homeless.[16] 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.[17]

◆ As of October 2019, 37% of the children enrolled in Early Head Start were also participating in the Child Care Assistance Program (CCAP).[18] Center-based Early Head Start programs do not cover the entire day for many working parents. CCAP is used to extend program hours to cover the work day.[19]

Table 34.

Children Ages Birth to Three and Pregnant Women Enrolled in Early Head Start, Rhode Island, 2019

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	573	4%	23	1	0	1	4%
Bristol Warren	729	30%	219	4	2	6	3%
Burrillville	441	34%	150	4	8	12	8%
Central Falls	651	95%	618	37	31	68	11%
Chariho	663	17%	113	5	2	7	6%
Coventry	831	29%	241	6	9	15	6%
Cranston	2,019	44%	888	0	22	22	2%
Cumberland	987	21%	207	0	3	3	1%
East Greenwich	489	6%	29	3	0	3	10%
East Providence	1,086	45%	489	13	13	26	5%
Exeter- West Greenwich	333	14%	47	1	0	1	2%
Foster	123	25%	31	0	0	0	0%
Glocester	300	12%	36	0	1	1	0%
Jamestown	102	7%	7	0	1	1	14%
Johnston	669	44%	294	7	6	13	4%
Lincoln	687	28%	192	0	3	3	2%
Little Compton	54	13%	7	0	0	0	0%
Middletown	468	28%	131	9	14	23	18%
Narragansett	183	21%	38	1	0	1	3%
New Shoreham	33	21%	7	0	0	0	0%
Newport	516	68%	351	15	29	44	13%
North Kingstown	777	22%	171	8	2	10	6%
North Providence	765	47%	360	16	10	26	7%
North Smithfield	300	17%	51	0	0	0	0%
Pawtucket	1,968	72%	1,417	33	31	64	5%
Portsmouth	417	17%	71	4	1	5	7%
Providence	5,037	84%	4,231	164	32	196	5%
Scituate	279	11%	31	0	0	0	0%
Smithfield	462	14%	65	3	2	5	8%
South Kingstown	552	17%	94	4	3	7	7%
Tiverton	417	21%	88	0	0	0	0%
Warwick	1,914	35%	670	19	36	55	8%
West Warwick	792	51%	404	13	26	39	10%
Westerly	582	35%	204	4	1	5	2%
Woonsocket	1,452	75%	1,089	0	16	16	1%
Charter Schools	*2,442*	*62%*	*1,514*	*NA*	*NA*	*NA*	*NA*
RI School for the Deaf	*21*	*70%*	*15*	*NA*	*NA*	*NA*	*NA*
Four Core Cities	*9,108*	*81%*	*7,377*	*234*	*110*	*344*	*5%*
Remainder of State	*18,543*	*30%*	*5,563*	*140*	*194*	*334*	*6%*
Rhode Island	*30,114*	*48%*	*14,455*	*374*	*304*	*678*	*5%*

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled as of October 2019. 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 2019 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 Human Services for children under age six. Licensed centers include child care programs, preschools, nursery schools, and center-based Head Start and Early Head Start programs.

SIGNIFICANCE

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]

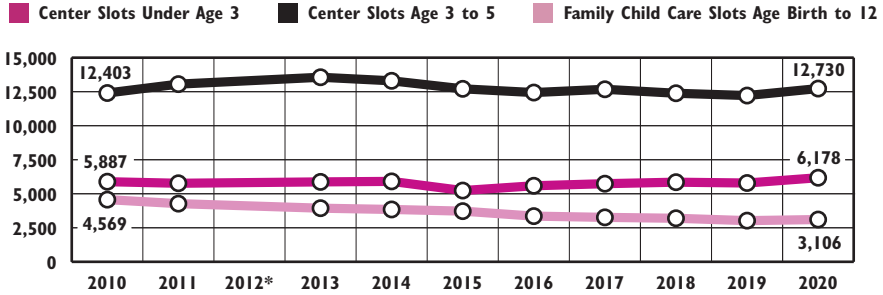
Early and ongoing enrollment in child care and early learning programs is common in the United States. Across the U.S., 42% of infants under the age of one and 73% of preschoolers between ages three and five regularly participate in a non-parental early care and education arrangement. Participation in 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 2014 and 2018, 73% of Rhode Island children under age six had all parents in the workforce, higher than the U.S. rate of 66%.[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, 2010-2020



Source: Rhode Island Department of Children, Youth and Families, 2010-2019 and Rhode Island Department of Human Services, 2020. RI Early Care and Education Data System (ECEDS), 2016-2020. *In the 2013 Factbook, data was collected as of January 2013, instead of December 2012.

◆ **In January 2020, there were 388 more slots for infants and toddlers (children under age three) and 513 more slots for preschoolers (children ages three to five) in licensed centers than in 2019. The number of infant/toddler slots is up 5% and the number of preschool slots is up 3% since 2010.**[7]

◆ **In January 2020, there were 45 more slots in licensed family child care homes than in the previous year. The number of family child care slots is down 32% since 2010.**[8]

◆ **In Rhode Island, family child care providers (87%) are more likely than centers (73%) 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 and family child care providers, there are 56 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 35. **Capacity of Licensed Early Learning Programs, Rhode Island, January 2020**

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	8	104	300	4	26	430
Bristol	4	64	83	5	32	179
Burrillville	3	27	54	1	6	87
Central Falls	3	96	167	18	117	380
Charlestown	4	14	92	3	20	126
Coventry	7	131	233	5	34	398
Cranston	31	559	1,085	46	320	1,964
Cumberland	6	112	303	7	58	473
East Greenwich	15	363	609	0	0	972
East Providence	20	180	603	2	14	797
Exeter	2	24	52	1	8	84
Foster	1	19	18	0	0	37
Glocester	3	55	87	2	15	157
Hopkinton	3	8	60	2	14	82
Jamestown	1	30	34	1	8	72
Johnston	19	404	468	10	76	948
Lincoln	6	148	275	5	30	453
Little Compton	1	0	20	0	0	20
Middletown	11	228	383	0	0	611
Narragansett	1	0	20	1	6	26
New Shoreham	1	12	26	0	0	38
Newport	4	64	183	1	8	255
North Kingstown	7	104	315	4	19	438
North Providence	9	122	238	7	47	407
North Smithfield	2	85	121	4	38	244
Pawtucket	16	309	772	29	189	1,270
Portsmouth	4	92	133	0	0	225
Providence	51	777	2,164	276	1,831	4,772
Richmond	0	0	0	2	20	20
Scituate	1	11	36	1	5	52
Smithfield	9	323	501	0	0	824
South Kingstown	13	273	392	5	36	701
Tiverton	3	24	124	1	8	156
Warren	5	80	190	1	6	276
Warwick	26	903	1,304	7	49	2,256
West Greenwich	3	46	77	0	0	123
West Warwick	6	173	309	2	14	496
Westerly	9	88	314	1	6	408
Woonsocket	11	126	585	6	46	757
Four Core Cities	*81*	*1,308*	*3,688*	*329*	*2,183*	*7,179*
Remainder of State	*248*	*4,870*	*9,042*	*131*	*923*	*14,835*
Rhode Island	*329*	*6,178*	*12,730*	*460*	*3,106*	*22,014*

Source of Data for Table/Methodology

Rhode Island Department of Human Services, number of licensed child care center slots and programs for children under age six and number of licensed family child care homes and slots, from RI Early Care and Education Data System (ECEDS), January 2020.

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

[1] Burchinal, M., Kainz, K., & Cai, Y. (2011). How well do our measures of quality predict child outcomes?: A meta-analysis and coordinated analysis of data from large-scale studies of early childhood settings. In Zaslow, M., Martinez-Beck, I., Tout, K., & Halle, T. (Eds.), *Quality measurement in early childhood settings* (pp. 11-31). Baltimore, MD: Paul H. Brookes Publishing.

[2] Halle, T., Martinez-Beck, I., Forry, N. D., & McSwiggan, M. (2011). Setting the context for a discussion of quality measures: The demographic landscape of early care and education. In Zaslow, M., Martinez-Beck, I., Tout, K. & Halle, T. (Eds.), *Quality measurement in early childhood settings* (pp. 3-10). Baltimore, MD: Paul H. Brookes Publishing.

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[4] U.S. Census Bureau, American Community Survey, 2014-2018. Table DP03.

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

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Children Receiving Child Care Subsidies

DEFINITION

Children receiving child care subsidies is the number of children receiving child care that is either fully or partially paid for with a child care subsidy through the Rhode Island Department of Human Services' Child Care Assistance Program (CCAP). Child care subsidies can be used for care in a licensed child care center, a licensed family child care home, or by a license-exempt provider (family, friend, or neighbor).

SIGNIFICANCE

Families rely on child care to enable them to work and to provide the early education experiences needed to prepare their children for school. Yet the high cost of child care puts quality care out of reach for many low-income families. State child care subsidy programs help low-income families access child care.[1]

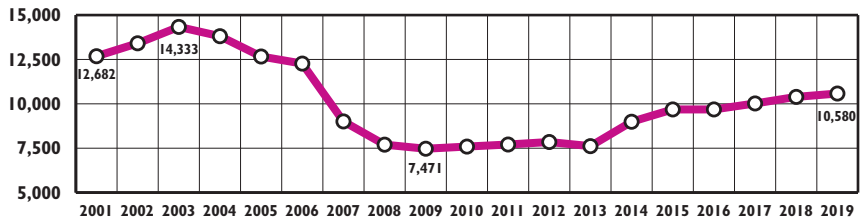
In Rhode Island, the average cost of full-time child care for an infant in a child care center consumes 50% of the median single-parent income and is more than the average tuition at public colleges. For families with two children (an infant and a preschooler) center-based child care costs exceed the average mortgage payment.[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 $155,757 annually to afford the average yearly cost for a three-year-old at a licensed center ($10,903).[3,4]

Subsidy payment rates for child care providers should meet or exceed the federal benchmark established to ensure low-income families have equal access to high-quality child care that supports children's development and learning. Rhode Island is one of 42 states in the U.S. with tiered quality rates to promote access to higher quality care. Although the state increased rates in 2018 and 2019, rates remain well below the federal equal access standard.[5,6]

Child care teachers make very low wages yet are responsible for the safety, health, learning, and development of our youngest children.[7] Experts increasingly recognize that initiatives designed to improve access to high-quality programs must address the low wages of early educators so programs can attract, develop, and retain effective staff. At least 15 states fund wage supplements designed to improve qualifications and retention of child care teachers. Other state strategies to improve child care educator compensation include using contracts that set compensation levels and offering refundable state tax credits for early care and education professionals based on her/his level of education.[8]

In Rhode Island in 2017, the median wage for a child care teacher was $11.82/hour and was $14.57 for a preschool teacher.[9]

Child Care Subsidies, Rhode Island, 2001-2019



Source: Rhode Island Department of Human Services, December 2001–December 2015, September 2016, December 2017-December 2019. Data for December 2016 were not available.

◆ In December 2019, there were 10,580 child care subsidies in Rhode Island, up 2% from December 2018, but down 26% from the 2003 peak. In December 2019 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]

◆ As of December 2019, 16% of children participating in the Rhode Island Child Care Assistance Program were enrolled in programs with high-quality BrightStars ratings (four or five stars), up from 10% in December 2018. Preschool-age children were more likely to be enrolled in a high-quality program (20%) than infants and toddlers (17%) or school-age children (13%).[11]

◆ In December 2019, 80% of all children receiving child care subsidies were in low-income working families not receiving cash assistance and 12% were in low-income families receiving cash assistance. Another 8% of child care subsidies were used for children in the care of the Rhode Island Department of Children, Youth and Families.[12]

Average Annual Cost for Full-Time Child Care, Rhode Island, 2018

PROGRAM TYPE	COST PER CHILD
Child Care Center (infant care)	$13,093
Child Care Center (preschool care)	$10,903
Family Child Care Home (preschool care)	$8,811
School-Age Center-Based Program (child age 6-12)	$7,664

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Silver, B. E. (2018). *Statewide survey of childcare rates in Rhode Island.* Kingston, RI: University of Rhode Island.

Children Receiving Child Care Subsidies

Table 36.

Child Care Subsidies, Rhode Island, December 2019

	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	8	10	14	32	46	1	0	47
Bristol	5	28	23	56	51	0	0	51
Burrillville	19	27	29	75	64	0	0	64
Central Falls	81	135	165	381	251	97	4	352
Charlestown	4	2	1	7	5	0	0	5
Coventry	42	51	49	142	173	1	0	174
Cranston	155	208	273	636	791	216	3	1,010
Cumberland	23	36	57	116	120	4	2	126
East Greenwich	8	12	11	31	78	0	0	78
East Providence	74	110	161	345	360	8	3	371
Exeter	3	3	4	10	19	0	0	19
Foster	0	2	1	3	16	0	0	16
Glocester	3	4	1	8	33	0	0	33
Hopkinton	3	5	1	9	6	6	0	12
Jamestown	1	1	1	3	7	0	0	7
Johnston	44	67	51	162	387	42	0	429
Lincoln	23	39	56	118	149	9	0	158
Little Compton	0	0	2	2	0	0	0	0
Middletown	35	29	41	105	104	0	0	104
Narragansett	6	11	15	32	13	0	0	13
New Shoreham	0	0	0	0	0	0	0	0
Newport	60	78	109	247	258	0	0	258
North Kingstown	28	40	45	113	109	0	0	109
North Providence	45	82	89	216	205	27	1	233
North Smithfield	7	5	4	16	3	1	0	4
Pawtucket	255	356	502	1,113	1,013	106	5	1,124
Portsmouth	6	6	0	12	1	0	0	1
Providence	1,010	1,243	1,697	3,950	1,859	1,749	30	3,638
Richmond	7	7	2	16	1	5	0	6
Scituate	6	5	3	14	5	0	0	5
Smithfield	5	11	19	35	115	0	0	115
South Kingstown	20	31	21	72	110	9	0	119
Tiverton	11	14	8	33	25	2	0	27
Warren	12	11	24	47	77	1	0	78
Warwick	105	165	158	428	705	1	2	708
West Greenwich	3	2	1	6	6	0	0	6
West Warwick	85	132	133	350	284	1	0	285
Westerly	19	37	30	86	107	3	0	110
Woonsocket	150	257	325	732	632	36	5	673
DCYF	*295*	*342*	*177*	*814*	*NA*	*NA*	*NA*	*NA*
Undetermined Address	*1*	*2*	*4*	*7*	*NA*	*NA*	*NA*	*NA*
Out-Of-State	*NA*	*NA*	*NA*	*NA*	*0*	*0*	*12*	*12*
Four Core Cities	*1,496*	*1,991*	*2,689*	*6,176*	*3,755*	*1,988*	*44*	*5,787*
Remainder of State	*875*	*1,271*	*1,437*	*3,583*	*4,433*	*337*	*11*	*4,781*
Rhode Island	*2,667*	*3,606*	*4,307*	*10,580*	*8,188*	*2,325*	*67*	*10,580*

Source of Data for Table/Methodology

Rhode Island Department of Human Services, December 2019.

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.

The average annual cost for full-time child care was determined by multiplying the average weekly tuition rate by 52 weeks (for infants and preschoolers). For school-age children, the annual cost was determined by multiplying the average weekly tuition for before and after school care by 39 weeks and adding 13 weeks of average school vacation/summer camp tuition.

References

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[3] U.S. Department of Health and Human Services. (2016). Child Care and Development Fund Program: Final rule. *Federal Register, 81*(190), 67438-67595.

[4] Rhode Island KIDS COUNT calculations based on average weekly rates from Silver, B. E. (2018). *Statewide survey of child care rates in Rhode Island.* Kingston, RI: University of Rhode Island.

[6] Christian, S. (February 5, 2019). Letter to Courtney Hawkins, Director, Rhode Island Department of Human Services.

(continued on page 185)

High-Quality Early Learning Programs

DEFINITION

High-quality early learning programs is the percentage of licensed early learning centers, family child care homes, and public schools with preschool classrooms that have a high-quality rating from BrightStars, Rhode Island's Quality Rating and Improvement System for child care and early learning programs.

SIGNIFICANCE

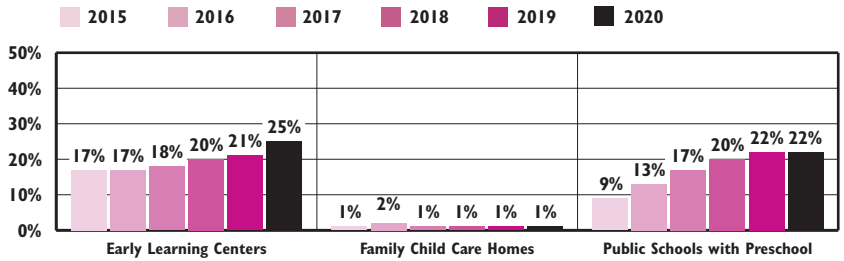
Decades of research show that high-quality early care and education programs can improve children's cognitive and social-emotional development, enabling them to perform better in school. Programs across the U.S. and in Rhode Island vary markedly in quality and can range from rich learning experiences to mediocre, custodial care.[1,2,3,4]

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.[5] The development and retention of a highly qualified and appropriately compensated workforce for early childhood programs is critical to improve program quality.[6]

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.[7,8,9,10] Studies have shown that, over time, state QRIS can improve the quality of care available.[11]

BrightStars is Rhode Island's QRIS and conducts program quality assessments for early care and education centers, family child care homes, and public schools. Programs participating in BrightStars receive a star rating and support to set and achieve quality improvement goals. All programs serving children participating in the Child Care Assistance Program and in the State Pre-K program are required to have a BrightStars rating. Star ratings are posted on a public website to inform family decision making when selecting a program.[12,13] Research suggests that parents have a strong preference for quality, particularly teachers' educational achievement. However, they are extremely sensitive to the cost of tuition, and may enroll their children in lower quality programs because they cannot afford the cost of higher quality programs.[14]

Percentage of Early Learning Centers, Family Child Care Programs, and Public Schools with a High-Quality BrightStars Rating (4 or 5 Stars), Rhode Island, 2015-2020



Source: RI Association for the Education of Young Children and RI Early Care and Education Data System (ECEDS), January 2015 – January 2020.

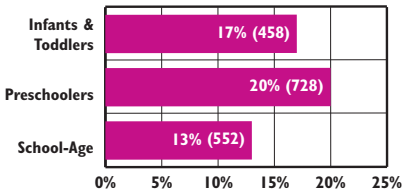
◆ As of January 2020, 236 (72%) licensed child care centers, 361 (78%) licensed family child care homes, and 33 (53)% public schools with preschool classrooms had a BrightStars rating. Eighty-three (25%) licensed early learning centers, four (1%) licensed family child care homes, and 13 (22%) public schools had met the benchmarks for a high-quality rating of four or five stars.[15]

◆ Since 2015, the percentage of early learning centers with a high-quality rating has grown from 17% to 25% and the percentage of public schools serving preschoolers that have a high-quality rating has increased from 9% to 22%.[16]

◆ Early learning centers and public schools in the core cities are more likely to have a high-quality BrightStars rating than those in the remainder of the state (35% vs. 22% for early learning centers and 23% vs. 20% for public schools).[17]

◆ 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.[18]

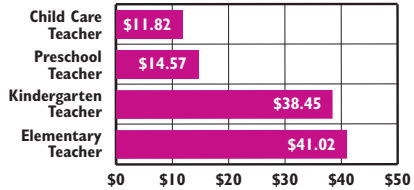
CCAP Children Enrolled in High-Quality Programs (4 or 5 Stars) by Age, December 2019



Source: Rhode Island Rhode Island Department of Human Services, December 2019.

◆ **Preschool-age children enrolled in the Child Care Assistance Program (CCAP) are more likely to be enrolled in a high-quality program (20%) than infants and toddlers (17%) or school-age children (13%).[19]**

Teacher Median Hourly Wages, Rhode Island, 2017



Source: Whitebook, M., McLean, C., Austin, L. J. E., & Edwards, B. (2018). *Early childhood workforce index 2018.* Berkeley, CA: Center for the Study of Child Care Employment.

◆ **Early childhood teachers in Rhode Island earn less than the overall state median wage ($19.45) and have significantly lower wages than kindergarten and elementary school teachers.[20]**

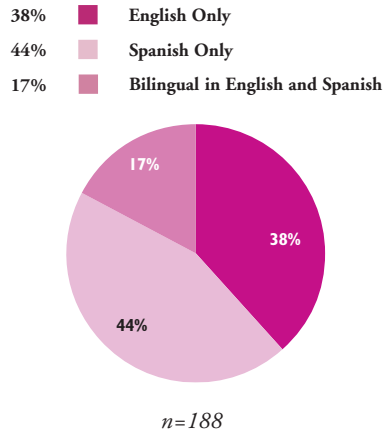
Table 37.

Licensed Child Care Centers and Preschools Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2020

CITY/TOWN	LICENSED PROGRAMS	DCYF PROBATION	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY 4 STARS	HIGH-QUALITY 5 STARS	% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
Barrington	8	1	5	1	1	0	1	0	38%	13%
Bristol	4	0	2	1	0	0	0	1	50%	25%
Burrillville	3	0	0	2	0	0	1	0	100%	33%
Central Falls	3	0	0	0	1	1	1	0	100%	33%
Charlestown	4	0	0	1	0	0	1	2	100%	75%
Coventry	7	0	0	3	1	1	2	0	100%	29%
Cranston	31	0	12	7	7	2	2	1	61%	10%
Cumberland	6	0	1	1	2	0	2	0	83%	33%
East Greenwich	15	0	8	2	2	1	2	0	47%	13%
East Providence	20	0	7	6	4	0	3	0	65%	15%
Exeter	2	0	0	0	1	0	1	0	100%	50%
Foster	1	0	0	0	0	1	0	0	100%	0%
Glocester	3	0	1	0	1	0	0	1	67%	33%
Hopkinton	3	0	1	1	1	0	0	0	67%	0%
Jamestown	1	0	0	0	0	1	0	0	100%	0%
Johnston	19	1	6	3	8	0	2	0	68%	11%
Lincoln	6	0	1	1	2	0	1	1	83%	33%
Little Compton	1	0	1	0	0	0	0	0	0%	0%
Middletown	11	0	6	1	0	1	3	0	45%	27%
Narragansett	1	0	0	0	1	0	0	0	100%	0%
New Shoreham	1	0	1	0	0	0	0	0	0%	0%
Newport	4	0	0	0	2	0	2	0	100%	50%
North Kingstown	7	0	3	0	1	0	3	0	57%	43%
North Providence	9	0	1	3	2	0	3	0	89%	33%
North Smithfield	2	0	1	1	0	0	0	0	50%	0%
Pawtucket	16	0	0	5	5	1	3	2	100%	31%
Portsmouth	4	0	3	1	0	0	0	0	25%	0%
Providence	51	2	14	5	13	4	9	6	73%	29%
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	2	0	2	0	67%	22%
South Kingstown	13	0	4	2	2	2	2	1	69%	23%
Tiverton	3	0	0	1	1	0	1	0	100%	33%
Warren	5	0	2	1	0	0	2	0	60%	40%
Warwick	26	1	4	4	7	4	6	1	85%	27%
West Greenwich	3	0	0	1	2	0	0	0	100%	0%
West Warwick	6	0	1	1	1	1	1	1	83%	33%
Westerly	9	0	4	0	2	0	2	1	56%	33%
Woonsocket	11	0	2	2	0	0	5	2	82%	64%
Four Core Cities	*81*	*2*	*16*	*12*	*19*	*6*	*18*	*10*	*80%*	*35%*
Remainder of State	*248*	*3*	*78*	*47*	*54*	*14*	*45*	*10*	*69%*	*22%*
Rhode Island	*329*	*5*	*94*	*59*	*73*	*20*	*63*	*20*	*71%*	*25%*

High-Quality Early Learning Programs

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 March 6, 2019, 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.[21]

◆ In Rhode Island, Hispanic children in the CCAP program are more likely to be enrolled in family child care (38%) than non-Hispanic children (8%).[22]

Table 38.

Licensed Family Child Care Homes Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2020

CITY/TOWN	LICENSED PROGRAMS	DCYF PROBATION	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY 4 STARS	HIGH-QUALITY 5 STARS	% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
Barrington	4	0	2	2	0	0	0	0	50%	0%
Bristol	5	0	4	1	0	0	0	0	20%	0%
Burrillville	1	0	0	1	0	0	0	0	100%	0%
Central Falls	18	0	2	13	3	0	0	0	89%	0%
Charlestown	3	0	2	1	0	0	0	0	33%	0%
Coventry	5	0	4	1	0	0	0	0	20%	0%
Cranston	46	0	11	19	16	0	0	0	76%	0%
Cumberland	7	0	6	1	0	0	0	0	14%	0%
East Greenwich	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
East Providence	2	0	1	1	0	0	0	0	50%	0%
Exeter	1	0	0	0	0	1	0	0	100%	0%
Foster	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Glocester	2	0	2	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	1	6	3	0	0	0	90%	0%
Lincoln	5	0	4	1	0	0	0	0	20%	0%
Little Compton	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Middletown	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Narragansett	1	0	1	0	0	0	0	0	0%	0%
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	4	0	2	2	0	0	0	0	50%	0%
North Providence	7	0	1	6	0	0	0	0	86%	0%
North Smithfield	4	0	2	1	0	0	1	0	50%	25%
Pawtucket	29	0	2	15	11	1	0	0	93%	0%
Portsmouth	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Providence	276	0	36	150	86	1	3	0	87%	1%
Richmond	2	0	2	0	0	0	0	0	0%	0%
Scituate	1	0	1	0	0	0	0	0	0%	0%
Smithfield	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
South Kingstown	5	0	3	1	1	0	0	0	40%	0%
Tiverton	1	0	0	1	0	0	0	0	100%	0%
Warren	1	0	1	0	0	0	0	0	0%	0%
Warwick	7	0	6	1	0	0	0	0	14%	0%
West Greenwich	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
West Warwick	2	0	1	1	0	0	0	0	50%	0%
Westerly	1	0	0	1	0	0	0	0	100%	0%
Woonsocket	6	0	0	5	1	0	0	0	100%	0%
Four Core Cities	*329*	*0*	*40*	*183*	*101*	*2*	*3*	*0*	*88%*	*1%*
Remainder of State	*131*	*0*	*59*	*50*	*20*	*1*	*1*	*0*	*55%*	*1%*
Rhode Island	*460*	*0*	*99*	*233*	*121*	*3*	*4*	*0*	*78%*	*1%*

Table 39.

Public Schools with Preschool Classrooms Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2020

DISTRICT	SCHOOLS WITH PRESCHOOL CLASSROOMS	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY 4 STARS	HIGH-QUALITY 5 STARS	% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
Barrington	1	1	0	0	0	0	0	0%	0%
Bristol Warren	1	1	0	0	0	0	0	0%	0%
Burrillville	1	1	0	0	0	0	0	0%	0%
Central Falls	2	0	0	0	0	1	1	100%	100%
Chariho	1	0	0	0	0	0	1	100%	100%
Coventry	1	0	0	0	0	0	1	100%	100%
Cranston	7	1	0	0	6	0	0	86%	0%
Cumberland	1	1	0	0	0	0	0	0%	0%
East Greenwich	1	0	0	0	1	0	0	100%	0%
East Providence	4	2	0	1	0	0	1	50%	25%
Exeter-West Greenwich	1	0	0	0	0	1	0	100%	100%
Foster	0	NA	NA	NA	NA	NA	NA	NA	NA
Glocester	1	1	0	0	0	0	0	0%	0%
Jamestown	1	0	0	0	0	1	0	100%	100%
Johnston	1	0	0	0	0	1	0	100%	100%
Lincoln	1	0	0	1	0	0	0	100%	0%
Little Compton	1	1	0	0	0	0	0	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	1	0	0	0	1	0	0	100%	0%
North Kingstown	1	0	0	0	0	1	0	100%	100%
North Providence	2	0	0	2	0	0	0	100%	0%
North Smithfield	1	1	0	0	0	0	0	0%	0%
Pawtucket	3	0	1	0	0	1	0	67%	33%
Portsmouth	1	1	0	0	0	0	0	0%	0%
Providence	7	3	1	0	3	0	0	57%	0%
Scituate	1	1	0	0	0	0	0	0%	0%
Smithfield	1	0	0	0	0	1	0	100%	100%
South Kingstown	2	2	0	0	0	0	0	0%	0%
Tiverton	2	2	0	0	0	0	0	0%	0%
Warwick	2	1	1	0	0	0	0	50%	0%
West Warwick	2	2	0	0	0	0	0	0%	0%
Westerly	1	0	0	0	0	1	0	100%	100%
Woonsocket	1	1	0	0	0	0	0	0%	0%
Charter Schools	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0%*	*0%*
RI School for the Deaf	*1*	*0*	*0*	*0*	*0*	*1*	*0*	*100%*	*100%*
Four Core Cities	*13*	*4*	*2*	*0*	*3*	*2*	*1*	*62%*	*23%*
Remainder of State	*45*	*21*	*1*	*4*	*8*	*5*	*3*	*54%*	*20%*
Rhode Island	*58*	*25*	*3*	*4*	*11*	*9*	*4*	*53%*	*22%*

Source of Data for Table/Methodology

Data on the number of licensed early learning programs and family child care homes are from the Rhode Island Department of Human Services, January 2020. Data on public schools are from the Rhode Island Department of Education, January 2020. Data on BrightStars quality ratings are from the Rhode Island Association for the Education of Young Children, January 2020. 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. (pp. 11-31). Baltimore, MD: Paul H. Brookes Publishing Co.

[2] Vandell, D. L., Belsky, J., Burchinal, M., Steinberg, L., & Vandergrift, N. (2010). Do effects of early child care extend to age 15 years? Results from the NICHD study of early child care and youth development. Child Development, 81(3), 737-756.

[3,14] Gordon, J., Herbst, C. M., & Tekin, E. (2018). Who's minding the kids?: Experimental evidence on the demand for child care quality. Cambridge, MA: National Bureau of Economic Research.

[4,5] 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.

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

(continued on page 186)

Children Enrolled in Head Start or RI Pre-K

DEFINITION

Children enrolled in Head Start or RI Pre-K is the percentage of low-income children and all children enrolled in a Rhode Island Head Start or RI Pre-K preschool program the year before kindergarten. Head Start is managed by the federal government and RI 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]

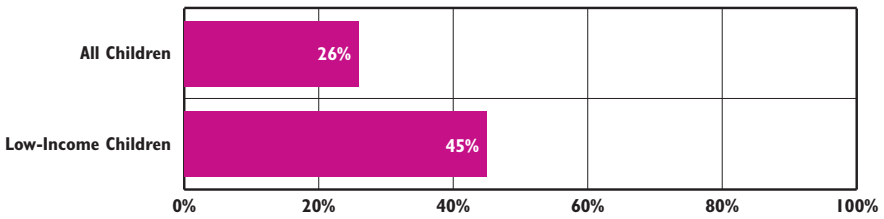
Decades of research have shown that high-quality preschool programs help children gain skills and knowledge prior to school entry and produce positive outcomes that last well into the school years, including improved classroom and interpersonal behavior, reduced need for special education services, and 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 2018, 44 states and the District of Columbia operated state Pre-K programs, serving 33% of four-year-olds and 6% of three-year olds across the U.S. Rhode Island launched the RI Pre-K program in 2009 serving four-year-olds in mixed-income classrooms in communities with high poverty levels.[7] *The Rhode Island Prekindergarten Education Act* establishes a state goal to provide access to publicly-funded, high-quality Pre-K that builds on the existing early childhood education infrastructure.[8]

Head Start and RI 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]

Percentage of Children Enrolled in Head Start or RI Pre-K the Year before Kindergarten, Rhode Island, 2019-2020



Source: Rhode Island KIDS COUNT calculations using October 2019 enrollment in Head Start and RI Pre-K as numerator and October 2019 enrollment in public kindergarten as denominator with low-income population estimated using the % of children receiving free or reduced-price lunch.

◆ **As of the 2019-2020 school year, there were 2,584 children enrolled in either Head Start or RI Pre-K during the year before kindergarten, approximately 26% of all children and 45% of low-income children. Of those enrolled, 1,164 (45%) were enrolled in Head Start, 1,280 (50%) were enrolled in RI Pre-K, and 140 (5%) were enrolled in a classroom with braided Head Start and RI Pre-K funding.[10,11]**

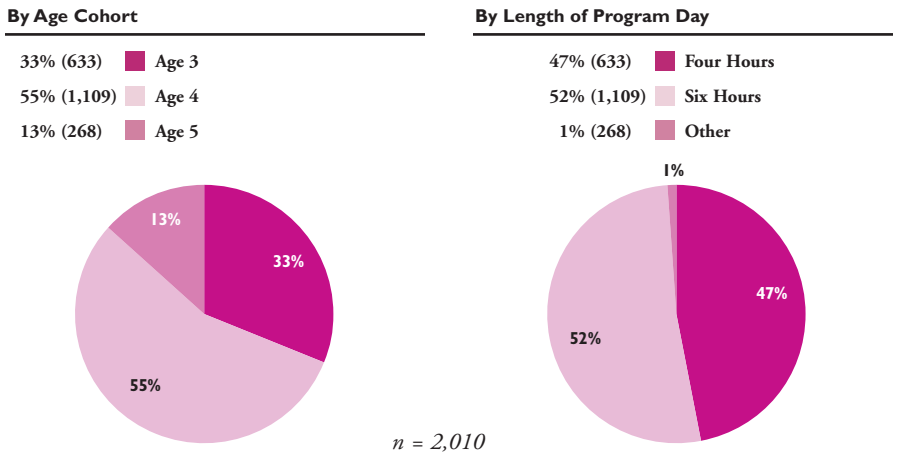
◆ **Children in the four core cities were more likely to be enrolled in Head Start or RI Pre-K (51%) than children in the remainder of the state (17%).[12,13]**

◆ **Also, in 2019, there were 1,335 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 RI Pre-K or Head Start may also participate in CCAP because Head Start and RI Pre-K do not cover the entire work day or work year for many families. In 2019, 14% 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 2019, there were 1,178 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, RI Pre-K, child care, or district operated special education classrooms, or through walk-in appointments (e.g., speech therapy).[16]**

◆ **As of 2018, Rhode Island ranked 1st in the U.S. and DC (tied with Alabama and Michigan) for meeting research-based Pre-K quality benchmarks, but 34th in the U.S. and DC for enrollment of four-year-olds.[17]**

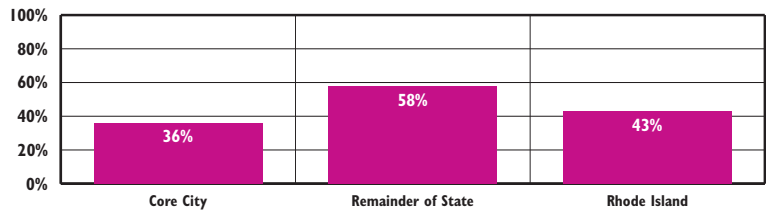
Children Enrolled in Head Start, Rhode Island, 2019



Source: Rhode Island Head Start program data compiled by Rhode Island KIDS COUNT, October 2019. Percentages may not sum due to rounding.

◆ In 2019 in Rhode Island, there were 2,010 children enrolled in Head Start. Forty-seven percent were enrolled in four-hour classes and 52% were enrolled in six-hour classes.[18]

Estimated Percentage of Eligible Children Enrolled in Head Start by Child's Residence, Rhode Island, 2019



Source: Rhode Island KIDS COUNT calculations. The numerator is Rhode Island Head Start program enrollment data, October 2019. 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 2014-2018 American Community Surveys.

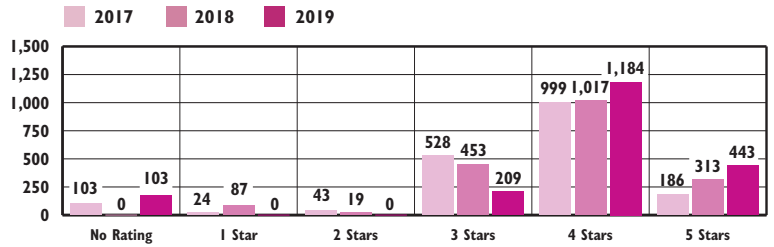
◆ As of 2019, approximately 43% of Rhode Island preschool-age children living in poverty were enrolled in Head Start.[19]

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.[20]

◆ 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.[21,22]

Children Enrolled in Head Start by BrightStars Rating of Site, Rhode Island, 2017-2019



Source: Rhode Island Head Start data compiled by Rhode Island KIDS COUNT, October 2017-2019.

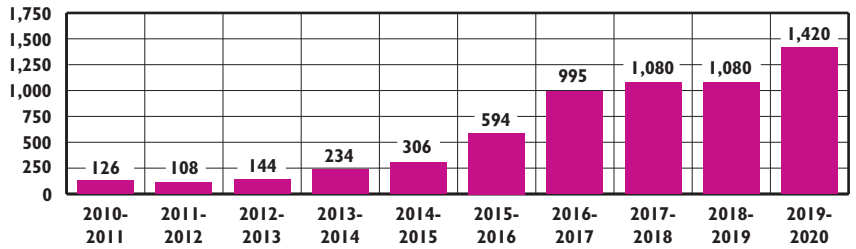
◆ As of October 2019, 81% of children enrolled in Head Start were in a program that had achieved a high-quality BrightStars rating of four or five stars. In comparison, only 20% of preschoolers in the CCAP were enrolled in a program that had achieved a high-quality BrightStars rating.[23,24]

Head Start and Children with High Needs

◆ Rhode Island Head Start programs serve significant numbers of children with high needs. As of 2019, 236 (12%) children enrolled in Head Start had developmental delays or disabilities and received special education services through their local school districts. Also, in 2019, 47 (2%) of Head Start children were in foster care, and 50 (2%) were homeless.[25]

Children Enrolled in Head Start or RI Pre-K

RI Pre-K Enrollment, 2010-2011 through 2019-2020



Sources: National Institute for Early Education Research, *The State of Preschool 2010, 2011, 2012, 2013, 2014, 2015.* Rhode Island Department of Education, RI Pre-K programs 2015-2016 through 2019-2020.

◆ Rhode Island began offering RI Pre-K for four-year-olds in the 2009-2010 school year and it is offered through public schools, Head Start agencies, and child care programs.[26]

◆ As of the 2019-2020 school year, there were 78 RI Pre-K classrooms in Rhode Island with a total of 1,420 children enrolled, which is approximately 14% of all children estimated to enter kindergarten in 2019-2020. As of the 2019-2020 school year, 45% of the classrooms were operated by Head Start agencies, 31% were operated by child care programs, and 24% were operated by public schools.[27]

◆ In 2019-2020, 140 children were enrolled in classrooms that had braided Head Start and RI Pre-K funding. These classrooms are economically integrated and meet both the Head Start and the RI Pre-K standards.[28]

RI Pre-K Enrollment and Family Income

◆ Children are selected to participate in RI 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]

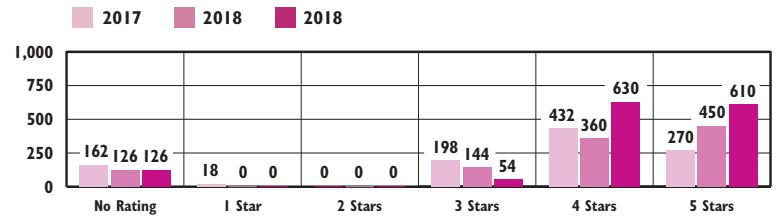
◆ In 2019-2020, 1,009 (71%) children enrolled in RI Pre-K were low-income and 411 (29%) were higher income.[30]

RI Pre-K Quality and Effectiveness

◆ In 2018, RI Pre-K was recognized as one of only three State Pre-K programs in the U.S. to meet all 10 recommended quality benchmarks, including requiring teachers to have a bachelor's degree with specialized training in early childhood education and conducting annual classroom observations.[31]

◆ An evaluation of RI Pre-K found that it improves children's language and math skills and closes the achievement gap between low-income children and their more affluent peers by three-quarters.[32]

Children Enrolled in RI Pre-K by BrightStars Rating of Site, Rhode Island, 2017-2019



Source: Rhode Island Department of Education, 2017-2019.

◆ As of 2019, 87% of children enrolled in RI Pre-K were in program sites with high-quality BrightStars ratings (four or five stars). In comparison, only 20% of preschoolers in CCAP were enrolled in programs with high-quality BrightStars ratings.[33,34]

RI Pre-K and Children with High Needs

◆ RI Pre-K classrooms serve significant numbers of children with high needs. As of 2019, 210 (15%) of children in RI Pre-K had developmental delays or disabilities, 36 (3%) were in foster care, and 13 (1%) were homeless.[35]

◆ As of 2019, 31% of the children enrolled in RI Pre-K were Hispanic/Latino and 20% spoke Spanish as a home language.[36]

Table 40. **Children Enrolled in Head Start or RI Pre-K, Rhode Island, 2019**

SCHOOL DISTRICT	ESTIMATED # OF CHILDREN AGE 3 OR 4	ESTIMATED # LOW-INCOME CHILDREN AGE 3 OR 4	AGE 3		AGE 4					
			ENROLLED IN HEAD START (ALL LOW-INCOME)	ESTIMATED % OF LOW-INCOME CHILDREN AGE 3 IN HEAD START	ENROLLED IN HEAD START (ALL LOW-INCOME)	ENROLLED IN BRAIDED RI PRE-K/ HEAD START (ALL LOW-INCOME)	ENROLLED IN RI PRE-K LOW-INCOME	ENROLLED IN RI PRE-K HIGHER INCOME	ESTIMATED % OF LOW-INCOME CHILDREN AGE 4 IN HEAD START OR RI PRE-K	ESTIMATED % OF ALL CHILDREN AGE 4 IN HEAD START OR RI PRE-K
Barrington	191	8	2	26%	1	0		0	13%	1%
Bristol Warren	243	73	22	30%	25	0	8	10	45%	18%
Burrillville	147	50	4	8%	15	0	0	0	30%	10%
Central Falls	217	206	12	6%	46	0	79	11	61%	63%
Chariho	221	38	9	24%	7	0	0	0	19%	3%
Coventry	277	80	12	15%	3	18	8	10	36%	14%
Cranston	673	296	62	21%	81	40	58	64	60%	36%
Cumberland	329	69	2	3%	5	0	0	0	7%	2%
East Greenwich	163	10	0	0%	0	0	0	0	0%	0%
East Providence	362	163	46	28%	23	0	89	89	69%	56%
Exeter-West Greenwich	111	16	0	0%	1	0	0	0	6%	1%
Foster	41	10	0	0%	0	0	0	0	0%	0%
Glocester	100	12	0	0%	1	0	0	0	8%	1%
Jamestown	34	2	0	0%	0	0	0	0	0%	0%
Johnston	223	98	10	10%	30	0	8	10	39%	22%
Lincoln	229	64	1	2%	2	0	0	0	3%	1%
Little Compton	18	2	0	0%	0	0	0	0	0%	0%
Middletown	156	44	20	46%	9	0	0	0	21%	6%
Narragansett	61	13	4	31%	0	0	0	0	0%	0%
New Shoreham	11	2	0	0%	0	0	0	0	0%	0%
Newport	172	117	42	36%	22	0	24	12	39%	34%
North Kingstown	259	57	7	12%	10	0	0	0	18%	4%
North Providence	255	120	30	25%	33	0	8	10	34%	20%
North Smithfield	100	17	1	6%	1	0	0	0	6%	1%
Pawtucket	656	472	38	8%	121	0	95	31	46%	38%
Portsmouth	139	24	4	17%	4	0	0	0	17%	3%
Providence	1,679	1,410	183	13%	507	0	322	56	59%	53%
Scituate	93	10	1	10%	1	0	0	0	10%	1%
Smithfield	154	22	2	9%	5	0	0	0	23%	3%
South Kingstown	184	31	3	10%	10	0	0	0	32%	5%
Tiverton	139	29	10	34%	11	0	0	0	38%	8%
Warwick	638	223	63	28%	54	36	18	36	48%	23%
West Warwick	264	135	33	25%	30	18	29	25	57%	39%
Westerly	194	68	7	10%	19	0	0	0	28%	10%
Woonsocket	484	363	76	21%	87	28	123	47	66%	59%
Charter Schools	*814*	*505*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*
RI School for the Deaf	*7*	*5*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*
Four Core Cities	*3,036*	*2,459*	*309*	*13%*	*761*	*28*	*619*	*145*	*57%*	*51%*
Remainder of State	*6,181*	*1,854*	*397*	*21%*	*403*	*112*	*250*	*266*	*41%*	*17%*
Rhode Island	*10,038*	*4,818*	*706*	*15%*	*1,164*	*140*	*869*	*411*	*45%*	*26%*

Source of Data for Table/Methodology

Rhode Island Head Start Programs, children enrolled as of October 2019. Children enrolled are listed by residence of child, not location of the Head Start program. Rhode Island Department of Education, children enrolled in RI Pre-K as of October 2019.

The estimated number of low-income children age three or four in each school district is based on October 2019 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. 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

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[2] Meloy, B., Gardner, M., & Darling-Hammond, L. (2019). *Untangling the evidence on preschool effectiveness: Insights for policymakers.* Washington, DC: Learning Policy Institute.

[3] *Early childhood program enrollment.* (2014). Washington, DC: Child Trends.

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Children Receiving Preschool Special Education Services

DEFINITION

Children receiving preschool special education services is the percentage of children ages three to five who have an Individualized Education Program (IEP) and are receiving special education services in Rhode Island.

SIGNIFICANCE

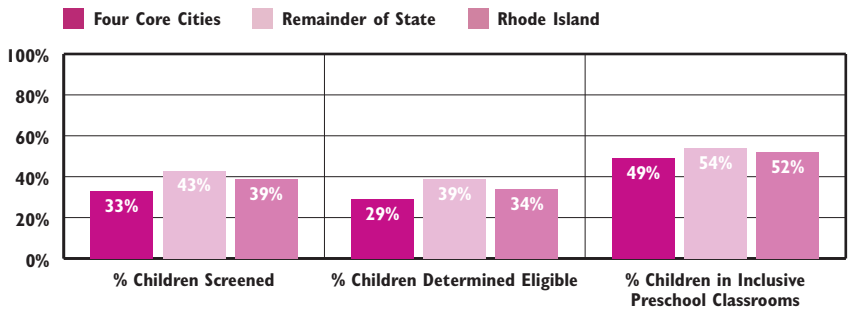
Preschool special education is an important component of the early care and education system, providing specially-designed instruction so each child can meet learning standards. The federal *Individuals with Disabilities Education Act (IDEA)* specifies that children ages three to five with developmental 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 to prevent more severe problems.[4]

In Rhode Island, school districts work to screen every child age three through five every year through the Child Outreach screening program.[5] During the 2018-2019 school year in Rhode Island, districts completed developmental screenings for 39% of children ages three to five. Preschool-age children in the core cities are still less likely to receive a developmental screening (33%) than children in the remainder of the state (43%). Of the children who were referred for evaluation based on positive screens, 34% were determined eligible for special education. Children in the core cities were less likely to be determined eligible after referral (29%) than children in the remainder of the state (39%).[6]

Approximately 17% of U.S. children ages three to 17 have a developmental disability, with higher prevalence among low-income children, children with low birthweight, and boys.[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 2016, 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 6.4%.[9]

Preschool Special Education Screening, Eligibility, and Inclusion Rates, Rhode Island, June 2019



Source: Rhode Island Department of Education, 2018-2019 Child Outreach Screening and Referral Rates and June 2019 Special Education Census. % children determined eligible is of those children referred for evaluation from Child Outreach screening.

◆ **In June 2019, there were 3,156 children ages three to five receiving preschool special education services, 9% of all preschool-age children in Rhode Island. Children in the four core cities are slightly less likely to receive preschool special education services (8%) than children in the remainder of the state (9%).[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 2019 in Rhode Island, 52% 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 (49%) than children in the remainder of the state (54%).[12]**

◆ **Slightly less than half of the children receiving preschool special education services in Rhode Island receive services outside of inclusive preschool programs, with 13% enrolled in a separate special education preschool class or school, 19% receiving services through "walk-in" visits to a service provider, 16% enrolled in a preschool setting but receiving special education services in another location, and less than 1% in a home or hospital.[13]**

◆ **In June 2019, 46% (1,450) of the 3,156 children receiving preschool special education services in Rhode Island qualified under the developmental delay category, 43% (1,354) had an identified speech/language disability, 7% (217) were diagnosed with autism, and 4% (135) had another diagnosed disability.[14]**

Children Receiving Preschool Special Education Services

Table 41. **Children Ages 3 to 5 Receiving Special Education Services, Rhode Island, 2019**

SCHOOL DISTRICT	# OF CHILDREN AGES 3-5	DEVELOPMENTAL SCREENING RATES: % SCREENED 3 YEARS BEFORE K	% SCREENED 2 YEARS BEFORE K	% SCREENED 1 YEAR BEFORE K	% SCREENED AGES 3 TO 5	PRESCHOOL SPECIAL EDUCATION BY SETTING: INCLUSIVE EARLY CHILDHOOD CLASS	% IN INCLUSIVE EARLY CHILDHOOD CLASS	OTHER SETTING	TOTAL # RECEIVING SERVICES	% RECEIVING SERVICES
Barrington	581	35%	64%	89%	62%	19	38%	31	50	9%
Bristol Warren	790	21%	48%	49%	40%	40	49%	41	81	10%
Burrillville	493	9%	50%	72%	43%	24	51%	23	47	10%
Central Falls	1,048	22%	56%	84%	54%	85	66%	44	129	12%
Chariho	588	25%	52%	68%	48%	43	52%	39	82	14%
Coventry	1,009	23%	55%	64%	46%	60	65%	32	92	9%
Cranston	2,739	12%	40%	58%	36%	102	53%	91	193	7%
Cumberland	1,224	11%	45%	65%	41%	53	58%	38	91	7%
East Greenwich	501	16%	49%	58%	41%	29	94%	*	31	6%
East Providence	1,515	13%	44%	59%	38%	41	36%	72	113	7%
Exeter-West Greenwich	339	25%	50%	56%	45%	*	29%	20	28	8%
Foster	116	18%	49%	62%	44%	*	78%	*	*	8%
Glocester	295	18%	49%	62%	44%	10	32%	21	31	11%
Jamestown	114	44%	67%	80%	64%	*	63%	*	*	7%
Johnston	886	22%	51%	74%	51%	58	78%	16	74	8%
Lincoln	747	22%	58%	63%	49%	58	73%	22	80	11%
Little Compton	60	10%	36%	75%	39%	*	67%	*	*	10%
Middletown	805	13%	28%	30%	24%	16	31%	36	52	6%
Narragansett	208	56%	77%	86%	73%	36	97%	*	37	18%
New Shoreham	30	53%	100%	63%	66%	*	100%	0	*	3%
Newport	922	14%	37%	44%	31%	38	75%	13	51	6%
North Kingstown	868	29%	67%	82%	60%	51	66%	26	77	9%
North Providence	1,073	16%	45%	57%	39%	39	38%	64	103	10%
North Smithfield	340	29%	62%	72%	53%	17	46%	20	37	11%
Pawtucket	2,884	13%	38%	58%	36%	158	55%	131	289	10%
Portsmouth	517	34%	53%	76%	56%	13	37%	22	35	7%
Providence	8,065	10%	33%	41%	28%	252	55%	206	458	6%
Scituate	270	18%	49%	62%	44%	*	29%	22	31	11%
Smithfield	463	32%	70%	69%	56%	22	54%	19	41	9%
South Kingstown	648	26%	69%	76%	57%	18	35%	34	52	8%
Tiverton	449	16%	42%	63%	41%	21	51%	20	41	9%
Warwick	2,672	10%	38%	53%	33%	113	54%	96	209	8%
West Warwick	1,058	20%	45%	62%	41%	64	45%	77	141	13%
Westerly	623	39%	63%	76%	60%	67	83%	14	81	13%
Woonsocket	1,747	8%	40%	63%	37%	53	22%	185	238	14%
Charter Schools	*NA*	*NA*	*NA*	*NA*	*NA*	*15*	*68%*	*	*22*	*NA*
RI School for the Deaf	*NA*	*NA*	*NA*	*NA*	*NA*	*0*	*0%*	*15*	*15*	*NA*
Four Core Cities	*13,744*	*11%*	*37%*	*50%*	*33%*	*548*	*49%*	*566*	*1,114*	*8%*
Remainder of State	*22,943*	*19%*	*48%*	*62%*	*43%*	*1,086*	*54%*	*919*	*2,005*	*9%*
Rhode Island	*36,687*	*16%*	*44%*	*57%*	*39%*	*1,649*	*52%*	*1,507*	*3,156*	*9%*

Sources of Data for Table/Methodology

Rhode Island Department of Education (RIDE), June 2019 Special Education Census.

2018-2019 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 2018-2019 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

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[2] Centers for Disease Control and Prevention. (n.d.). *Developmental screening fact sheet.* Retrieved January 18, 2016, from www.cdc.gov

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(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, 2019, there were 143,557 students enrolled in Rhode Island public schools in preschool through grade 12, a decrease of 1% from 145,118 on October 1, 2009.[2]

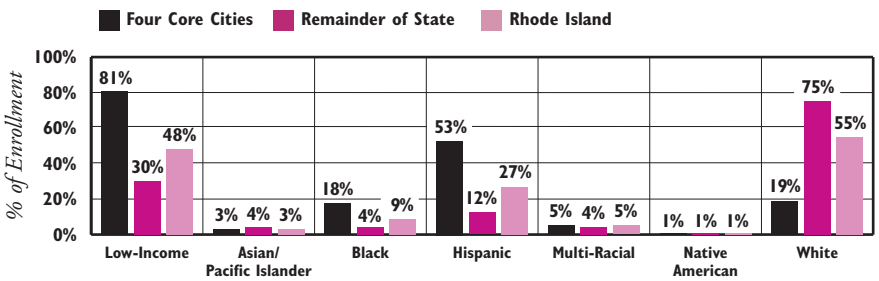
Of these 143,557 Rhode Island public school students, 29% (41,525) were attending schools in the four core cities (communities with the highest child poverty rates), 63% (91,104) were attending schools in the remaining districts, and the remaining 8% (10,928) attended charter schools, state-operated schools, or the Urban Collaborative Accelerated Project (UCAP). There were an additional 9,036 Rhode Island students attending private and parochial schools (including out-of-state schools) and 1,862 students were home-schooled.[3]

In October 2019, there were 62,154 students in grades K-5; 33,205 in grades 6-8; and 45,190 in grades 9-12. There were 3,008 children enrolled in preschool classrooms in Rhode Island public schools.[4] During the 2019-2020 school year, 1,420 children were enrolled in RI Pre-K in 19 public school classrooms and 59 community-based center classrooms.[5]

In October 2019, 55% of Rhode Island public school students were White, 27% were Hispanic, 9% were Black, 3% were Asian/Pacific Islander, 5% were Multi-Racial, and 1% were Native American. In October 2019, 48% of public school students in Rhode Island were low-income (students who were eligible for the free or reduced-price lunch program).[6]

Rhode Island schools are also diverse in terms of students with disabilities and students who are Multilingual Learners/English Learners. During the 2018-2019 school year, 15% of Rhode Island public school students were receiving special education services and 10% were Multilingual Learners/English Learners (ELs).[7]

Rhode Island Public School Enrollment by Low-Income Status, Race and Ethnicity, October 1, 2019

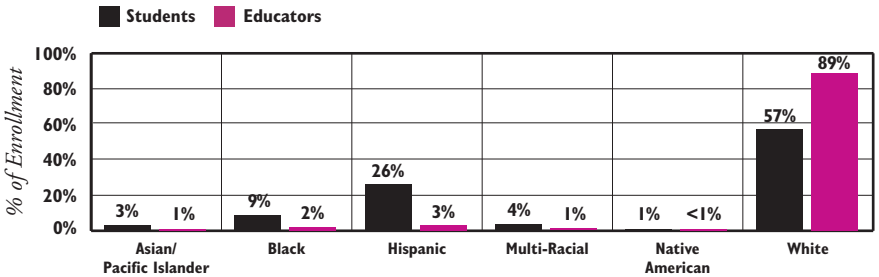


Source: Rhode Island Department of Education, October 1, 2019.

◆ **In October 2019, 19% of students enrolled in the four core cities were White, compared with 75% in the remainder of the state, and 81% of students enrolled in the four core cities were low-income compared with 30% in the remainder of the state.[8]**

Rhode Island Educator Demographics

Rhode Island Public School Student Enrollment and Teacher Demographics by Race and Ethnicity, 2018-2019 School Year



Source: Rhode Island Department of Education, State Report Card, 2018-2019 school year.

◆ **Educators of color benefit all students, especially students of color. Students of color demonstrate long-term academic achievement including higher reading and math test scores, decreased likelihood of dropping out of high school, increased likelihood of going to college, and increased social and emotional development in classes with teachers of color.[9]**

◆ **In October 2018, 89% (12,367) of Rhode Island public school educators identified as White, 3% (454) as Hispanic, 2% (249) as Black, 1% (120) as Asian/Pacific Islander, 1% (85) as Multi-Racial, and less than 1% (25) as Native American.[10]**

Table 42. **Rhode Island Public School Enrollment by Grade and Demographic Groups, October 1, 2019**

	ENROLLMENT BY GRADE LEVEL*				ENROLLMENT BY DEMOGRAPHIC GROUPS							
SCHOOL DISTRICT	% PRE-SCHOOL	ELEMEN-TARY	MIDDLE	HIGH	% LOW-INCOME	% ASIAN PACIFIC ISLANDER	% BLACK	% HISPANIC**	% NATIVE AMERICAN	% MULTI-RACIAL	% WHITE	TOTAL ENROLL-MENT
Barrington	33	1,386	843	1,135	4%	7%	1%	4%	<1%	5%	83%	3,397
Bristol Warren	44	1,378	784	967	30%	2%	2%	7%	<1%	5%	85%	3,173
Burrillville	40	935	539	733	34%	1%	1%	5%	<1%	3%	90%	2,247
Central Falls	223	1,247	592	816	95%	1%	16%	54%	11%	4%	14%	2,878
Chariho	83	1,270	740	1,145	17%	1%	1%	3%	2%	3%	91%	3,238
Coventry	121	1,891	1,064	1,472	29%	2%	2%	5%	<1%	1%	89%	4,548
Cranston	88	4,431	2,484	3,472	44%	9%	5%	30%	1%	6%	50%	10,475
Cumberland	99	2,029	1,070	1,470	21%	5%	3%	12%	<1%	3%	78%	4,668
East Greenwich	61	1,109	630	795	6%	6%	1%	6%	<1%	5%	82%	2,595
East Providence	246	2,265	1,208	1,532	45%	2%	11%	11%	1%	9%	66%	5,251
Exeter-West Greenwich	68	710	370	515	14%	2%	2%	4%	<1%	1%	91%	1,663
Foster	25	214	0	0	25%	0%	0%	4%	0%	2%	95%	239
Foster-Glocester	0	0	495	860	15%	1%	1%	3%	<1%	3%	92%	1,355
Glocester	5	550	0	0	12%	<1%	1%	3%	<1%	2%	93%	555
Jamestown	23	293	169	4	7%	1%	1%	<1%	0%	2%	96%	489
Johnston	133	1,443	809	873	44%	3%	5%	24%	<1%	1%	67%	3,258
Lincoln	97	1,388	771	955	28%	4%	5%	8%	<1%	2%	82%	3,211
Little Compton	19	138	80	0	13%	0%	0%	1%	0%	4%	95%	237
Middletown	14	986	515	618	28%	4%	6%	14%	1%	8%	68%	2,133
Narragansett	93	431	293	461	21%	2%	1%	3%	1%	5%	88%	1,278
New Shoreham	0	62	27	46	21%	1%	1%	19%	0%	4%	75%	135
Newport	53	973	446	682	68%	3%	11%	33%	2%	13%	38%	2,154
North Kingstown	98	1,499	881	1,514	22%	2%	2%	7%	<1%	4%	85%	3,992
North Providence	77	1,483	877	1,148	47%	3%	13%	22%	<1%	5%	56%	3,585
North Smithfield	41	688	420	517	17%	2%	1%	9%	0%	4%	84%	1,666
Pawtucket	248	4,104	2,312	2,120	72%	1%	30%	26%	1%	7%	36%	8,784
Portsmouth	27	918	548	933	17%	2%	2%	5%	<1%	3%	88%	2,426
Providence	334	10,452	5,605	7,445	84%	4%	16%	67%	1%	4%	8%	23,836
Scituate	16	516	293	401	11%	1%	<1%	3%	0%	1%	94%	1,226
Smithfield	46	1,001	599	736	14%	2%	1%	7%	<1%	3%	86%	2,382
South Kingstown	59	1,206	684	933	17%	2%	2%	5%	3%	6%	82%	2,882
Tiverton	32	788	416	523	21%	2%	3%	2%	<1%	3%	90%	1,759
Warwick	204	3,832	1,984	2,590	35%	4%	3%	12%	<1%	5%	76%	8,610
West Warwick	76	1,684	863	1,006	51%	3%	5%	16%	1%	3%	72%	3,629
Westerly	102	1,116	623	807	35%	2%	1%	9%	2%	7%	79%	2,648
Woonsocket	47	2,845	1,431	1,704	75%	5%	11%	36%	<1%	6%	41%	6,027
Charter Schools	*24*	*4,868*	*1,593*	*2,529*	*65%*	*2%*	*16%*	*56%*	*1%*	*4%*	*21%*	*9,014*
State-Operated Schools	*9*	*25*	*19*	*1,733*	*70%*	*2%*	*16%*	*46%*	*<1%*	*4%*	*32%*	*1,786*
UCAP	*0*	*0*	*128*	*0*	*88%*	*0%*	*24%*	*60%*	*2%*	*4%*	*9%*	*128*
Four Core Cities	*852*	*18,648*	*9,940*	*12,085*	*81%*	*3%*	*18%*	*53%*	*1%*	*5%*	*19%*	*41,525*
Remainder of State	*2,123*	*38,613*	*21,525*	*28,843*	*30%*	*4%*	*4%*	*12%*	*1%*	*5%*	*76%*	*91,104*
Rhode Island	*3,008*	*62,154*	*33,205*	*45,190*	*48%*	*3%*	*9%*	*27%*	*1%*	*5%*	*55%*	*143,557*

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in preschool through grade 12 as of October 1, 2019.

*Preschool includes students enrolled in half-day or full-day preschool through the public school district (primarily preschool special education classrooms). During the 2019-2020 school year, the RI Pre-K program served 1,420 children in 78 classrooms, 45% operated by Head Start agencies, 31% operated by child care programs, and 24% operated by public schools. Elementary includes students in kindergarten through 5th grade, middle includes 6th through 8th grades, and high includes 9th through 12th grades.

Children are counted as low-income if they are eligible for a Free or Reduced-Price Lunch Program.

State-operated schools include: Metropolitan Regional Career and Technical Center, William M. Davies Jr. Career & Technical High School, DCYF, and the Rhode Island School for the Deaf.

Charter Schools include: Achievement First Rhode Island, Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Charette High School, The Compass School, Paul Cuffee Charter School, 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.

UCAP is the Urban Collaborative Accelerated Program.

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

Students from Little Compton attend high school in Portsmouth. Jamestown students can choose to attend high school in Narragansett or North Kingstown.

Students enrolled in state-operated schools, charter schools, and UCAP are not counted in totals for the four core cities or for the remainder of the state, but they are included in the Rhode Island state totals.

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]

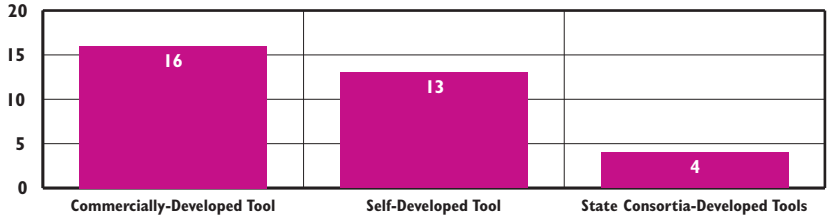
The transition to kindergarten is an important point in a child's educational experience, marking either the start of their formal education or the transition between preschool, which is not universally available or guaranteed as part of most states' public education systems, to the early elementary 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 2018, approximately 68% of four-year-olds and 40% of three-year-olds in the U.S. participate in private or public preschool before kindergarten.[5] Children from higher-income families are more likely to be enrolled in preschool than children from lower-income families. There is strong evidence that high-quality preschool immediately improves children's language, literacy, and math skills. Preschool participation is also associated with longer-term positive outcomes such as reduced grade retention and need for special education, improved high school graduation rates, and reduced criminal activity.[6]

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

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

States Using Kindergarten Entry Assessments by Type of Tool, March 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, 2019, 100% of the 10,038 children enrolled in public kindergarten in Rhode Island were in full-day kindergarten classrooms. There were 9,217 kindergarteners in traditional public schools, 814 in public charter schools, and seven in a state-operated school (The Rhode Island School for the Deaf).[13]**

Young Multilingual Learners/English Learners

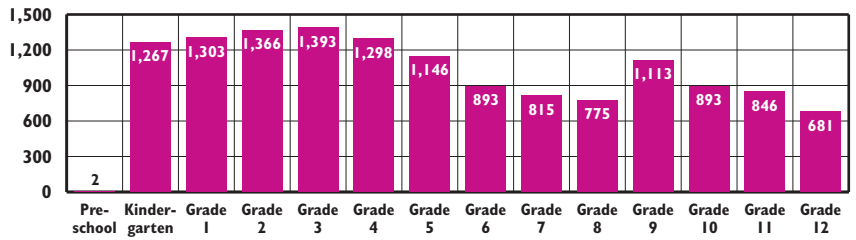
◆ Language learning is most effective and efficient during the early childhood years, between birth and age eight. Infants and young children learn new languages faster and with more competence than older children and adults.[14]

◆ 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 a Multilingual Learner/English Learner (MLL/EL) than older students. In 2018-2019, 5,329 children in grades K-3 (13% of all children in grades K-3 in Rhode Island) were MLL/ELs. Only two children in public school preschool classrooms in Rhode Island (less than 1% of the 1,826 children enrolled in public school preschool classrooms) were identified as an MLL/EL. Of the 1,267 kindergarteners who were MLL/ELs, 46% were enrolled in the Providence Public Schools, 18% were in one of the other three core city public school districts, and 15% were in a public charter school.[17]

Multilingual Learners/English Learners by Grade Level, Rhode Island, 2018-2019 School Year



Source: Rhode Island Department of Education, 2018-2019.

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, 2018-2019

DISTRICT	NUMBER OF KINDERGARTNERS SUSPENDED	NUMBER OF SUSPENSIONS FOR KINDERGARTNERS	NUMBER OF DAYS KINDERGARTNERS WERE SUSPENDED
Central Falls	0	0	0
Pawtucket	*	*	*
Providence	20	28	40
Woonsocket	*	11	17
Charter Schools	*	*20*	*21*
Remainder of State	*44*	*73*	*92*
Rhode Island	*80*	*133*	*171*

Source: Rhode Island Department of Education, 2018-2019. *Fewer than 10 students are in this category.

◆ In 2018-2019 in Rhode Island, there were 80 kindergartners who were suspended at least one day, 48% of whom had a developmental delay or disability. Kindergartners experienced 133 disciplinary actions, with 110 out-of-school suspensions and 23 in-school suspensions. These students were suspended for a total of 171 days.[20]

◆ Compared to the 2017-2018 school year, the number of kindergartners who were suspended decreased by 42%, the number of suspensions decreased by 53%, and the number of days kindergartners were suspended decreased by 54% in the 2018-2019 school year.[21,22]

(References are on page 186)

Out-of-School Time

DEFINITION

Out-of-school time is the number of children participating in organized after-school programs. This indicator presents data on the number of licensed after-school child care programs and slots for children ages six and older as well as available data on children served by after-school programs that do not require state licensing.

SIGNIFICANCE

Organized programs for school-age children offered during the hours and days when school is not in session have become increasingly popular over the past 50 years. Growth has been driven by the expansion of mothers' labor force participation, concerns over negative consequences associated with children being home alone, passage of the *1990 Child Care Development and Block Grant Act* which provided the first major funding stream for out-of-school time programs, and federal funding for 21st Century Community Learning Centers, which began in 1998. Out-of-school time programs can contribute significantly to children's development and learning.[1]

High-quality, organized after-school and summer programs improve the supervision and safety of youth, promote positive social skills, and, with sufficient dosage, improve student achievement. Quality out-of-school time programs provide engaging activities that are intentionally designed to promote youth development and are taught by trained, dedicated instructors who work effectively with youth. Youth who participate consistently can show improved competence, caring, and connections.[2,3]

Most children and youth in Rhode Island have working parents. Between 2014 and 2018, 77% of Rhode Island children ages six to 17 had all parents in the workforce, higher than the U.S. rate of 71%.[4] School hours only cover 20% of the time children and youth have available for learning, forming friendships, developing and practicing skills, and exploring interests. What children do during out-of-school time matters for success in school and life. Yet, there are not enough affordable, high-quality, out-of-school time programs to meet the needs of families and youth. Increased federal, state, and local investments are needed to expand access to high-quality programs and to build and sustain an effective out-of-school time workforce.[5,6]

Students Served by 21st Century Community Learning Centers by Grade Span, Rhode Island, 2018-2019 School Year

SCHOOL DISTRICT	GRADES PK-3	GRADES 4-5	GRADES 6-8	GRADES 9-12	TOTAL
Central Falls	333	225	223	217	998
Cranston	84	46	68	0	198
East Providence	82	53	0	0	135
Newport	538	257	304	348	1,447
Pawtucket	504	330	9	1	844
Providence	378	196	1,374	2,505	4,453
Woonsocket	261	150	246	669	1,326
Charter Schools	*161*	*128*	*227*	*20*	*536*
State-Operated Schools			*117*	*242*	*359*
UCAP			*131*	*12*	*143*
Rhode Island	*2,341*	*1,385*	*2,699*	*4,014*	*10,439*

Source: RI Department of Education, Office of Student, Community and Academic Supports, 2018-2019 school year. Data are not unduplicated as students can be served by more than one grantee. UCAP is the Urban Collaborative Accelerated Program.

◆ **In the 2018-2019 school year in Rhode Island, 21st Century Community Learning Center grantees served 10,439 children and youth. Of these, 22% were in grades PK-3, 13% were in grades 4-5, 26% were in grades 6-8, and 38% were in grades 9-12.**[7]

◆ **During the summer of 2018, 2,277 Rhode Island children entering grades Pre-K through 12 participated in 21st Century Community Learning Center programs; 766 (34%) entering grades PK-3, 516 (23%) entering grades 4-5, 379 (17%) entering grades 6-8, and 616 (27%) entering grades 9-12.**[8]

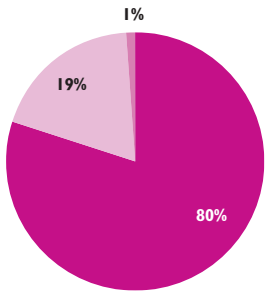
◆ **During the summer of 2018, 1,058 Rhode Island children in kindergarten through grade 12 participated in Hasbro Summer Learning programs funded by United Way of Rhode Island.**[9]

Summer Learning

◆ **High-quality summer programs and extended-year school calendars can help narrow achievement gaps between low-income and higher-income students. Summer programs that use an evidence-based curriculum, offer hands-on learning opportunities, promote regular attendance, and hire effective teachers set students up for success.**[10,11]

School-Age Child Care Subsidies by Type of Setting, Rhode Island, 2019

80% Licensed Center (3,450)
19% Licensed Family Child Care (825)
1% License-Exempt Provider (32)



n=4,307

Source: Rhode Island Department of Human Services, December 2019.

In January 2019 in Rhode Island, there were 12,200 slots for school-age children and youth in licensed centers. Seventy percent of the slots were in an independently licensed school-age program and 30% were in a licensed early childhood center. In addition, there were 460 family child care homes licensed to serve school-age children and youth.[12]

In January 2020 in Rhode Island, there were 77 independently licensed school-age programs participating in BrightStars, Rhode Island's Quality Rating and Improvement System (75% of the 102 licensed programs). Seven programs (7% of the 102 licensed programs) had a high-quality rating of four or five stars.[13]

Table 43. **Licensed School-Age Child Care Center Slots for Children Ages Six to 12 Rhode Island, January 2020**

CITY/TOWN	NUMBER OF CHILDREN AGES 6 TO 12	SCHOOL-AGE SLOTS IN EARLY LEARNING CENTERS	SCHOOL-AGE SLOTS IN INDEPENDENT PROGRAMS	TOTAL NUMBER OF SLOTS
Barrington	2,038	81	177	258
Bristol	1,421	0	150	150
Burrillville	1,456	0	248	248
Central Falls	2,045	162	0	162
Charlestown	616	0	0	0
Coventry	3,142	122	100	222
Cranston	6,331	384	619	1,003
Cumberland	2,976	0	867	867
East Greenwich	1,482	61	80	141
East Providence	3,395	389	536	925
Exeter	480	0	100	100
Foster	369	26	0	26
Glocester	809	38	0	38
Hopkinton	741	0	52	52
Jamestown	429	0	50	50
Johnston	2,119	143	0	143
Lincoln	1,900	40	525	565
Little Compton	299	0	26	26
Middletown	1,442	0	132	132
Narragansett	856	0	97	97
New Shoreham	73	0	0	0
Newport	1,399	87	198	285
North Kingstown	2,581	92	198	290
North Providence	2,073	37	368	405
North Smithfield	1,002	40	130	170
Pawtucket	6,015	238	658	896
Portsmouth	1,622	0	146	146
Providence	15,342	866	1,492	2,358
Richmond	777	0	88	88
Scituate	935	26	0	26
Smithfield	1,445	115	96	211
South Kingstown	2,199	69	122	191
Tiverton	1,201	36	75	111
Warren	770	39	60	99
Warwick	6,195	191	488	679
West Greenwich	624	15	0	15
West Warwick	2,155	81	212	293
Westerly	1,850	151	0	151
Woonsocket	3,653	110	471	581
Four Core Cities	*27,055*	*1,376*	*2,621*	*3,997*
Remainder of State	*59,202*	*2,263*	*5,940*	*8,203*
Rhode Island	*86,257*	*3,639*	*8,561*	*12,200*

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 2020. 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] McCombs, J., Whitaker, A., & Yoo, P. (2017). *The value of out-of-school time programs.* Santa Monica, CA: RAND Corporation.

[3] Smith, E. P., Witherspoon, D. P., & Osgood, D. W. (2017). Positive youth development among diverse racial-ethnic children: Quality afterschool contexts as developmental assets. *Child Development, 88*(4), 1063-1078.

[4] U.S. Census Bureau, American Community Survey, 2014-2018. Table DP03.

[5] *State of out of school learning programs in Rhode Island 2019.* Providence, RI: Rhode Island Afterschool Network. Retrieved February 17, 2020, from www.uwri.org

[6] Mahoney, J. L., Parente, M. E., & Zigler, E. F. (2010). After-school program participation and children's development. In J. Meece & J. S. Eccles (Eds.), *Handbook of research on schools, schooling, and human development* (pp. 379-397). New York, NY: Routledge.

[7,8] Rhode Island Department of Education, Office of Student, Community and Academic Supports, 21st Century Community Learning Center enrollment 2018-2019. Students can be served by more than one grantee so data may include duplicated students.

(continued on page 187)

Multilingual Learners/English Learners

DEFINITION

Multilingual Learners/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 Multilingual Learner/English Learner (MLL/EL) students in the U.S. has been growing over the last two decades. MLL/EL students must acquire English language proficiency while also learning academic content.[1,2] Nationally and in Rhode Island, MLL/EL students have lower rates of math and reading achievement than non-MLL/EL students.[3,4]

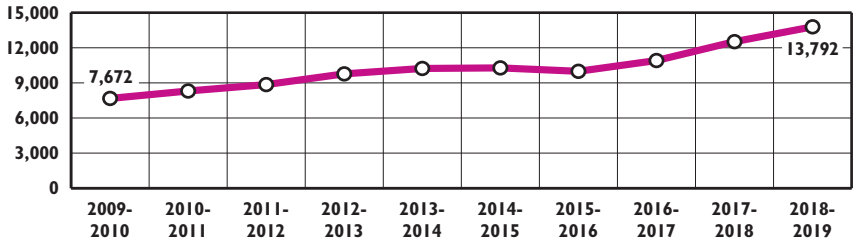
Nationally, the majority of MLL/EL students are born in the U.S., are racially, ethnically and culturally diverse and have at least one immigrant parent. MLL/EL students are more likely to live in low-income households and are the largest subgroup of homeless children. MLL/EL students are more likely to attend high-poverty schools and have limited access to services needed to improve English proficiency.[5] They may also experience discrimination, stigma, and stress related to different cultural expectations and English language proficiency status.[6,7] Students in families with limited English proficiency also have a harder time accessing health care, mental health care, and other social services.[8]

In the 2018-2019 school year in Rhode Island, MLL/EL students were 10% (13,792) of total students, and 39% of all MLL/EL students in Rhode Island were in grades preschool to grade three. Of all MLL/EL students, 83% were enrolled in free or reduced-price lunch programs, and 73% lived in the four core cities.[9,10] In the 2018-2019 school year, MLL/EL students in Rhode Island public schools spoke 95 different languages. The majority (80%) spoke Spanish, 5% spoke a creole language, 2% spoke Portuguese, 2% spoke Arabic, 1% spoke Chinese, and 10% spoke other or multiple languages.[11]

Dual language bilingual programs can significantly improve English reading proficiency, decrease high school dropout rates, increase the likelihood of going to college, and improve economic outcomes for MLL/EL students.[12] During the 2018-2019 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 Rhode Island School for the Deaf and International Charter School.[13]

In 2016, the Rhode Island General Assembly established a pilot categorical program to provide additional support for the costs associated with educating MLL/EL students.[14] In 2017, the Rhode Island General Assembly made this categorical fund permanent. This fund is designed to support high-quality, research-based services.[15]

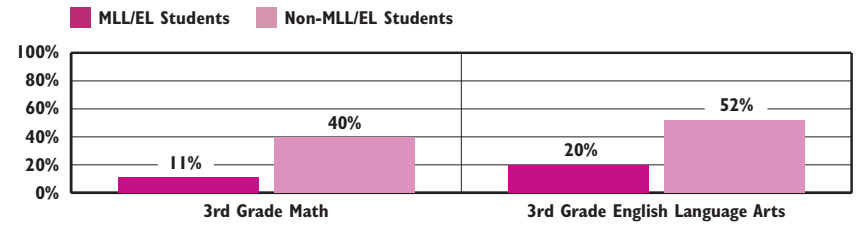
Multilingual Learners/English Learners, Rhode Island, 2009-2010 Through 2018–2019 School Years



Source: Rhode Island Department of Education, 2009-2010 through 2018-2019 school years.

◆ **The number of MLL/EL students in Rhode Island has nearly doubled (increased by 93%) from the 2009-2010 to 2018-2019 school years.[16]**

Current Multilingual Learners/English Learners Meeting Expectations in Math and English Language Arts, Rhode Island, 2019



Source: *Rhode Island Department of Education, Rhode Island Comprehensive Assessment System (RICAS)*, October 2019.

◆ **Successful EL programs have highly qualified and culturally competent teachers.[17] Schools that foster relationships with students, parents, and the community, encourage positive school culture and offer dynamic, personalized instruction guided by ongoing assessments by effective teachers can help MLL/EL students succeed[18,19,20] In October 2018, 3% (381) of Rhode Island public school classroom teachers and instructional coordinators held an active bilingual, dual language or English to Speakers of Other Languages certification.[21]**

Table 44.

Multilingual Learner/English Learner Students, Rhode Island, 2018-2019

SCHOOL DISTRICT	TOTAL # OF STUDENTS	NUMBER OF MULTILINGUAL LEARNER/ENGLISH LEARNER STUDENTS				% OF TOTAL DISTRICT
		ELEMENTARY (GRADES PRE-K-5)	MIDDLE (GRADES 6-8)	HIGH (GRADES 9-12)	TOTAL # OF MLL/EL STUDENTS	
Barrington	3,339	57	14	13	84	3%
Bristol Warren	3,207	52	11	10	73	2%
Burrillville	2,270	*	*	*	*	<1%
Central Falls	2,737	682	256	375	1,313	48%
Chariho	3,174	*	*	*	10	<1%
Coventry	4,634	25	*	*	33	1%
Cranston	10,399	383	113	114	610	6%
Cumberland	4,635	92	21	12	125	3%
East Greenwich	2,522	18	*	*	23	1%
East Providence	5,262	129	38	47	214	4%
Exeter-West Greenwich	1,605	*	*	*	14	1%
Foster	256	0	NA	NA	0	0%
Foster-Glocester	1,290	NA	0	*	*	<1%
Glocester	529	*	NA	NA	*	<1%
Jamestown	499	0	0	NA	0	0%
Johnston	3,210	131	23	26	180	6%
Lincoln	3,100	22	*	*	30	1%
Little Compton	234	0	0	NA	0	0%
Middletown	2,152	73	15	29	117	5%
Narragansett	1,273	*	0	*	*	<1%
New Shoreham	133	*	*	*	16	12%
Newport	2,144	156	62	75	293	14%
North Kingstown	3,939	45	13	*	61	2%
North Providence	3,524	94	23	32	149	4%
North Smithfield	1,648	*	*	*	*	<1%
Pawtucket	8,783	683	282	287	1,253	14%
Portsmouth	2,410	11	*	*	20	1%
Providence	23,981	3,574	1,285	2,024	6,883	29%
Scituate	1,221	0	0	0	0	0%
Smithfield	2,405	11	*	*	16	1%
South Kingstown	2,931	39	*	*	51	2%
Tiverton	1,755	*	0	*	*	<1%
Warwick	8,712	108	23	23	154	2%
West Warwick	3,568	56	17	*	82	2%
Westerly	2,683	43	*	*	57	2%
Woonsocket	6,027	299	136	138	573	10%
Charter Schools	*8,428*	*950*	*98*	*196*	*1,244*	*15%*
State-Operated Schools	*1,780*	*	*	*66*	*77*	*4%*
UCAP	*137*	*NA*	*	*	*	*6%*
Four Core Cities	*41,527*	*5,238*	*1,959*	*2,824*	*10,022*	*24%*
Remainder of State	*90,665*	*1,578*	*417*	*446*	*2,441*	*3%*
Rhode Island	*142,537*	*7,775*	*2,483*	*3,533*	*13,792*	*10%*

Sources of Data for Table/Methodology

Rhode Island Department Education, 2018-2019 school year. Total number of Multilingual Learner/English Learner students is the number of students in each district who were actively enrolled in English Learner programs in the 2018-2019 school year. Students who are not yet fully English proficient but have exited ESL or bilingual education programs to regular education are not included in these numbers.

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

NA indicates that the school district does not serve students at that grade level.

The "% of Total District" is based on the total number of Multilingual Learners/English Learners divided by the "Total # of Students," which is the average daily membership in the districts of instruction.

Charter schools include: Achievement First Rhode Island, Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Charette Charter School, 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.

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

References

[1] McFarland, J., et al. (2018). *The condition of education 2018 (NCES 2018-144).* Washington, DC: National Center for Education Statistics, U.S. Department of Education. Retrieved February 6, 2019, from https://nces.ed.gov

(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 17% of U.S. children ages three to 17 have a developmental delay or disability. Children in low-income families, children with non-college-educated mothers, children with rural residences, children with low birthweight, and boys are more likely to have a delay or disability.[2]

The federal *Individuals with Disabilities Education Act (IDEA)* guarantees a free appropriate public education to every child with a disability. Prior to passage of the original 1975 federal law, many children with disabilities were excluded from public school. Since passage, outcomes for children with disabilities have steadily improved. More students with disabilities are being educated in neighborhood schools, included in general education classrooms, reaching proficiency standards, graduating from high school, enrolling in post-secondary education programs, and becoming employed as adults.[3] Concerns remain that not all children who could benefit from services are identified, that children of color are less likely to receive special education services than their White peers, and special education funding is not adequate.[4]

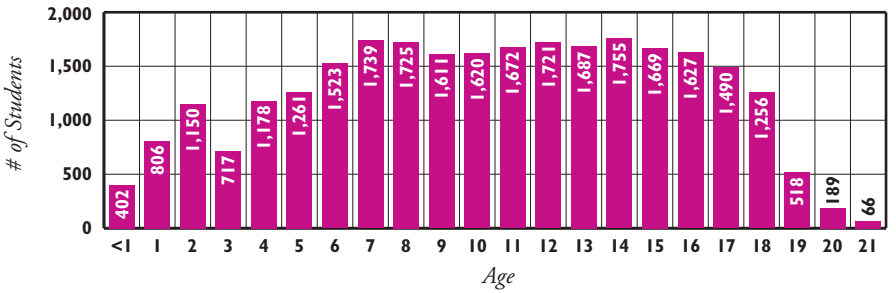
Despite improvements in high school graduation rates and post-secondary school enrollment, students with disabilities are still less likely to graduate from high school and more likely to be suspended than students without disabilities.[5,6]

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 Rhode Island, students with disabilities are much less likely to meet or exceed expectations on the *Rhode Island Comprehensive Assessment System (RICAS)*. In 2019, of students in grades 3 to 8 with a disability, only 6% met or exceeded expectations in ELA and 5% in math compared with 44% in ELA and 34% in math without special education needs.[8]

In Rhode Island, the four-year graduation rate for the class of 2019 was 64% 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 2019



Source: Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, Early Intervention enrollment, June 30, 2019. Rhode Island Department of Education, Office of Diverse Learners, Special Education Census, June 30, 2019. Includes parentally-placed students.

◆ **As of June 2019, there were 21,868 students ages six to 21 (15% of all kindergarten through grade 12 students) receiving special education services through Rhode Island public schools. Thirty-six percent of these students had a learning disability, 19% had a health impairment, 12% had a speech/language disorder, 12% had an autism spectrum disorder, 8% had an emotional disturbance, 7% had a developmental delay, 4% had an intellectual disability, and 3% had other disabilities.[10]**

◆ **As of June 2019, 70% 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, 23% were in their regular classroom for less than 80% of the day, 4% were in a separate school, and 1% were in a residential facility, a correctional facility, were home-bound, or were hospitalized.[11] Since 2000, 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 increased 34%.[12]**

◆ **Of Rhode Island students receiving special education services in June 2019, 67% were boys and 33% were girls; 52% were low-income (receiving free or reduced-price lunch) and 48% were not low-income; 55% were White, 28% were Hispanic, 10% were Black, 5% were Two or more races, 2% were Asian/Pacific Islander, and 1% were Native American; and 10% were Multilingual Learners/English Learners.[13]**

K-12 Students Receiving Special Education Services

Table 45.

Students Ages 6 through 21 Receiving Special Education Services by Primary Disability, Rhode Island, 2019

SCHOOL DISTRICT	TOTAL # OF STUDENTS	AUTISM SPECTRUM DISORDER	DEVELOP-MENTAL DELAY	EMOTIONAL DISTURBANCE	HEALTH IMPAIRMENT	INTELLECTUAL DISABILITY	LEARNING DISABILITY	SPEECH/ LANGUAGE IMPAIRMENT	OTHER	TOTAL STUDENTS WITH DISABILITIES	% STUDENTS RECEIVING SPECIAL EDUCATION
Barrington	3,339	64	11	44	73	10	100	67	20	389	12%
Bristol Warren	3,207	57	18	10	49	18	139	99	*	397	12%
Burrillville	2,270	43	16	21	55	13	139	29	10	326	14%
Central Falls	2,737	45	57	30	98	28	240	47	14	559	20%
Chariho	3,174	61	31	10	86	12	146	42	10	398	13%
Coventry	4,634	90	40	65	118	34	245	81	24	697	15%
Cranston	10,399	191	67	122	395	53	582	91	40	1,541	15%
Cumberland	4,635	101	47	54	80	29	177	103	36	627	14%
East Greenwich	2,522	52	38	16	70	13	70	30	*	296	12%
East Providence	5,262	112	65	85	149	34	296	96	22	859	16%
Exeter-West Greenwich	1,605	36	15	*	35	*	43	31	*	177	11%
Foster	256	*	*	0	*	0	*	20	0	31	12%
Foster-Glocester	1,290	21	0	*	19	10	44	*	*	107	8%
Glocester	529	*	*	*	*	*	10	27	*	56	11%
Jamestown	499	12	*	*	17	*	27	21	*	89	18%
Johnston	3,210	59	40	26	126	15	231	39	20	556	17%
Lincoln	3,100	59	42	39	86	12	174	60	17	489	16%
Little Compton	234	*	*	*	12	*	17	*	*	42	18%
Middletown	2,152	43	24	39	76	19	126	38	11	376	17%
Narragansett	1,273	18	15	10	40	*	87	22	12	207	16%
New Shoreham	133	*	*	0	10	0	*	*	0	19	14%
Newport	2,144	48	28	40	52	25	170	36	11	410	19%
North Kingstown	3,939	62	19	38	80	16	146	78	19	458	12%
North Providence	3,524	70	42	49	82	22	237	80	17	599	17%
North Smithfield	1,648	25	12	15	38	10	79	40	*	224	14%
Pawtucket	8,783	127	109	76	249	55	613	174	28	1,431	16%
Portsmouth	2,410	40	12	21	83	*	83	43	*	297	12%
Providence	23,981	272	299	311	562	200	1,483	470	108	3,705	15%
Scituate	1,221	16	*	*	18	*	58	31	*	136	11%
Smithfield	2,405	52	18	18	49	*	148	20	*	323	13%
South Kingstown	2,931	53	13	21	75	18	85	26	14	305	10%
Tiverton	1,755	44	17	27	51	12	89	20	*	268	15%
Warwick	8,712	215	134	107	286	50	434	116	37	1,379	16%
West Warwick	3,568	99	53	95	118	34	233	76	11	719	20%
Westerly	2,683	50	37	34	105	14	104	37	28	409	15%
Woonsocket	6,027	184	112	159	364	77	420	201	30	1,547	26%
Charter Schools	*8,428*	*89*	*68*	*59*	*207*	*25*	*494*	*188*	*13*	*1,143*	*14%*
State-Operated Schools	*1,780*	*12*	*0*	*28*	*39*	*	*73*	*	*61*	*220*	*12%*
UCAP	*137*	*0*	*0*	*0*	*	*0*	*16*	*0*	*0*	*17*	*12%*
Department of Corrections	*NA*	*0*	*0*	*	*32*	*0*	*	*0*	*0*	*40*	*NA*
Four Core Cities	*41,527*	*628*	*577*	*576*	*1,273*	*360*	*2,756*	*892*	*180*	*7,242*	*17%*
Remainder of State	*90,665*	*1,805*	*863*	*1,030*	*2,540*	*512*	*4,527*	*1,509*	*420*	*13,206*	*15%*
Rhode Island	*142,537*	*2,534*	*1,508*	*1,700*	*4,092*	*899*	*7,867*	*2,594*	*674*	*21,868*	*15%*

Source of Data for Table/Methodology

Rhode Island Department of Education (RIDE), Office for Diverse Learners, Special Education Census June 30, 2019. 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 2018-2019 school year provided by RIDE.

Due to changes in methodology, *K-12 Students Receiving Special Education Services* in this Factbook cannot be compared with Factbooks prior to 2015. Data about preschool students receiving special education services can be found in the *Children Receiving Preschool Special Education Services* indicator.

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

NA indicates that no data are available.

Totals of students and percentages of students receiving special education may not sum due to rounding.

The category "other" includes students who are visually impaired, hearing impaired, deaf/blind, multi-handicapped, orthopedically impaired, and/or have traumatic brain injury.

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

Charter schools include Achievement First Providence Mayoral Academy, Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Charette High School, 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 C. "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, behavior 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]

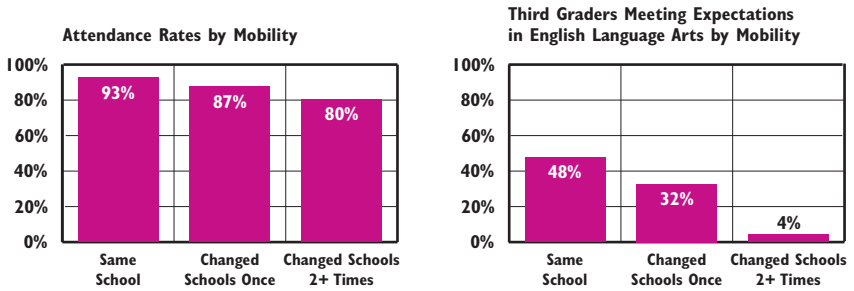
Regardless of income status and ethnicity, mobility can negatively affect student achievement. However, low-income and children of color are more likely to be mobile and experience greater negative impacts on their academic achievement, than higher-income and White students. Students receiving special 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. 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.[9,10]

Between 2014 and 2018 in Rhode Island, 11% of children ages five to 17 changed residence at least once during the previous year, 76% of whom moved within Rhode Island and 24% of whom moved from another state or abroad.[11] Nationally and in Rhode Island, people with incomes below the poverty line are more likely to move than higher-income residents. Between 2014 and 2018, 22% of Rhode Islanders living below the poverty line moved, compared with 10% of higher-income residents.[12]

School Mobility and Education Outcomes in Rhode Island, 2018-2019



Source: Rhode Island Department of Education, 2018-2019 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 93% attendance rate, compared with 87% for those who changed schools once and 80% for those who changed schools two or more times during the 2018-2019 school year.**[13]

◆ **Children who change schools mid-year also perform worse on standardized tests than children who have not experienced school mobility. During the 2018-2019 school year in Rhode Island, 48% of third-grade children who did not experience mobility met expectations in reading/writing on the *Rhode Island Comprehensive Assessment System (RICAS)* state assessment, compared with 32% of students who moved once and 4% of students who moved two or more times.**[14]

◆ **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.**[15]

◆ **One-third of children in foster care will experience five or more school changes before they turn age 18, and such changes often result in lost academic progress. The federal *Every Student Succeeds Act* includes provisions to give children in foster care more educational stability by allowing students to stay in their school of origin if it is in their best interest and providing transportation to that school.**[16]

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.[17]

◆ 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 82% in the 2018-2019 school year, compared with a stability rate of 91% in the remainder of the state.[18]

◆ Total enrollment for each district is cumulative over the course of the school year.[19]

◆ The overall Rhode Island student mobility rate was 13% in the 2018-2019 school year. The four core cities had a higher mobility rate (19%) than districts in the remainder of the state (9%).[20]

◆ During the 2018-2019 school year, Rhode Island high schools had higher mobility rates (16%) than elementary schools (12%) and middle schools (12%).[21]

Table 46. **Student Mobility and Stability Rates by District, Rhode Island, 2018-2019 School Year**

SCHOOL DISTRICT	CUMULATIVE ENROLLMENT FOR 2018-2019	# ENROLLED THE WHOLE YEAR	# ENROLLED AFTER SEPT. 30	# EXITED BEFORE JUNE 1	STABILITY RATE	MOBILITY RATE
Barrington	3,393	3,285	63	48	97%	3%
Bristol Warren	3,346	3,069	115	177	92%	9%
Burrillville	2,357	2,163	106	99	92%	9%
Central Falls	3,057	2,330	429	342	76%	25%
Chariho	3,225	3,041	91	100	94%	6%
Coventry	4,740	4,422	147	183	93%	7%
Cranston	11,039	9,847	561	675	89%	11%
Cumberland	4,893	4,412	176	319	90%	10%
East Greenwich	2,540	2,439	51	52	96%	4%
East Providence	5,321	4,840	216	288	91%	9%
Exeter-West Greenwich	1,635	1,533	43	64	94%	7%
Foster	247	235	*	*	95%	5%
Foster-Glocester	1,326	1,265	21	41	95%	5%
Glocester	542	510	21	13	94%	6%
Jamestown	502	473	15	15	94%	6%
Johnston	3,319	3,002	143	193	90%	10%
Lincoln	3,175	2,950	106	128	93%	7%
Little Compton	224	221	*	*	99%	2%
Middletown	2,302	2,021	140	158	88%	13%
Narragansett	1,265	1,176	41	56	93%	8%
New Shoreham	2,354	1,920	237	236	82%	20%
Newport	142	128	*	*	90%	11%
North Kingstown	4,043	3,738	131	183	92%	8%
North Providence	3,704	3,304	179	237	89%	11%
North Smithfield	1,674	1,592	34	50	95%	5%
Pawtucket	9,575	7,943	835	916	83%	18%
Portsmouth	2,491	2,324	76	96	93%	7%
Providence	27,218	21,547	2,814	3,371	79%	23%
Scituate	1,250	1,190	28	35	95%	5%
Smithfield	2,442	2,332	46	65	95%	5%
South Kingstown	2,995	2,824	62	111	94%	6%
Tiverton	1,844	1,688	52	109	92%	9%
Warwick	9,017	8,169	392	500	91%	10%
West Warwick	3,949	3,269	302	424	83%	18%
Westerly	2,738	2,529	94	131	92%	8%
Woonsocket	6,774	5,495	505	863	81%	20%
Charter Schools	*8,838*	*8,096*	*307*	*464*	*92%*	*9%*
State-Operated Schools	*1,972*	*1,660*	*153*	*227*	*84%*	*19%*
UCAP	*152*	*122*	*12*	*18*	*80%*	*20%*
Four Core Cities	*55,554*	*45,787*	*4,866*	*5,684*	*82%*	*19%*
Remainder of State	*85,104*	*77,439*	*3,423*	*4,608*	*91%*	*9%*
Rhode Island	*151,620*	*133,104*	*8,761*	*11,001*	*88%*	*13%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2018-2019 school year.

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

Charter Schools include: Achievement First Rhode Island, Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, The Charette Charter School, The Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, 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 William M. Davies Career & Technical High School, DCYF Schools, Metropolitan Regional Career and Technical High School, and the Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

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

References

[1,3] Herbers, J. E., Reynolds, A. J., & Chen, C. (2013). School mobility and developmental outcomes in young adulthood. *Development and Psychopathology, 25*(2), 501–515.

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[7,9] Fiel J.E., Haskins A.R., López Turley, RN. (2013) *Reducing school mobility: A randomized trial of a relationship-building intervention.* Retrieved data, from www.ncbi.nlm.nih.gov.

(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 *Rhode Island Comprehensive Assessment System (RICAS)* test.

SIGNIFICANCE

Educators and researchers have long recognized the importance of achieving reading proficiency by the end of third grade, when children begin to shift from learning to read to reading to learn. Students who do not successfully reach this milestone struggle in the later grades and are four times more likely to drop out of high school than their proficient peers.[1]

Interventions for students who struggle with reading are more successful when implemented before third grade and when they are culturally relevant.[2] When intervention is delayed until after third grade, most children never catch up to their grade-level peers.[3,4]

Literacy begins long before children encounter school instruction in writing and reading. Physical and social-emotional health, family supports, literacy-rich home environments (including telling stories) and parents who provide early cognitive development activities contribute to literacy development, reading achievement, and success in school.[5,6]

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.[7] Programs targeting the development of social-emotional and behavioral skills improve children's school readiness and academic achievement. Children who participate in high-quality Pre-K programs score higher on future reading and math assessments, are more likely to become proficient readers in the primary grades, and have higher graduation rates.[8,9]

Policymakers can increase third-grade reading proficiency by increasing access to high-quality child care, Pre-K, and Head Start; providing parents with supports to create enriched language and literacy opportunities beginning at birth; expanding access to high-quality summer learning programs; and addressing chronic early absence.[10,11]

4th-Grade *NAEP* Reading Proficiency

	2009	2019
RI	36%	34%
US	32%	35%
National Rank*		*24th*
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.

Third Graders Meeting Expectations on the *RICAS* English Language Arts Assessment, Rhode Island, 2019

SUBGROUP	
Male Students	42%
Female Students	54%
Multilingual Learners/English Learners	20%
Non-English Learners	52%
Students With Disabilities	14%
Students Without Disabilities	55%
Low-Income Students	32%
Higher-Income Students	64%
White Students	57%
Asian Students	58%
Black Students	33%
Hispanic Students	33%
Native American Students	23%
Homeless Students	25%
Non-Homeless Students	48%
ALL STUDENTS	*48%*

Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS), 2018*. Low-income status is determined by eligibility for the free or reduced-price lunch program.

◆ **In 2019, 48% of Rhode Island third graders met expectations on the *Rhode Island Comprehensive Assessment System (RICAS)*, English language arts assessment.[12]**

◆ **In Rhode Island in 2019, 32% of low-income third graders met expectations in English language arts, compared with 64% of higher-income third graders. There were also large achievement gaps by race and ethnicity as well as by Multilingual Learner/English Learner and disability status. For the first time in Rhode Island, data on reading proficiency is available for students experiencing homelessness. In 2019, 25% of third graders who were identified as homeless met expectations in English language arts, compared to 48% of third graders who were not identified as homeless.[13]**

◆ **In the U.S., 75% of teachers working with early readers do not use research-based methods to teach reading.[14] Evidence-based instructional techniques can help children with reading disabilities acquire proficiency in reading.**

Table 47.

Third-Grade Reading Skills, Rhode Island, 2018-2019

SCHOOL DISTRICT	# OF THIRD GRADERS TESTED 2019	% MEETING EXPECTATIONS 2018	% MEETING EXPECTATIONS 2019
Barrington	224	73%	73%
Bristol Warren	241	60%	61%
Burrillville	156	32%	39%
Central Falls	200	12%	26%
Chariho	193	59%	75%
Coventry	317	52%	64%
Cranston	701	45%	55%
Cumberland	313	51%	65%
East Greenwich	177	67%	73%
East Providence	383	42%	55%
Exeter-West Greenwich	121	65%	55%
Foster	43	35%	44%
Glocester	91	62%	71%
Jamestown	44	63%	82%
Johnston	221	40%	44%
Lincoln	243	55%	67%
Little Compton	24	64%	58%
Middletown	160	37%	46%
Narragansett	77	64%	64%
New Shoreham	11	*	73%
Newport	161	26%	27%
North Kingstown	246	56%	63%
North Providence	243	33%	45%
North Smithfield	105	71%	70%
Pawtucket	676	30%	37%
Portsmouth	154	61%	55%
Providence	1,714	19%	26%
Scituate	82	48%	70%
Smithfield	173	59%	62%
South Kingstown	204	48%	67%
Tiverton	127	53%	63%
Warwick	622	41%	51%
West Warwick	277	31%	40%
Westerly	184	53%	59%
Woonsocket	477	17%	18%
Charter Schools	*795*	*48%*	*53%*
Four Core Cities	*3,067*	*21%*	*27%*
Remainder of State	*6,320*	*49%*	*57%*
Rhode Island	*10,182*	*40%*	*48%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Comprehensive Assessment System (RICAS)*, 2019.

Due to the adoption of a new assessment tool by RIDE in 2018, Third-Grade Reading Skills cannot be compared with Factbooks prior to 2018.

% meeting expectations are the third-grade students who met or exceeded expectations for their grade on the English language arts section of the *RICAS*. Only students who actually took the test are counted in the denominator for the district and school proficiency rates. Students with Individualized Education Programs (IEPs) may participate in alternate assessments instead. Multilingual Learners/English Learners in the U.S. less than one year are exempt from the English language arts assessment.

In Rhode Island, 99% of students were tested. Response rates vary by district.

2019 *RICAS* data for independent charter schools include Achievement First Rhode Island, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, RISE Prep Mayoral Academy and SouthSide Charter School. Charter schools included in total differ by year, depending on the schools serving that grade level on the year of the test. Charter schools are not included in the four core cities and remainder of state calculations.

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

Data is not reported for The Rhode Island School for the Deaf because the number of students tested was less than 10. These students are still counted in the state totals.

See Methodology Section for more information.

References

[1,3] Hernandez, D. J. (2012). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation.* Baltimore, MD: The Annie E. Casey Foundation.

(continued on page 187)

Eighth-Grade Reading Skills

DEFINITION

Eighth-grade reading skills is the percentage of eighth-grade students who met expectations for reading in English language arts on the *Rhode Island Comprehensive Assessment System (RICAS)* test.

SIGNIFICANCE

Strong reading skills are essential for a student's academic success 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 Multilingual Learners/English Learners and low-income students, who are more likely to have low English literacy skills.[5]

Nationally, there has been limited progress in improving literacy skills among 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

	2009	2019
RI	28%	29%
US	30%	32%
National Rank*	*35th*	*33rd*
New England Rank**	*6th*	*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 four and eight.

Eighth Graders Meeting Expectations on the *RICAS* English Language Arts Assessment, Rhode Island, 2019

SUBGROUP	2019
Male Students	28%
Female Students	44%
*Multilingual Learners/English Learners	<5%
Non-English Learners	39%
*Students With Disabilities	<5%
Students Without Disabilities	42%
Low-Income Students	19%
Higher-Income Students	52%
White Students	48%
Asian Students	45%
Black Students	18%
Hispanic Students	18%
Native American Students	10%
Homeless Students	12%
Non-Homeless Students	37%
ALL STUDENTS	*36%*

Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS), 2019*. Low-income status is determined by eligibility for the free or reduced-price lunch program. *Data is reported as <5% when greater than 95% of students do not meet expectations.

◆ **In Rhode Island in 2019, 19% of low-income eighth graders met expectations in English language arts on the *RICAS*, compared with 52% of higher-income eighth graders. There were also large achievement gaps by race and ethnicity.[12]**

◆ **Less than 5% of Multilingual Learners/English Learners and students with disabilities met expectations.[13]**

◆ **For the first time in Rhode Island, data on reading proficiency is available for students experiencing homelessness. In 2019, 12% of eighth graders who were identified as homeless met expectations in English language arts, compared to 37% of eighth graders who were not identified as homeless.[14]**

Table 48.

Eighth-Grade Reading Skills, Rhode Island, 2018-2019

SCHOOL DISTRICT	# EIGHTH GRADERS TESTED	% MEETING EXPECTATIONS IN 2018	% MEETING EXPECTATIONS IN 2019
Barrington	282	70%	80%
Bristol Warren	232	39%	48%
Burrillville	174	22%	29%
Central Falls	196	<5%	6%
Chariho	221	50%	60%
Coventry	369	41%	51%
Cranston	826	27%	37%
Cumberland	368	53%	60%
East Greenwich	222	62%	69%
East Providence	399	24%	23%
Exeter-West Greenwich	120	39%	74%
Foster-Glocester	160	54%	46%
Jamestown	50	63%	54%
Johnston	244	17%	43%
Lincoln	245	26%	30%
Little Compton	30	55%	37%
Middletown	147	28%	35%
Narragansett	103	46%	54%
Newport	138	22%	24%
North Kingstown	320	60%	54%
North Providence	293	20%	47%
North Smithfield	113	55%	61%
Pawtucket	726	10%	19%
Portsmouth	183	45%	62%
Providence	1,635	8%	15%
Scituate	114	19%	50%
Smithfield	206	51%	60%
South Kingstown	241	45%	61%
Tiverton	130	25%	37%
Warwick	633	25%	32%
West Warwick	233	29%	27%
Westerly	204	28%	39%
Woonsocket	403	10%	12%
Charter Schools	*442*	*23%*	*34%*
Urban Collaborative	*73*	*5%*	*<5%*
Four Core Cities	*2,960*	*10%*	*15%*
Remainder of State	*7,012*	*35%*	*46%*
Rhode Island	*10,487*	*28%*	*36%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Comprehensive Assessment System (RICAS)*, 2019.

% meeting expectations are the eighth-grade students who met or exceeded expectations for their grade on the English language arts section of the RICAS. Only students who actually took the test are counted in the denominator for the district and school proficiency rates. Students with Individualized Education Programs (IEPs) may participate in alternate assessments. Multilingual Learners/English Learners in the U.S. for less than one year are exempt from the English language arts assessment.

2019 RICAS 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.

Data is not reported for New Shoreham or The Rhode Island School for the Deaf because the number of students tested was less than 10. These students are still counted in the remainder of the state and state totals.

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 187)

Math Skills

DEFINITION

Math skills is the percentage of third- and eighth-grade students who met expectations for math on the *Rhode Island Comprehensive Assessment System (RICAS)* test.

SIGNIFICANCE

Students must rely on math to perform everyday activities, advance their education, and navigate today's technological world. Strong math skills predict higher college attendance and success rates and increase students' employability.[1,2] Improving education in the STEM disciplines (science, technology, engineering, and math) can spur national innovation and competitiveness and ensure that we have qualified workers for the growing STEM industries.[3]

State, national, and international assessments show that U.S. students fare well with straight-forward computational procedures but tend to have a limited understanding of basic mathematical concepts, resulting in recent federal actions to increase the level of rigor, depth, and coherency of the mathematics content taught nationwide.[4,5] After two decades of improvement, performance in math in the U.S. has begun to level off.[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 2019, 40% of Rhode Island fourth graders and 40% of U.S. fourth graders performed at or above the Proficient level in math on the *NAEP*, and 29% of Rhode Island eighth graders and 33% of U.S. eighth graders performed at or above the Proficient level in math on the *NAEP*.[14,15] Between 2009 and 2019, Rhode Island saw a decrease in fourth-grade math achievement and a slight increase in eighth-grade math achievement as measured by the *NAEP* math tests.[16]

Third- & Eighth-Grade Students Meeting Expectations on the *RICAS* Math Assessment, Rhode Island, 2019

SUBGROUP	THIRD GRADE	EIGHTH GRADE
Male Students	37%	24%
Female Students	35%	25%
*Multilingual Learners/English Learners	11%	<5%
Non-English Learners	40%	27%
*Students With Disabilities	12%	<5%
Students Without Disabilities	41%	28%
Low-Income Students	22%	10%
Higher-Income Students	51%	37%
White Students	45%	33%
Asian Students	52%	38%
Black Students	24%	11%
Hispanic Students	21%	9%
Native American Students	16%	11%
Homeless Students	11%	<5%
Non-Homeless Students	36%	25%
ALL STUDENTS	*36%*	*24%*

Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2019. Low-income status is determined by eligibility for the free or reduced-price lunch program. *Data is reported as <5% when more than 95% of students did not meet expectations.

◆ In Rhode Island in 2019, 22% of low-income third graders met expectations in math, compared with 51% of higher-income third graders. There also were large achievement gaps by race and ethnicity, with 52% of Asian and 45% of White third graders meeting expectations, compared with 24% of Black, 21% of Hispanic, and 16% of Native American students. This large achievement gap is also seen in eighth-grade results, with 38% of Asian and 33% of White eighth graders meeting expectations, compared with 11% of Black and Native American students, and 9% of Hispanic students.[17]

◆ For the first time in Rhode Island, data on math proficiency is available for students experiencing homelessness. In 2019, less than 5% of eighth graders who were identified as homeless met expectations in math, compared to 25% of eighth graders who were not identified as homeless.[18]

Table 49.

Third- Eighth-Grade Students Meeting Expectations in Math, Rhode Island, 2019

SCHOOL DISTRICT	# OF THIRD GRADERS TESTED	% OF THIRD GRADERS MEETING EXPECTATIONS	# OF EIGHTH GRADERS TESTED	% OF EIGHTH GRADERS MEETING EXPECTATIONS
Barrington	226	65%	282	61%
Bristol Warren	244	53%	226	35%
Burrillville	156	34%	173	10%
Central Falls	216	14%	212	<5%
Chariho	194	58%	220	35%
Coventry	316	43%	369	28%
Cranston	706	34%	831	19%
Cumberland	314	60%	370	52%
East Greenwich	176	65%	222	51%
East Providence	383	43%	402	16%
Exeter-West Greenwich	121	46%	120	43%
Foster	42	40%	NA	NA
Foster-Glocester	NA	NA	161	24%
Glocester	92	50%	NA	NA
Jamestown	44	80%	51	45%
Johnston	220	34%	245	17%
Lincoln	243	54%	244	36%
Little Compton	24	58%	30	43%
Middletown	172	33%	151	46%
Narragansett	76	54%	103	33%
New Shoreham	11	45%	11	10%
Newport	171	25%	140	19%
North Kingstown	247	54%	318	49%
North Providence	247	34%	297	30%
North Smithfield	106	57%	114	32%
Pawtucket	690	29%	729	9%
Portsmouth	154	43%	183	56%
Providence	1,774	17%	1,704	7%
Scituate	82	56%	116	29%
Smithfield	172	36%	204	49%
South Kingstown	204	49%	241	46%
Tiverton	126	52%	131	32%
Warwick	624	32%	627	21%
West Warwick	274	21%	252	16%
Westerly	183	56%	204	29%
Woonsocket	482	15%	405	8%
Charter Schools	*799*	*42%*	*441*	*22%*
UCAP	*NA*	*NA*	*76*	*<5%*
Four Core Cities	*3,162*	*19%*	*3,050*	*8%*
Remainder of State	*6,352*	*44%*	*7,040*	*32%*
Rhode Island	*10,313*	*36%*	*10,607*	*24%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Comprehensive Assessment System (RICAS)*, 2019.

Due to the adoption of a new assessment tool by RIDE in 2018, *Math Skills* cannot be compared with Factbooks prior to 2019.

*Data is reported as <5% when greater than 95% of students did not meet expectations in this category. Actual numbers are not shown to protect student confidentiality. These students are still counted in district totals and four core cities, remainder of the state, and state totals.

% meeting expectations are students who met or exceeded expectations on the math section of the *RICAS*. Only students who actually took the test are counted in the denominator for the district and school proficiency rates. All students, including students with disabilities and Multilingual Learners/English Learners, are expected to participate in the *RICAS* assessment.

RICAS data for independent charter schools include Achievement First Rhode Island, Beacon Charter School, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, Segue Institute for Learning, Southside Elementary Charter School, RISE Prep Mayoral Academy, and Trinity Academy for the Performing Arts.

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

Charter schools and the Urban Collaborative Accelerated Program (UCAP) are not included in the four core cities and the remainder of state calculations.

NA indicates that the school district does not serve students at that grade level.

Data is not reported for The Rhode Island School for the Deaf because the number of students tested was less than 10. These students are still counted in the state totals.

References

[1,7,8] Child Trends. (2015). *Mathematics proficiency.* Retrieved March 5, 2019, from www.childtrends.org

(continued on page 188)

Schools Identified for Intervention

DEFINITION

Schools identified for intervention is the percentage of Rhode Island public schools that are identified as in need of "Comprehensive Support and Improvement" by the Rhode Island Department of Education.

SIGNIFICANCE

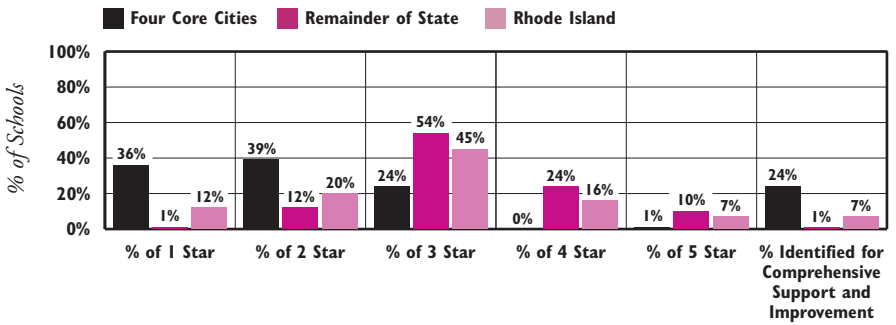
Research on school improvement efforts shows that schools can be improved through comprehensive, whole-school reforms. Critical elements of successful school improvement efforts include targeting resources to support the lowest performing schools, giving building leaders more autonomy around spending and hiring, using data-based decision making, developing ways to spread best practices, and engaging the whole community in improvement efforts.[1]

The U.S. Department of Education approved Rhode Island's new accountability system under the *Every Student Succeeds Act (ESSA)* in 2018.[2] The new system is structured to promote collective responsibility for continuous improvement at all levels of education through the use of measurements to differentiate school performance, a school classification system, and state, district and school report cards.[3]

The accountability system uses a five-star rating system to summarize overall school performance determined by a broad range of performance indicators.[4] These indicators include achievement in English language arts and math, student growth, graduation rate, English language proficiency, percentage of students exceeding expectations, student and teacher chronic absenteeism, and suspensions.[5] In 2019, Rhode Island accountability ratings included new indicators including high school graduates' proficiency in English language arts and math and the percentage of graduating high school students who have earned college credits or industry credentials. In 2021, Rhode Island will include proficiency in science in the rating system.[6]

Schools with five-star ratings have strong performance in all the indicators and no low-performing student subgroups. Schools with one-star ratings are low performing schools in multiple indicators.[7] The lowest performing 5% of all schools receiving Title I funds, high schools that do not graduate at least two-thirds of their students and schools with the lowest scores on academic indicators are identified as in need of "Comprehensive Support and Improvement."[8] These schools will receive additional support and oversight from the state. Schools identified as in need of additional Targeted Support and Improvement have one or more student subgroups performing at the lowest levels in the state.[9]

Rhode Island School Performance Classifications, 2018-2019 School Year



Source: Rhode Island Department of Education, School and District Report Cards, 2018-2019 school year.

◆ **In Rhode Island in the 2018-2019 school year, 35 schools (12%) were given a one-star rating, 59 schools (20%) were given a two-star rating, 134 schools (45%) were given a three-star rating, 49 schools (16%) were given a four-star rating, and 22 schools (7%) were given a five-star rating.[10]**

◆ **Seven percent of schools in Rhode Island are identified as in need of Comprehensive Support and Improvement, and 17 of these 22 schools were located in the four core cities.[11]**

◆ **An additional 158 schools were identified as being in need of Targeted Support and Improvement. Of these 158 schools, 117 had one or more student subgroups who performed at the lowest levels in the state.[12] Of these schools, 88% were identified because of the need for improvement for students with disabilities.[13]**

Every Student Succeeds Act (ESSA) School Accountability Plans

◆ ***ESSA* replaced *No Child Left Behind* as the nation's leading education law in 2015. The law requires states to include a measure of "school quality or student success," such as student engagement, chronic absence, school climate and safety, access to advanced coursework, or college and career readiness in their new accountability systems.[14,15]**

◆ **Strong *ESSA* accountability frameworks have an easy-to-understand rating system, incorporate student growth as well as proficiency, include academic measures inclusive of more than reading and math, incorporate the performance of student subgroups, include measures of college and career readiness, and include a measure of year-over-year growth.[16,17]**

Table 50.

Schools Identified for Intervention, 2018-2019 School Year

SCHOOL DISTRICT	TOTAL # OF SCHOOLS	# OF 5-STAR RATED SCHOOLS	# OF 4-STAR RATED SCHOOLS	# OF 3-STAR RATED SCHOOLS	# OF 2-STAR RATED SCHOOLS	# OF 1-STAR RATED SCHOOLS	# IDENTIFIED FOR TARGETED SUPPORT AND IMPROVEMENT	% IDENTIFIED FOR TARGETED SUPPORT AND IMPROVEMENT	# IDENTIFIED FOR COMPREHENSIVE SUPPORT AND IMPROVEMENT	% IDENTIFIED FOR COMPREHENSIVE SUPPORT AND IMPROVEMENT
Barrington	6	5	1	0	0	0	0	0%	0	0%
Bristol Warren	6	1	2	3	0	0	3	50%	0	0%
Burrillville	5	0	0	4	1	0	3	60%	0	0%
Central Falls	5	0	0	0	3	2	5	100%	1	20%
Chariho	7	3	2	1	0	1	1	14%	1	14%
Coventry	7	0	1	6	0	0	3	43%	0	0%
Cranston	23	0	4	15	3	1	14	61%	0	0%
Cumberland	8	2	3	2	1	0	1	13%	0	0%
East Greenwich	6	2	4	0	0	0	1	17%	0	0%
East Providence	11	0	0	10	1	0	6	55%	0	0%
Exeter-West Greenwich	4	0	2	2	0	0	1	25%	0	0%
Foster	1	0	0	1	0	0	1	100%	0	0%
Foster-Glocester	2	0	0	2	0	0	1	50%	0	0%
Glocester	2	0	1	1	0	0	0	0%	0	0%
Jamestown	2	1	1	0	0	0	1	50%	0	0%
Johnston	7	0	1	4	2	0	3	43%	0	0%
Lincoln	6	1	1	4	0	0	2	33%	0	0%
Little Compton	1	0	0	1	0	0	0	0%	0	0%
Middletown	5	0	1	4	0	0	4	80%	0	0%
Narragansett	3	0	2	1	0	0	1	33%	0	0%
New Shoreham	1	0	0	1	0	0	0	0%	0	0%
Newport	3	0	0	1	2	0	3	100%	0	0%
North Kingstown	8	2	4	1	1	0	0	0%	0	0%
North Providence	9	0	0	7	2	0	6	67%	0	0%
North Smithfield	4	0	4	0	0	0	1	25%	0	0%
Pawtucket	16	0	0	8	4	4	10	63%	3	19%
Portsmouth	4	0	3	1	0	0	2	50%	0	0%
Providence	41	1	0	8	15	17	33	80%	11	27%
Scituate	5	1	1	3	0	0	2	40%	0	0%
Smithfield	6	0	4	2	0	0	2	33%	0	0%
South Kingstown	7	0	1	6	0	0	5	71%	0	0%
Tiverton	5	0	1	3	1	0	1	20%	0	0%
Warwick	17	0	0	12	5	0	7	41%	0	0%
West Warwick	5	0	0	2	3	0	5	100%	0	0%
Westerly	5	1	1	3	0	0	2	40%	0	0%
Woonsocket	10	0	0	1	6	3	10	100%	2	20%
Charter Schools	*31*	*2*	*4*	*13*	*8*	*4*	*15*	*48%*	*2*	*6%*
State-Operated Schools	*4*	*0*	*0*	*1*	*1*	*2*	*2*	*50%*	*1*	*25%*
UCAP	*1*	*0*	*0*	*0*	*0*	*1*	*1*	*100%*	*1*	*100%*
Four Core Cities	*72*	*1*	*0*	*17*	*28*	*26*	*58*	*81%*	*17*	*24%*
Remainder of State	*191*	*19*	*45*	*103*	*22*	*2*	*82*	*43%*	*1*	*1%*
Rhode Island	*299*	*22*	*49*	*134*	*59*	*35*	*158*	*53%*	*22*	*7%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education, 2018-2019 school year.

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

Charter schools that are classified include Achievement First Rhode Island, Beacon Charter High School for the Arts, Blackstone Academy Charter, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community Charter School, RISE Prep Mayoral Academy, Rhode Island Nurses Institute Middle College Charter School, Segue Institute for Learning, Sheila C. "Skip" Nowell Leadership Academy, SouthSide Elementary Charter School, Trinity Academy for the Performing Arts, and Village Green Virtual Charter School.

State-operated schools that are classified include the William M. Davies Jr. Career & Technical High School, DCYF, Metropolitan Regional Career and Technical Center, and the Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

Early Learning Centers, Pre-K programs and preschools are not rated and therefore not included in this table.

See the Methodology Section for more information.

References

[1] Strauss, C., & Miller, T. (2016). *Strategies to improve low-performing schools under the Every Student Succeeds Act: How 3 districts found success using evidence-based practices.* Washington, DC: Center for American Progress.

[2] U.S. Department of Education, Press Office. (2018). *Secretary DeVos approves Idaho, Mississippi and Rhode Island's ESSA state plans* [Press Release]. Retrieved from www.ed.gov

[3,5,7,8] Rhode Island Department of Education. (2018). *Rhode Island's Every Student Succeeds Act state plan.* Retrieved January 31, 2020, from www.ride.ri.gov

[4,6,9,10,12] Rhode Island Department of Education. (2019). *RIDE releases 2019 school accountability results* [Press Release]. Retrieved 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

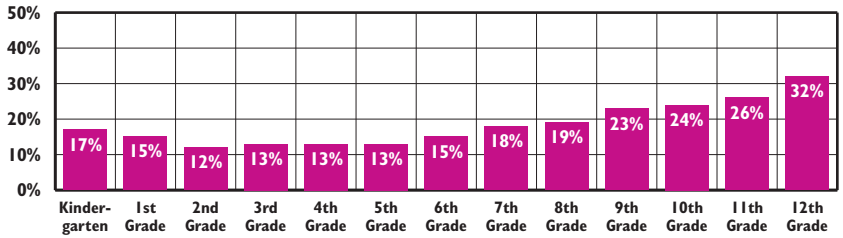
Students who are absent from school miss opportunities to learn and develop the important academic and social-emotional skills and approaches to learning that are part of the K-3 experience and critical for ongoing school success.[1,2] Children who are chronically absent in kindergarten show lower levels 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 3.1 million elementary school students nationwide or 14% 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 was 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, 2018-2019 School Year



Source: Rhode Island Department of Education, 2018-2019 school year.

◆ **Chronic absence rates are high in kindergarten and then decline before increasing again in middle and high school. During the 2018-2019 school year, 17% of Rhode Island kindergarten students, 15% of first graders, 12% of second graders, and 13% of third graders were chronically absent (i.e., absent 18 days or more), slightly higher than the 2017-2018 school year when 16% of kindergarten students, 13% of first graders, 12% of second graders, and 12% of third graders were chronically absent.[14,15]**

◆ **During the 2018-2019 school year, 14% of all Rhode Island children in grades K-3 were chronically absent, and an additional 17% 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 2018-2019 school year, the average daily attendance rate for K-3 students in Rhode Island's four core cities was 92%, but 26% 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 prioritize reducing chronic absence by making chronic absence rates a key part of their accountability systems.[21] Rhode Island includes both student and teacher chronic absence rates in its accountability system.[22]**

Table 51. **Chronic Early Absence Rates, Grades K-3, Rhode Island, 2018-2019 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	24	883	96%	45%	38%	13%	5%
Bristol Warren	57	958	95%	39%	35%	17%	9%
Burrillville	23	593	95%	33%	36%	19%	13%
Central Falls	154	829	94%	31%	29%	19%	21%
Chariho	26	808	96%	42%	39%	14%	5%
Coventry	60	1,281	95%	38%	37%	16%	10%
Cranston	161	2,952	95%	38%	36%	16%	10%
Cumberland	88	1,340	96%	45%	37%	13%	5%
East Greenwich	19	681	95%	36%	43%	15%	7%
East Providence	73	1,538	95%	38%	35%	18%	9%
Exeter-West Greenwich	38	474	95%	33%	47%	13%	7%
Foster	*	147	96%	53%	28%	12%	7%
Glocester	12	333	97%	56%	32%	8%	4%
Jamestown	*	204	95%	32%	42%	18%	8%
Johnston	69	937	94%	31%	34%	22%	13%
Lincoln	42	882	95%	44%	35%	12%	10%
Little Compton	0	83	96%	45%	35%	14%	6%
Middletown	62	666	95%	33%	37%	19%	11%
Narragansett	12	286	95%	37%	35%	20%	8%
New Shoreham	*	41	95%	20%	51%	22%	7%
Newport	86	666	93%	26%	32%	19%	22%
North Kingstown	50	989	95%	38%	41%	12%	9%
North Providence	78	960	94%	35%	32%	19%	14%
North Smithfield	10	445	96%	44%	38%	13%	6%
Pawtucket	275	2,765	94%	36%	31%	17%	16%
Portsmouth	28	614	96%	44%	40%	12%	4%
Providence	1,030	6,991	92%	23%	27%	20%	29%
Scituate	*	340	95%	41%	36%	16%	6%
Smithfield	31	674	96%	42%	41%	14%	3%
South Kingstown	44	804	95%	37%	41%	14%	7%
Tiverton	28	548	96%	42%	38%	14%	7%
Warwick	147	2,592	95%	33%	38%	19%	10%
West Warwick	111	1,135	94%	30%	35%	18%	17%
Westerly	43	721	96%	37%	40%	17%	7%
Woonsocket	322	1,910	91%	23%	28%	20%	29%
Charter Schools	*95*	*3,192*	*96%*	*44%*	*33%*	*14%*	*9%*
RI School for the Deaf	*0*	*14*	*93%*	*21%*	*29%*	*14%*	*36%*
Four Core Cities	*1,781*	*12,495*	*92%*	*26%*	*28%*	*19%*	*26%*
Remainder of State	*1,448*	*25,575*	*95%*	*38%*	*37%*	*16%*	*9%*
Rhode Island	*3,324*	*41,276*	*94%*	*35%*	*34%*	*17%*	*14%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2018-2019 school year.

Attendance rates are calculated by dividing the state-calculated "average daily attendance" by the "average daily membership."

Chronic absence rates are based on attendance patterns for students who were enrolled in a district for at least 90 days. A total of 3,324 Rhode Island students in grades K-3 were not included in this analysis because they were only enrolled for a short period. The Rhode Island Department of Education excludes these students so that chronic absence issues can be examined separate from student mobility issues. It is likely that more students were excluded from districts with higher student mobility rates.

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

Charter schools include Achievement First Rhode Island, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, Highlander Charter School, Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, RISE Prep Mayoral Academy, and SouthSide Elementary Charter School.

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

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(continued on page 188)

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 2018-2019 school year in Rhode Island, 26% of middle school students and 34% 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]

One-third (33%) of Rhode Island's low-income middle and high school students were chronically absent in 2018-2019, compared with 13% of higher-income students. Middle and high school students receiving special education services (29%) were more likely than their peers not receiving these services (21%) to be chronically absent. Almost three-quarters (73%) of absences by middle and high school students were unexcused absences.[11]

Teacher Chronic Absence

◆ Teacher chronic absenteeism is the percentage of teachers who missed 10% or more of school days out of their days employed by a school, excluding days missed due to professional development, field trips, off-campus activities with students, pre-approved leaves, absences on non-school days and half days. Rhode Island is the first state to include teacher absenteeism as part of the its school accountability system.[12]

◆ Teacher absence is a leading school-based indicator of student achievement. Teacher chronic absence is associated with lower student achievement and high financial costs for schools. Factors that contribute to chronic teacher absence include job-related stress, illness and negative school culture. Strategies to reduce teacher absenteeism include increasing teacher autonomy and positive school culture, providing professional development opportunities outside instructional time with students, developing policies that balance paid short-term leave privileges with income insurance for unpaid leave, and creating incentives to reduce absences.[13]

◆ During the 2018-2019 school year, 581 (5.5%) of teachers were chronically absent.[14]

Reducing Student 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.[15,16] Studies also show that high school attendance rates improve when school start times are later.[17]

◆ States can reduce chronic absence by increasing public awareness about the problem, sharing best practices, requiring school and district-level attendance teams, incorporating chronic absence measures into early warning and accountability systems and school improvement efforts, and allocating resources to address barriers to attendance.[18,19,20]

Chronic Absence, Middle School and High School

Table 52.

Chronic Absence and Attendance Rates, Middle and High School, Rhode Island, 2018-2019 School Year

SCHOOL DISTRICT	MIDDLE SCHOOL (GRADES 6-8) # ENROLLED LESS THAN 90 DAYS	# ENROLLED 90 DAYS OR MORE	ATTENDANCE RATE	% ABSENT 12-17 DAYS	% ABSENT 18+ DAYS	HIGH SCHOOL (GRADES 9-12) # ENROLLED LESS THAN 90 DAYS	# ENROLLED 90 DAYS OR MORE	ATTENDANCE RATE	% ABSENT 12-17 DAYS	% ABSENT 18+ DAYS
Barrington	*	844	96%	11%	7%	20	1,117	96%	8%	7%
Bristol Warren	29	794	93%	17%	22%	62	985	91%	13%	25%
Burrillville	20	538	94%	15%	13%	44	771	94%	15%	13%
Central Falls	73	592	94%	18%	18%	179	734	89%	15%	33%
Chariho	20	703	96%	12%	6%	44	1,150	94%	15%	15%
Coventry	48	1,123	95%	17%	12%	79	1,492	94%	14%	14%
Cranston	121	2,515	95%	15%	12%	345	3,462	93%	15%	21%
Cumberland	83	1,109	96%	12%	6%	113	1,504	94%	15%	14%
East Greenwich	14	646	96%	12%	4%	15	769	96%	9%	7%
East Providence	46	1,230	94%	21%	15%	90	1,511	90%	14%	34%
Exeter-West Greenwich	*	370	96%	13%	9%	14	504	96%	9%	7%
Foster-Glocester	11	498	96%	13%	6%	30	790	92%	16%	23%
Jamestown	*	175	96%	11%	5%	NA	NA	NA	NA	NA
Johnston	31	804	93%	19%	19%	69	907	92%	17%	25%
Lincoln	29	757	95%	14%	12%	31	925	89%	18%	38%
Little Compton	*	82	95%	13%	11%	NA	NA	NA	NA	NA
Middletown	38	517	95%	17%	10%	56	637	94%	17%	13%
Narragansett	11	308	95%	18%	7%	28	451	95%	14%	10%
New Shoreham	*	22	93%	27%	23%	*	51	92%	31%	27%
Newport	47	452	93%	26%	13%	104	662	88%	16%	42%
North Kingstown	40	924	95%	15%	9%	61	1,468	95%	11%	10%
North Providence	36	892	95%	15%	15%	91	1,137	93%	15%	23%
North Smithfield	*	402	95%	16%	7%	16	519	95%	13%	8%
Pawtucket	260	2,347	93%	16%	21%	264	2,003	89%	15%	34%
Portsmouth	18	568	95%	16%	11%	42	937	95%	15%	11%
Providence	868	5,496	90%	18%	35%	1,324	7,395	85%	15%	48%
Scituate	*	324	95%	14%	11%	18	376	94%	17%	10%
Smithfield	16	628	96%	15%	5%	17	737	95%	13%	10%
South Kingstown	14	724	96%	12%	8%	29	940	94%	11%	14%
Tiverton	16	420	95%	18%	10%	50	530	93%	20%	16%
Warwick	84	1,987	94%	18%	16%	183	2,701	91%	18%	27%
West Warwick	87	833	92%	19%	21%	172	1,009	92%	14%	21%
Westerly	28	646	95%	18%	11%	68	869	94%	17%	16%
Woonsocket	203	1,404	91%	18%	35%	170	1,668	85%	16%	49%
Charter Schools	*53*	*1,502*	*96%*	*12%*	*9%*	*254*	*2,455*	*91%*	*16%*	*26%*
State-Operated Schools	*	*13*	*96%*	*15%*	*0%*	*221*	*1,729*	*93%*	*20%*	*20%*
UCAP	*10*	*129*	*83%*	*15%*	*64%*	*	*11*	*89%*	*18%*	*45%*
Four Core Cities	*1,404*	*9,839*	*91%*	*18%*	*31%*	*1,937*	*11,800*	*86%*	*15%*	*45%*
Remainder of State	*923*	*21,835*	*95%*	*16%*	*12%*	*1,896*	*28,918*	*93%*	*15%*	*19%*
Rhode Island	*2,394*	*33,318*	*94%*	*16%*	*17%*	*4,310*	*44,913*	*91%*	*15%*	*26%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2018-2019 school year.

Attendance rates are calculated by dividing the state-calculated "average daily attendance" by the "average daily membership."

Chronic absence rates are based on attendance patterns for students who were enrolled in a district for at least 90 days. A total of 2,394 Rhode Island middle school students and 4,310 high school students were not included in this analysis because they were only enrolled for a short period. The Rhode Island Department of Education excludes these students so that chronic absence issues can be examined separately from student mobility issues. It is likely that more students were excluded from districts with higher student mobility rates.

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

Little Compton students attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

Charter middle schools include Achievement First Rhode Island, Beacon Charter School for the Arts, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, Highlander Charter School, The Learning Community, Segue Institute for Learning, and Trinity Academy for the Performing Arts. Charter high schools include Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Charette Charter School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, Rhode Island Nurses Institute Middle College Charter School, Sheila C. "Skip" Nowell Leadership Academy, Trinity Academy for the Performing Arts, and the Village Green Virtual Public Charter School.

State-operated schools include William M. Davies Jr. Career & Technical High School, Rhode Island Training School operated by DCYF, Metropolitan Regional Career and Technical Center, and Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

NA indicates that the school district does not serve students at that grade level. *Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These numbers are still counted in district totals and in the four core cities, remainder of the state, and state total.

(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, suspension is a widely used disciplinary technique, both nationally and in Rhode Island. Suspensions are used for minor offenses, such as use of electronics, and for more serious offenses, such as weapon possession.[3,4]

Suspension usually does not deter students from misbehaving and may actually reinforce negative behavior patterns. Suspended students are more likely than their peers to experience academic failure, juvenile justice system involvement, disengagement from school, isolation from teachers and peers, and dropping out of school. Being suspended even once in ninth grade is associated with a twofold increase in the likelihood of dropping out.[5,6] Suspended students are also at greater risk of criminal victimization, criminal activity, and incarceration as adults.[7]

Schools and districts can improve school climate and discipline by developing and enforcing disciplinary policies that set high expectations for student behavior, providing clear, appropriate, and consistent consequences for misbehavior, encouraging the use of alternative disciplinary approaches, such as restorative justice, and ensuring the equitable, appropriate, and limited use of suspensions.[8]

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.[9,10,11]

Of all disciplinary actions during the 2018-2019 school year, 15% (1,515) involved elementary school students (kindergarten-5th grade), 42% (4,193) involved middle school students (6th-8th grades), and 43% (4,273) involved high school students (9th-12th grades). For elementary school students, 74% of disciplinary actions were out-of-school suspensions. Kindergarteners received 133 disciplinary actions, including 110 out-of-school suspensions.[12]

Out-of-School Suspensions by Infraction, Rhode Island, 2018-2019

TYPE OF INFRACTION*	#	%	TYPE OF INFRACTION	#	%
Insubordination/Disrespect	1,820	18%	Obscene/Abusive Language	539	5%
Fighting	2,072	21%	Arson/Larceny/Robbery/Vandalism	231	2%
Harassment/Intimidation/Threat	1,054	11%	Weapon Possession	178	2%
Disorderly Conduct	1,415	14%	Electronic Devices/Technology	103	1%
Assault of Student or Teacher	1,422	14%	Attendance Offenses	0	0%
Alcohol/Drug/Tobacco Offenses	993	10%	Other Offenses	154	2%
			Total	*9,981*	

Source: Rhode Island Department of Education, 2018-2019 school year.

**Harassment offenses include hazing and hate crimes. Assault offenses include sexual assault.*

◆ In 2016, the Rhode Island General Assembly passed a law that restricts the use of out-of-school suspensions to situations when a child's behavior poses a demonstrable threat that cannot be dealt with by other means.[13] From the 2017-2018 school year to the 2018-2019 school year, the number of out-of-school suspensions decreased by 16%. More than half of out-of-school suspensions were for non-violent offenses, such as insubordination/disrespect, disorderly conduct, obscene/abusive language, alcohol/drug/tobacco offenses, and electronic devices/technology offenses.[14,15]

Disparities in School Discipline by Special Education Status and Race/Ethnicity, Rhode Island, 2018-2019

	% OF STUDENTS ENROLLED	% OF SUSPENSIONS
Students With Disabilities	15%	31%
White Students	57%	44%
Hispanic Students	26%	34%
Black Students	9%	12%
Asian Students	3%	2%
Native American Students	1%	2%

Source: Rhode Island Department of Education, 2018-2019 school year. % suspensions includes in-school and out-of-school suspensions. Detailed data by district is available at www.ride.ri.gov

◆ During the 2018-2019 school year, Rhode Island students with disabilities were suspended disproportionately. Students with disabilities represent 15% of the student population but represented 31% of suspensions.[16] 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.[17]

Table 53.

Disciplinary Actions, Rhode Island School Districts, 2018-2019

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	3,339	*	54	2	61	2
Bristol Warren	3,207	410	379	12	789	25
Burrillville	2,270	34	189	8	223	10
Central Falls	2,737	0	162	6	162	6
Chariho	3,174	271	158	5	429	14
Coventry	4,634	693	146	3	839	18
Cranston	10,399	2,851	750	7	3,601	35
Cumberland	4,635	343	73	2	416	9
East Greenwich	2,522	11	31	1	42	2
East Providence	5,262	214	545	10	759	14
Exeter-West Greenwich	1,605	*	29	2	38	2
Foster	256	*	0	0	9	4
Foster-Glocester	1,290	69	58	4	127	10
Glocester	529	*	0	0	1	0
Jamestown	499	0	0	0	0	0
Johnston	3,210	188	103	3	291	9
Lincoln	3,100	0	91	3	91	3
Little Compton	234	*	*	0	2	1
Middletown	2,152	151	54	3	205	10
Narragansett	1,273	27	43	3	70	5
New Shoreham	133	*	*	1	9	7
Newport	2,144	0	321	15	321	15
North Kingstown	3,939	200	158	4	358	9
North Providence	3,524	1,018	180	5	1,198	34
North Smithfield	1,648	36	102	6	138	8
Pawtucket	8,783	87	858	10	945	11
Portsmouth	2,410	304	63	3	367	15
Providence	23,981	691	2,364	10	3,055	13
Scituate	1,221	63	25	2	88	7
Smithfield	2,405	100	42	2	142	6
South Kingstown	2,931	281	135	5	416	14
Tiverton	1,755	34	82	5	116	7
Warwick	8,712	320	776	9	1,096	13
West Warwick	3,568	383	350	10	733	21
Westerly	2,683	161	219	8	380	14
Woonsocket	*6,027*	*2,336*	*955*	*16*	*3,291*	*55*
Charter Schools	*8,428*	*269*	*387*	*5*	*656*	*8*
State-Operated Schools	*1,780*	*	*57*	*3*	*58*	*3*
UCAP	*137*	*0*	*40*	*29*	*40*	*29*
Four Core Cities	*41,527*	*3,114*	*4,339*	*10*	*7,453*	*18*
Remainder of State	*90,665*	*8,197*	*5,158*	*6*	*13,355*	*15*
Rhode Island	*142,537*	*11,581*	*9,981*	*7*	*21,562*	*15*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2018-2019 school year.

The out-of-school suspension rate per 100 students is the total number of out-of-school suspensions for the school district at all grade levels (Pre-K through 12th grade), multiplied by 100, and divided by the student enrollment ("average daily membership").

The disciplinary actions rate per 100 students is the total disciplinary actions for the school district at all grade levels (Pre-K through 12th grade), multiplied by 100, and divided by the student enrollment ("average daily membership").

Schools and districts only report suspensions of one day or longer. If an incident involves more than one infraction, schools and districts are asked to code the incident as the most serious type of infraction (e.g., violent offenses involving weapons and offenses involving drugs and alcohol are considered more serious than other offenses). The type of infraction resulting in disciplinary action varies according to school district policy. The type of disciplinary action used for each type of infraction also varies according to school district policy.

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

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

Charter schools include: Achievement First Rhode Island, Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Charette Charter School, The Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, Hope Academy, 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 188)

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 2018, 10% of Rhode Island children lived in households headed by a non-high school graduate, lower than the national average of 13%.[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 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

	2016-2017
RI	84%
US	85%
National Rank*	*29th*
New England Rank**	*6th*

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

Source: National Center for Education Statistics. (2018). *Table 1*. Retrieved February 26, 2020, from www.nces.ed.gov

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2019

	COHORT SIZE	DROPOUT RATE	% COMPLETED GED	% OF STUDENTS STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Female Students	5,454	7%	2%	4%	88%
Male Students	5,818	10%	2%	8%	80%
Multilingual/English Learners	1,205	21%	0%	10%	69%
Students With Disabilities	1,804	13%	2%	21%	64%
Students Without Disabilities	9,468	7%	2%	4%	88%
Low-Income Students	6,233	13%	2%	9%	77%
Higher-Income Students	5,039	3%	1%	3%	93%
Students in Foster Care	26	4%	4%	42%	50%
Homeless Students	189	18%	3%	14%	65%
White Students	6,474	5%	2%	5%	88%
Asian Students	335	5%	1%	5%	88%
Black Students	1,006	11%	1%	8%	81%
Hispanic Students	3,009	14%	1%	9%	76%
Native American	74	15%	4%	11%	70%
ALL STUDENTS	*11,272*	*8%*	*2%*	*6%*	*84%*

Source: Rhode Island Department of Education, Class of 2019. Percentages may not sum to 100% due to rounding.

◆ **The Rhode Island four-year graduation rate for the Class of 2019 was 84%, up from 75% for the Class of 2009.**[11,12]

◆ **The lowest graduation rates were among Multilingual/English Learners, students with disabilities, students in foster care, students experiencing homelessness, 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 9,956 Rhode Island students who enrolled in ninth grade in 2013, 8,373 (84%) graduated in four years in 2017, 279 (3%) graduated in five years in 2018, and 40 (<1%) graduated in six years in 2019.**[14]

◆ **Of the 279 students who graduated in five years in 2018, 122 (44%) were students with disabilities and 48 (17%) were English learners. Of the 40 students who graduated in six years in 2019, 26 (65%) were students with disabilities and 5 (13%) were English learners.**[15]

Table 54.

High School Graduation Rates, Rhode Island, Class of 2019

SCHOOL DISTRICT	# OF STUDENTS IN COHORT	FOUR-YEAR COHORT RATES: DROPOUT RATE	% COMPLETED GED	% STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Barrington	260	<1%	<1%	5%	94%
Bristol Warren	238	3%	1%	5%	91%
Burrillville	212	4%	<1%	4%	92%
Central Falls	184	16%	0%	13%	71%
Chariho	274	4%	5%	2%	89%
Coventry	366	4%	1%	3%	92%
Cranston	886	8%	1%	6%	85%
Cumberland	375	3%	2%	9%	87%
East Greenwich	199	1%	0%	4%	95%
East Providence	381	7%	3%	5%	86%
Exeter-West Greenwich	109	0%	1%	7%	92%
Foster-Glocester	198	8%	1%	4%	87%
Johnston	203	4%	3%	3%	90%
Lincoln	240	7%	2%	4%	88%
Middletown	176	13%	1%	7%	79%
Narragansett	113	5%	3%	2%	90%
New Shoreham	15	0%	0%	0%	100%
Newport	169	17%	1%	5%	78%
North Kingstown	316	2%	3%	2%	93%
North Providence	250	7%	2%	5%	86%
North Smithfield	109	2%	1%	6%	92%
Pawtucket	475	11%	1%	7%	81%
Portsmouth	209	1%	1%	4%	94%
Providence	2,057	16%	1%	9%	74%
Scituate	101	4%	0%	2%	94%
Smithfield	195	3%	2%	2%	94%
South Kingstown	235	3%	2%	6%	89%
Tiverton	121	2%	0%	6%	92%
Warwick	693	6%	2%	5%	86%
West Warwick	264	5%	2%	7%	86%
Westerly	213	5%	0%	4%	91%
Woonsocket	376	15%	1%	10%	74%
Beacon Charter School	*61*	*2%*	*0%*	*5%*	*93%*
Blackstone Academy	*91*	*2%*	*1%*	*11%*	*86%*
Blackstone Valley Prep Mayoral Academy	*75*	*3%*	*0%*	*11%*	*87%*
Paul Cuffee Charter School	*67*	*7%*	*0%*	*7%*	*85%*
The Greene School	*52*	*0%*	*0%*	*6%*	*94%*
Highlander Charter School	*39*	*3%*	*0%*	*13%*	*85%*
RI Nurses Institute Middle College	*49*	*6%*	*0%*	*2%*	*92%*
Sheila Skip Nowell Leadership Academy	*74*	*54%*	*1%*	*27%*	*18%*
Trinity Academy for the Performing Arts	*31*	*0%*	*0%*	*0%*	*100%*
Village Green Virtual Public Charter School	*61*	*2%*	*0%*	*3%*	*95%*
William M.Davies Jr. Career & Technical High School	*198*	*4%*	*3%*	*8%*	*85%*
DCYF Schools	*38*	*76%*	*11%*	*13%*	*0%*
Metropolitan Regional Career and Technical Center	*219*	*5%*	*1%*	*5%*	*89%*
Four Core Cities	*3,092*	*15%*	*1%*	*9%*	*75%*
Remainder of State	*7,122*	*5%*	*2%*	*5%*	*89%*
Rhode Island	*11,272*	*8%*	*2%*	*6%*	*84%*

Source of Data for Table/Methodology

Rhode Island Department of Education, Class of 2019.

The 2019 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 2015-2016 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 School for the Deaf is not reported because there are fewer than 10 students in this cohort. These students are included in the state total.

References

[1] U.S. Census Bureau, American Community Survey, 2014-2018. Table S2301.

[2] U.S. Census Bureau, American Community Survey, 2014-2018. Table S2001

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

[4] Fiester, L. (2013). *Early warning confirmed: a research update on third-grade reading.* Baltimore, MD: The Annie E. Casey Foundation.

[5,7] DePaoli, J. L., Balfanz, R., Bridgeland, J., Atwell, M., & Ingram, E.S. (2017). *Building a grad nation: Progress and challenge in raising high school graduation rates.* Retrieved February 27, 2020, from www.americaspromise.org

(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

Between 2018 and 2028, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring less education.[1] Between 2014 and 2018 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, and the median annual income for adults with high school diplomas was $33,970, compared to $54,565 for adults with bachelor's degrees.[2,3]

Many students, especially low-income students, face barriers to college enrollment and success, such as insufficient academic preparation, difficulty navigating the application and financial aid processes, and the high cost of college. States can help address these barriers and improve college access by ensuring that all students have access to advanced coursework; take college entrance exams; complete the Free Application for Federal Student Aid (FAFSA); get adequate counseling to enroll in college and access financial aid; and target financial aid strategically to students with the greatest needs.[4]

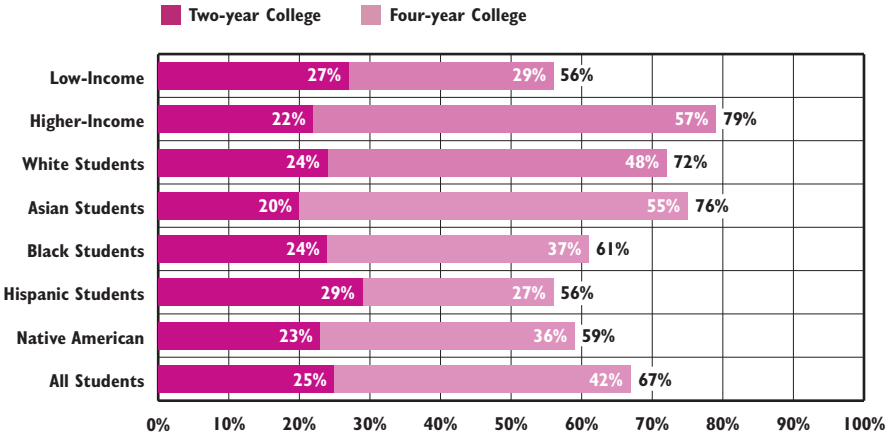
Students who participate in AP courses are likely to attend and succeed in college.[5] In 2019, 6,572 Rhode Island public school students took an AP course, 30% more than in 2016.[6,7]

Rhode Island covers the cost for all public high school students to take the SAT during the school day in eleventh grade as a key strategy to increase college access.[8] In 2019, 95% of 11th graders completed the SAT. Statewide, 51% of 11th graders met expectations in English language arts and 31% met expectations in math.[9]

Seniors who have completed a FAFSA by May and been accepted to a four-year college are 50% more likely to enroll than students who have not completed their FAFSA.[10] During the 2018-2019 cycle, Rhode Island ranked eighth in the U.S. for the number of high school seniors completing the FAFSA.[11]

Rhode Island's state *Every Student Succeeds Act (ESSA)* plan includes a 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 Class of 2021, this indicator will be 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 2018, Rhode Island



Source: Rhode Island Department of Education, Class of 2018. Percentages may not sum exactly due to rounding.

◆ **Sixty-seven percent of Rhode Island students who graduated from high school in the Class of 2018 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. Compared to the class of 2016, before the Rhode Island Promise Scholarship was available, the overall college enrollment rate has increased from 59% to 67%, the two-year college enrollment rate has increased from 16% to 25%, and the four-year college enrollment rate has decreased from 43% to 42%.[13]**

◆ **School counselors have an important role to play in setting students on a path to postsecondary success. In particular, Black students identify their school counselor as the person who had the most influence on their thinking about college.[14] Rhode Island has 420 students for every school counselor, far above the recommended ratio of 250 to one.[15]**

◆ **For states, improving college access will require improvements at all points in the early education to college education system, including increasing access to high-quality preschool, implementing research-driven dropout prevention programs, improving the quality of the K-12 education system and aligning it with college admission requirements and career expectations, simplifying the college admission process, and making college affordable.[16]**

Table 55.

College Preparation and Access, Rhode Island

SCHOOL DISTRICT	TOTAL GRADE 12 ENROLLMENT OCT. 2018	% OF GRADE 12 STUDENTS PLANNING TO ATTEND COLLEGE, 2019	% OF STUDENTS WHO FILLED OUT THE FAFSA, 2019	% OF GRADE 11 STUDENTS TAKING THE SAT DURING THE SCHOOL DAY, 2019	% OF SAT TAKERS PROFICIENT IN ELA, 2019	% OF SAT TAKERS PROFICIENT IN MATH, 2019
Barrington	274	94%	71%	99%	89%	77%
Bristol Warren	252	88%	50%	98%	67%	40%
Burrillville	223	79%	58%	97%	57%	37%
Central Falls	177	70%	46%	93%	14%	6%
Chariho	269	81%	67%	98%	70%	53%
Coventry	367	85%	60%	98%	59%	38%
Cranston	909	88%	58%	98%	49%	24%
Cumberland	370	89%	66%	97%	67%	42%
East Greenwich	203	94%	72%	99%	85%	76%
East Providence	369	84%	58%	96%	41%	16%
Exeter-West Greenwich	113	95%	69%	100%	73%	60%
Foster-Glocester	197	89%	68%	97%	58%	39%
Johnston	236	90%	54%	98%	42%	20%
Lincoln	220	92%	70%	98%	69%	39%
Middletown	162	92%	60%	95%	59%	38%
Narragansett	123	90%	58%	93%	65%	43%
New Shoreham	15	67%	40%	93%	69%	31%
Newport	135	82%	73%	94%	43%	23%
North Kingstown	348	94%	67%	98%	82%	61%
North Providence	248	91%	63%	98%	50%	26%
North Smithfield	115	94%	67%	97%	69%	55%
Pawtucket	496	85%	52%	90%	28%	9%
Portsmouth	211	91%	71%	98%	74%	56%
Providence	1,679	84%	68%	91%	26%	15%
Scituate	100	95%	73%	100%	68%	46%
Smithfield	185	95%	76%	99%	66%	49%
South Kingstown	241	87%	62%	93%	75%	63%
Tiverton	135	92%	62%	96%	64%	43%
Warwick	708	92%	54%	94%	51%	25%
West Warwick	243	86%	65%	93%	50%	21%
Westerly	237	86%	65%	98%	59%	43%
Woonsocket	361	82%	50%	86%	33%	12%
Beacon Charter High School	*61*	*80%*	*70%*	*100%*	*55%*	*27%*
Blackstone Academy	*88*	*96%*	*77%*	*99%*	*22%*	*6%*
Blackstone Valley Prep Mayoral Academy	*77*	*94%*	*79%*	*100%*	*52%*	*35%*
Paul Cuffee Charter School	*59*	*93%*	*78%*	*90%*	*43%*	*19%*
The Greene School	*52*	*86%*	*67%*	*98%*	*64%*	*36%*
Highlander Charter School	*41*	*100%*	*66%*	*81%*	*17%*	*10%*
RI Nurses Institute Middle College	*55*	*100%*	*62%*	*100%*	*20%*	*7%*
Sheila C. "Skip" Nowell Leadership Academy	*39*	*84%*	*49%*	*52%*	*<5%*	*<5%*
Trinity Academy for the Performing Arts	*31*	*82%*	*97%*	*100%*	*34%*	*9%*
Village Green Virtual Public Charter School	*42*	*91%*	*100%*	*98%*	*22%*	*10%*
William M. Davies Jr. Career & Technical Center	*185*	*84%*	*66%*	*98%*	*42%*	*16%*
Metropolitan Regional Career and Technical Center	*214*	*87%*	*58%*	*99%*	*40%*	*13%*
DCYF	*26*	*78%*	*NA*	*63%*	*13%*	*<5%*
Four Core Cities	*2,713*	*84%*	*61%*	*90%*	*26%*	*13%*
Remainder of State	*7,210*	*89%*	*62%*	*97%*	*61%*	*40%*
Rhode Island	*10,903*	*87%*	*62%*	*95%*	*51%*	*31%*

Source of Data for Table/Methodology

Total 12th grade enrollment is from the Rhode Island Department of Education as of October 1, 2018.

% of 12th grade students planning to attend college is from the 2018-2019 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.

The number of 12th graders completing the FAFSA is from U.S. Department of Education, Federal Student Aid, Rhode Island school-level data from the 2019-2020 cycle through June 2019. Retrieved March 2, 2020, from studentaid.ed.gov. The percentage of 12th graders completing the FAFSA is calculated by dividing the number of students completing applications into the number of 12th graders enrolled on October 1, 2018.

% of SAT takers proficient in ELA and math and % of 11th graders taking the SAT is from the Rhode Island Department of Education.

NA indicates that data are not available either because data were not collected or reported or because the number of students was too small to report. DCYF, 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 Rhode Island totals as appropriate.

Little Compton students attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

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

References

[1] U.S. Bureau of Labor Statistics. (2019). *Employment, wages, and projected change in employment by typical entry-level education.* Retrieved January 29, 2020, from www.bls.gov

[2] U.S. Census Bureau, American Community Survey, 2014-2018. Table S2301.

[3] U.S. Census Bureau, American Community Survey, 2014-2018. Table B20004.

(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 degree or bachelor's degree) within six years of enrollment.[1]

SIGNIFICANCE

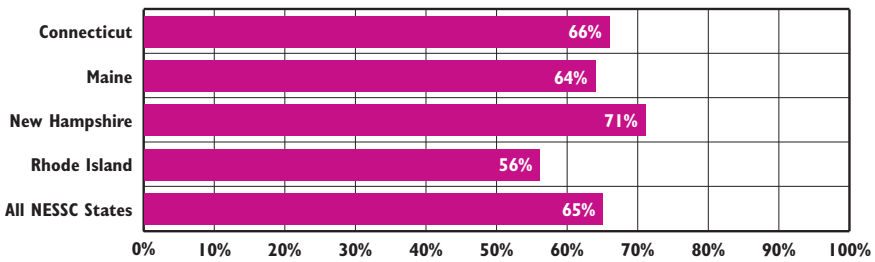
Between 2018 and 2028, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring less education, yet only 35% of Rhode Island adults ages 25 to 64 have a bachelor's degree or higher.[2,3] Between 2014 and 2018 in Rhode Island, 7.8% of adults with a high school diploma were unemployed, compared to 2.7% with a bachelor's degree or higher.[4] During that same period, the median annual income for adults with a high school diploma was $33,970, compared to $54,565 for adults with a bachelor's degree.[5] Students must complete college 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 their college degrees.[7] There are also barriers to attainment for students of color. Addressing racial disparities can improve college completion outcomes.[8,9]

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.[10,11,12]

Improving college access and completion will require states to make improvements at all points in the early education to college system, including increasing access to high-quality preschool, implementing research-driven early intervention and dropout prevention programs, aligning the K-12 education system with college demands, making college affordable, and providing student support programs.[13,14,15,16]

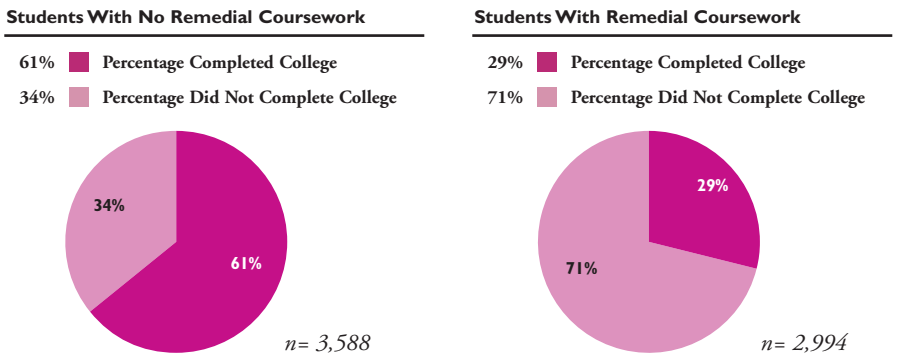
College Completion, New England Secondary School Consortium States (NESSC), 2012 Cohort



Source: *Common Data Project: 2019 annual report, school year 2017-2018.* (2019). Retrieved March 6, 2020, from www.newenglandssc.org

◆ Fifty-six percent of Rhode Island public high school graduates who enrolled in a two- or four-year college in 2012 earned a college diploma within six years. 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 68% of higher-income students.[17]

Pipeline to College Completion, 2007-2008 High School Freshman Class



Source: Rhode Island Department of Education. (2019). *A ten year look: Postsecondary success in Rhode Island: College remediation.* Retrieved March 5, 2020, from www.ride.ri.gov

◆ Among students who were freshman in high school during the 2007-2008 school year who graduated from high school and enrolled in a Rhode Island public college, 46% (2,994) took remedial coursework, and 54% (3,558) did not. Twenty-nine percent of students enrolled in remedial coursework had completed college 10 years after starting high school.[18]

Table 56.

College Enrollment and Completion, Rhode Island

SCHOOL DISTRICT	# OF STUDENTS WHO GRADUATED FROM HIGH SCHOOL IN 2018	# OF 2018 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	% OF 2018 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	# OF STUDENTS WHO ENROLLED IN COLLEGE IN 2017	# OF 2017 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)	% OF 2017 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)
Barrington	289	240	83%	202	188	93%
Bristol Warren	196	148	76%	181	153	85%
Burrillville	155	111	72%	122	97	80%
Central Falls	143	63	44%	88	59	67%
Chariho	225	161	72%	205	174	85%
Coventry	351	255	73%	286	242	85%
Cranston	698	498	71%	597	505	85%
Cumberland	252	180	71%	260	232	89%
East Greenwich	181	156	86%	180	164	91%
East Providence	329	208	63%	277	220	79%
Exeter-West Greenwich	124	92	74%	119	106	89%
Foster-Glocester	167	105	63%	132	110	83%
Johnston	183	133	73%	191	158	83%
Lincoln	178	130	73%	198	175	88%
Middletown	125	93	74%	120	101	84%
Narragansett	105	77	73%	70	63	90%
Newport	154	95	62%	96	78	81%
North Kingstown	309	251	81%	301	279	93%
North Providence	214	152	71%	185	147	79%
North Smithfield	95	80	84%	111	96	86%
Pawtucket	398	208	52%	304	233	77%
Portsmouth	189	158	84%	195	174	89%
Providence	1,445	792	55%	934	666	71%
Scituate	104	81	78%	113	106	94%
Smithfield	155	135	87%	161	145	90%
South Kingstown	208	166	80%	251	229	91%
Tiverton	123	87	71%	115	94	82%
Warwick	566	386	68%	507	406	80%
West Warwick	226	140	62%	138	107	78%
Westerly	165	118	72%	165	139	84%
Woonsocket	286	144	50%	201	139	69%
Beacon Charter High School	*58*	*32*	*55%*	*54*	*45*	*83%*
Blackstone Academy	*71*	*52*	*73%*	*42*	*34*	*81%*
Blackstone Valley Prep Mayoral Academy	*58*	*52*	*90%*	*NA*	*NA*	*NA*
Paul Cuffee Charter School	*59*	*46*	*78%*	*45*	*34*	*76%*
The Greene School	*48*	*32*	*67%*	*28*	*21*	*75%*
Highlander Charter School	*31*	*21*	*68%*	*NA*	*NA*	*NA*
RI Nurses Institute Middle College	*54*	*32*	*59%*	*23*	*19*	*83%*
Sheila C. "Skip" Nowell Leadership Academy	*22*	*2*	*9%*	*11*	*	*45%*
Trinity Academy for the Performing Arts	*26*	*13*	*50%*	*17*	*12*	*71%*
Village Green Virtual Public Charter School	*54*	*32*	*59%*	*31*	*23*	*74%*
William M. Davies Jr. Career & Technical High School	*172*	*101*	*59%*	*117*	*84*	*72%*
Metropolitan Regional Career and Technical Center	*217*	*121*	*56%*	*114*	*74*	*65%*
Four Core Cities	*2,272*	*1,207*	*53%*	*1,527*	*1,097*	*72%*
Remainder of State	*6,077*	*4,441*	*73%*	*5,497*	*4,700*	*86%*
Rhode Island	*9,219*	*6,184*	*67%*	*7,506*	*6,148*	*82%*

Source of Data for Table/Methodology

of students who graduated from high school in 2018, # of 2018 high school graduates who enrolled in college within six months, # of students who enrolled in college in 2017, and # of 2017 college enrollees who persisted (were enrolled for a third semester) are all from Rhode Island Department of Education. The # of 2017 college enrollees who persisted may include students enrolled directly after high school or afterwards. Percentages may not sum exactly due to rounding.

Four core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Students from Little Compton attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

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 remainder of state and Rhode Island totals.

NA Schools did not have students graduating in this year.

References

[1] *Common Data Project: 2018 procedural guidebook.* (2018). Retrieved March 6, 2020, from www.newenglandssc.org

[2] U.S. Bureau of Labor Statistics. (2019). *Employment, wages, and projected change in employment by typical entry-level education.* Retrieved January 29, 2020, from www.bls.gov

[3] U.S. Census Bureau, American Community Survey, 2014-2018. Table B23006.

[4] U.S. Census Bureau, American Community Survey, 2014-2018. Table S2301.

[5] U.S. Census Bureau, American Community Survey, 2014-2018. Table B20004.

[6,7] Miller, A., Valle, K., Engle, J., & Cooper, M. (2014). *Access to attainment: An access agenda for 21st century college students.* Washington, DC: Institute for Higher Education Policy.

(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 and over the long term. Teens in low-income families, teens who leave high school without a diploma, young mothers, youth with disabilities, youth with limited English proficiency, and youth involved in the child welfare system often face barriers in maintaining connections to both school and work.[1,2] Disconnected youth are more likely to live in poverty, experience poor physical and mental health, be involved with the child welfare system, experience difficulties finding and maintaining employment, earn low wages, and need public benefits to make ends meet.

Young people disconnected from both work and school are disproportionately people of color.[3,4,5]

Programs that offer post-secondary education or job training; provide high-quality early work experiences, adult mentoring, and youth development opportunities; and address root causes of inequity all decrease the likelihood of youth disconnection.[6,7,8] There is also a financial cost to youth disconnection. If we were to connect all youth, the federal government would gain an estimated $55 billion in annual tax revenue.[9]

Between 2014 and 2018, an estimated 3,167 (5.2%) 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-eight percent of these youth were high school graduates, and 42% had not graduated from high school.[10]

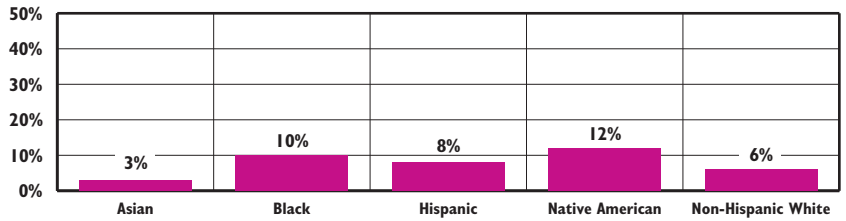
Teens Not in School and Not Working

	2018
RI	3%
US	7%
National Rank*	*16th*
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

Percentage of U.S. Youth Ages 16 to 19, Not in School and Not Working, by Race and Ethnicity, 2018



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 2018 among U.S. youth ages 16 to 19, 12% of Native American youth, 10% of Black youth, and 8% of Hispanic youth were not in school and not working, compared to 6% of White youth and 3% of Asian youth.[12]**

◆ **While Rhode Island has a low overall youth disconnection rate, there are striking racial and ethnic disparities. In 2015, 18.5% of Latino young adults ages 16 to 24 in Rhode Island were not in school and not working, which was nearly triple the White rate of 6.7%.[13]**

◆ **Youth disconnection has declined in recent years. In 2017, 7% of youth ages 16 to 19 reported being disconnected; compared to 10% in 2014. Older youth are more likely to be out of work and school than younger teens. In 2017, 11% of 18- to 19-year-olds were disconnected, compared to 4% of 16 to 17-year-olds.[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 2017, one state has compulsory attendance to age 19, 24 states (including Rhode Island) have compulsory attendance to age 18, 10 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 2014 and 2018, the unemployment rate for Rhode Island adults ages 25 to 64 with a bachelor's degree or higher was 2.7%, compared with 4.9% for some college or associate degree, 7.8% for high school graduates, and 9.4% for those with less than a high school diploma.[17]**

◆ **Successful strategies to prevent youth disconnection must be comprehensive, including adequately funded K-12 public schooling, restorative discipline, a focus on healthy youth development, paid opportunities to gain knowledge and skills, support services such as child care and transportation, and targeted post-secondary education and workforce development programs that are designed with career opportunities in mind. Additionally, it is important to have adults available to help disconnected youth navigate these various systems and transitions between them.[18,19,20]**

◆ **Programs and alternative schools that enable students to earn college credits at no cost while working toward their high school degrees can improve high school graduation rates and better prepare students for college completion and high-skill careers.[21]**

Youth Work Experience

◆ **Work experience during the teen years increases academic achievement, employability, and wages into early adulthood.[22]**

◆ **Public and private investment in paid summer work programs helps keep adolescents attached to constructive youth development activities, increases employment rates, and helps reduce youth violence.[23,24]**

◆ **Expanding work-based learning opportunities can help more youth in Rhode Island successfully transition into college and careers. These types of programs can help to motivate students, teach them critical knowledge and skills, connect them with mentors and positive adult role models, and 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.[25,26]**

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Methodology

The *2020 Rhode Island Kids Count Factbook* examines 70 indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety, and Education. The information on each indicator is organized as follows:

- ***Definition:*** A description of the indicator and what it measures.
- ***Significance:*** The relationship of the indicator to child and family well-being.
- ***National Rank and New England Rank:*** For those indicators that are included in the Annie E. Casey Foundation's KIDS COUNT publications, 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 2014-2018 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 and teen deaths between 2014 and 2018. Numbers are important in assessing the scope of the problem and in estimating the resources required to address a problem. Numbers are not useful to compare the severity of the problem from one geographic area to another or to compare the extent of the problem in Rhode Island with national standards. For example, a state with more children might have more low birthweight infants due to the larger number of total births, not due to an increased likelihood of being born with low birthweight. Caution should be used with small numbers in numerators and denominators.

Rates and Percentages

A rate is a measure of the frequency of an event - e.g., out of every 1,000 live births, how many infants will be breastfed. A percentage is another measure of frequency - e.g., out of every 100 births, how many will be born low birthweight. Rates and percentages take into account the total population of children eligible for an event. They are useful in comparing the severity of the problem from one geographic area to another, to compare with state or national standards, or to look at trends over time.

Sources of Data and Methodology for Calculating Rates and Percentages

For each indicator, the source of information for the actual number of events of interest (the numerator) is identified within the Source of Data/Methodology section next to the table for that indicator. For each indicator that uses a rate or a percent, the source of data for the total number of children eligible for respective indicator (the denominator) is also noted within the Source of Data/Methodology section. Rates and percentages are not calculated for cities and towns with small denominators. Rates and percentages based on small denominators are statistically unreliable.

In the indicator for child and teen deaths, and other indicators in which the events are rare, city- and town-level rates are not calculated, as small numbers make these rates statistically unreliable.

Census Data

There are 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, unless otherwise stated. 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.

Methodology

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 2014-2018 Median Family Income and Child Poverty data are estimates based on the American Community Survey, a sample survey. The reliability of estimates varies by community. In general, estimates for small communities are not as reliable as estimates for larger communities. The Margin of Error is a measure of the reliability of the estimate and is provided by the U.S. Census Bureau. The Margin of Error means that there is a 90% chance that the true value is no less than the estimate minus the Margin of Error and no more than the estimate plus the Margin of Error. Margins of Error are provided for all communities in the tables in this section.

Methodology for 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

Margins of Error, Median Family Income, Rhode Island, 2014-2018

CITY/TOWN	2014-2018 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18	MARGIN OF ERROR
Barrington	$156,034	$8,639
Bristol	$79,833	$18,364
Burrillville	$95,417	$15,942
Central Falls	$30,754	$2,463
Charlestown	$93,320	$13,630
Coventry	$95,361	$14,550
Cranston	$78,842	$8,047
Cumberland	$104,194	$5,801
East Greenwich	$157,083	$18,821
East Providence	$72,855	$5,624
Exeter	$112,035	$36,183
Foster	$109,038	$49,219
Glocester	$100,703	$10,314
Hopkinton	$99,286	$18,678
Jamestown	$190,565	$58,585
Johnston	$90,000	$18,457
Lincoln	$103,162	$19,720
Little Compton	$98,393	$28,970
Middletown	$79,857	$7,497
Narragansett	$145,039	$15,707
New Shoreham	$53,056	$16,223
Newport	$68,813	$17,446
North Kingstown	$113,750	$15,877
North Providence	$71,082	$16,201
North Smithfield	$109,548	$12,162
Pawtucket	$43,856	$4,557
Portsmouth	$138,059	$23,089
Providence	$40,497	$2,439
Richmond	$104,099	$7,756
Scituate	$108,288	$22,331
Smithfield	$131,711	$13,512
South Kingstown	$113,356	$6,755
Tiverton	$82,813	$12,759
Warren	$60,740	$17,077
Warwick	$85,677	$5,040
West Greenwich	$121,389	$31,106
West Warwick	$60,084	$6,587
Westerly	$81,563	$19,033
Woonsocket	$31,914	$3,500
Four Core Cities	*NA*	*NA*
Remainder of State	*NA*	*NA*
Rhode Island	*$74,540*	*$1,565*

For source information see page 27.

Margins of Error, Children Living Below the Federal Poverty Threshold, Rhode Island, 2014-2018

CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2014-2018			
#	MARGIN OF ERROR	%	MARGIN OF ERROR
86	72	2.0%	1.64%
238	122	7.6%	3.77%
429	231	12.9%	6.72%
2,452	442	44.9%	7.02%
124	96	9.9%	7.48%
868	310	13.2%	4.62%
1,963	500	12.5%	3.10%
747	264	10.7%	3.68%
200	122	5.6%	3.39%
853	261	10.0%	2.94%
47	95	4.4%	8.73%
44	54	5.1%	6.12%
227	133	11.7%	6.68%
148	108	9.7%	6.84%
47	79	4.4%	7.32%
412	194	8.1%	3.66%
662	222	13.9%	4.38%
8	38	1.6%	7.56%
246	115	7.8%	3.59%
29	62	1.5%	3.25%
15	45	10.5%	30.96%
790	205	23.3%	5.53%
738	223	13.5%	3.95%
598	214	10.6%	3.70%
111	75	4.6%	3.06%
4,610	650	30.0%	3.88%
168	118	4.7%	3.26%
13,706	1,142	34.3%	2.60%
70	87	4.5%	5.57%
12	57	0.6%	2.87%
43	72	1.3%	2.21%
443	168	9.9%	3.64%
244	114	9.2%	4.20%
332	161	19.0%	8.80%
767	244	5.5%	1.74%
1	51	0.1%	3.83%
1,019	308	18.9%	5.44%
600	235	15.3%	5.77%
3,305	544	37.1%	5.45%
24,073	905	34.5%	1.18%
13,329	663	9.8%	0.48%
37,402	1,775	18.2%	0.84%

Methodology

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 Uniform Crime Reporting (UCR) Program's National Incident-Based Report System (NIBRS).

Assault/violent offenses in this indicator include aggravated assault, simple assault, intimidation, murder and non-negligent manslaughter, negligent manslaughter, kidnapping/abduction, robbery, forcible rape, forcible sodomy, sexual assault with an object, and forcible fondling. Weapons law violations are also reported.

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.

Rhode Island Comprehensive Assessment Program (RICAS)

Starting in the 2017-2018 school year, Rhode Island began using a new statewide assessment, the *Rhode Island Comprehensive Assessment Program (RICAS)*. The *RICAS* is aligned to the Common Core State Standards. The English language arts *RICAS* assesses students' ability to read and comprehend complex texts, use different sources to compare and synthesize ideas, and write effectively. The math *RICAS* assesses students' ability to demonstrate

mathematical reasoning and apply mathematical concepts to solve complex, real-world problems.

The percentage of students meeting expectations is the number of students who met or exceeded expectations for their grade on a specific *RICAS* assessment, divided by the number of students who took that assessment.

RICAS test results (including the number of students who opted-out of taking the test) are available for the state, district, and school levels on the Rhode Island Department of Education (RIDE) website.

The *RICAS* replaced the *Partnership for Assessment of Readiness for College and Careers (PARCC)*, which was administered in Rhode Island between 2014 and 2017. Results from the *RICAS* are not comparable with *PARCC* assessment tests.

Rhode Island totals may not be the same as the sum of the districts because results for districts with fewer than 10 students are not reported by RIDE. An asterisk is used when there are fewer than 10 students in a category to protect student confidentiality. These students are still counted in district totals and in the four core cities, remainder of the state, and state totals.

Methodology for Schools Identified for Intervention

The Rhode Island Department of Education (RIDE) classifies schools based on a Star Rating System that is comprised of a broad range of indicators including: proficiency levels on the *RICAS* English language arts and math assessments, student growth, graduation rate, English language proficiency, percentage of students exceeding expectations, student and teacher chronic absenteeism, and suspensions.

RIDE uses a one- to five-star rating. Schools with one-star ratings are low performing in multiple indicators. Schools identified for comprehensive support and improvement are designated one-star and are the lowest performing 5% of all schools. Schools with five-star ratings have strong performance in all indicators.

Early Learning Centers, Pre-K programs, and preschools are not rated and therefore not included in the classifications.

Limitations of the Data

In any data collection process there are always concerns about the accuracy and completeness of the data that are collected. All data used in Factbook indicators were collected through routine data collection systems operated by different federal and state agencies. We do not have estimates of the completeness of reporting for these systems.

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 2019 federal poverty threshold was $20,598 for a family of three with two children and $25,926 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 2020 Federal Poverty Guidelines

FEDERAL POVERTY GUIDELINES	ANNUAL INCOME FAMILY OF THREE	ANNUAL INCOME FAMILY OF FOUR
50% FPL	$10,860	$13,100
100% FPL	$21,720	$26,200
130% FPL	$28,236	$34,060
150% FPL	$32,580	$39,300
180% FPL	$39,096	$47,160
185% FPL	$40,182	$48,470
200% FPL	$43,440	$52,400
225% FPL	$48,870	$58,950
250% FPL	$54,300	$65,500

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**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.

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Source of Data for Table/Methodology for Children Participating in School Breakfast

"Estimated Average Daily Participation in Breakfast" is the average number of students who ate breakfast in school per school day during October 2019. "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 2019.

Children are counted as low-income if they are eligible for the Free or Reduced-Price Lunch Program. To participate in the Reduced-Price Breakfast Program, students' household income must fall between 130% and 185% of the federal poverty guideline. For the Free Breakfast Program, household income must fall below 130% of the federal poverty guideline. Children in foster care, households receiving SNAP benefits and households participating in the Rhode Island Works Program are automatically eligible for free meals.

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