2021 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 with a core focus on equity. 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, ZERO TO THREE, The Hassenfeld Family Foundation, Nellie Mae Education Foundation, 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 *2021 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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2021 Rhode Island Kids Count Factbook

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Overview

April Rain Song

by Langston Hughes

Let the rain kiss you,
Let the rain beat upon your head with silver liquid drops.
Let the rain sing you a lullaby.

The rain makes still pools on the sidewalk.
The rain makes running pools in the gutter.
The rain plays a little sleep-song on our roof at night–

And I love the rain.

The *2021 Rhode Island Kids Count Factbook* is the twenty-seventh 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 *2021 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 *2021 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 *2021 Rhode Island Kids Count Factbook* reflects these interrelationships and builds a framework to guide policy, programs, and individual services on behalf of children and youth.

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

The COVID-19 pandemic has hit Rhode Island hard, with the fourth highest per capita COVID-19 deaths in the nation. Low-income families and Families of Color in marginalized communities have been hit hardest both by the disease itself and the resulting economic crisis, which have exacerbated longstanding racial and ethnic disparities. In this year's Factbook, we highlight the devastating effects of the pandemic on Rhode Island children and families' economic well-being, physical and mental health, safety, access to education, and educational outcomes as well as the strategies that the federal government, state government, and community agencies have put in place to support Rhode Island children and families during the pandemic.

Child Poverty is Concentrated in Four Core Cities

Poverty is linked to every KIDS COUNT indicator. Rhode Island's child poverty rate was 17.0% between 2015 and 2019, during which time 34,766 children were living in families with incomes below the federal poverty threshold. Between 2015 and 2019, almost two-thirds (65%) of Rhode Island's children living in poverty lived in just four cities. These communities (Central Falls, Pawtucket, Providence, and Woonsocket) are the four core cities highlighted throughout the Factbook. Children in poverty live in every community in Rhode Island, but these four communities deserve special attention because they are where child poverty is most concentrated.

Racial and Ethnic Disparities

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

Family and Community

From the Inaugural Poem:
The Hill We Climb
by Amanda Gordon

But one thing is certain:
If we merge mercy with might,
and might with right,
then love becomes our legacy
and change our children's birthright
So let us leave behind a country
better than the one we were left with
Every breath from my bronze-pounded chest,
we will raise this wounded world into a wondrous one


FOR
TODAY

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 1,059,361 Rhode Island residents in 2019. 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 203,575 in 2019 (18% decrease from 2000 to 2019).[1,2,3] Between 2015 and 2019, there were 116,683 households with children under age 18 in Rhode Island, representing 28% of all households.[4] Twenty-six percent of Rhode Island children were under age five, 27% were ages five to nine, 29% were ages 10 to 14, and 18% were ages 15 to 17.[5]

In Rhode Island, between 2015 and 2019, 122,318 (59%) children under age 18 lived in married-couple households, 62,877 (30%) children lived in single-parent households, and 17,915 (9%) children lived with relatives, including grandparents. A total of 3,512 (2%) children lived with foster families or other non-relative heads of household. There were 707 (<1%) children and youth under age 18 who lived in group quarters and 15 (<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]

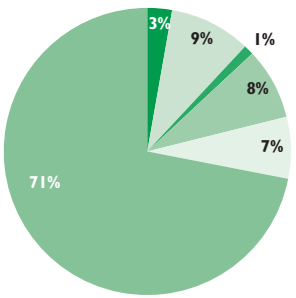
Between 2015 and 2019, there were 8,189 foreign-born children under the age of 18 living in Rhode Island, representing approximately 4% of the child population.[12] Of Rhode Island children ages five to 17, 77% speak only English at home, 17% speak Spanish, 4% speak other Indo-European languages, 2% speak Asian or Pacific Island languages, and 1% speak other languages at home.[13]

Sexual orientation and gender identity are other important facets 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" (5%). Among high school students, 1.5% described themselves as transgender, and 0.9% said they were "not sure.".[14]

Rhode Island Children Under Age 18, 2015-2019

By Race/Ethnicity*

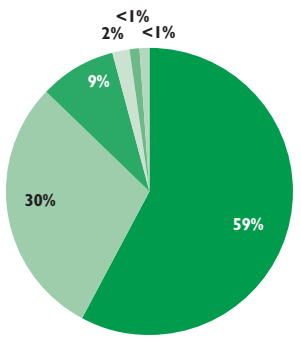
3%	Asian
9%	Black
1%	Native American and Alaska Native
8%	Some Other Race
7%	Two or More Races
71%	White



n=207,344

By Family Structure

59%	Married-Couple**
30%	Single-Parent**
9%	Other Relatives
2%	Foster Family or Other Unrelated Household
<1%	Group Quarters
<1%	Child is Head of Household



n=207,344

**Hispanic children may be included in any race category. Of Rhode Island's 207,344 children, 52,348 (25%) were Hispanic.*

Source: U.S. Census Bureau, American Community Survey, 2015-2019. 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, 2015-2019. Tables B09001, B09002, and B09018.

Decennial Census 2020

◆ **In 2020, the U.S. Census Bureau conducted its most recent decennial Census. When data are made available, the decennial Census count will be 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.

References

[1] U.S. Census Bureau, American Community Survey, 2019. 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, 2015-2019. Table DP02.

[5] U.S. Census Bureau, American Community Survey, 2015-2019. Table B01001.

[6] U.S. Census Bureau, American Community Survey, 2015-2019. Table B09002.

[7] U.S. Census Bureau, American Community Survey, 2015-2019. Table B09018.

[8] U.S. Census Bureau, American Community Survey, 2015-2019. Table B09001.

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

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

[11] U.S. Census Bureau, American Community Survey, 2015-2019. Table B01001I.

[12] U.S. Census Bureau, American Community Survey, 2015-2019. Table B05003.

[13] U.S. Census Bureau, American Community Survey, 2015-2019. 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 15, 2021, 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 185,195 children living with one or more parents in Rhode Island between 2015 and 2019. Of these, 34% (62,877) were living with an unmarried parent, down from 36% of children between 2010 and 2014.[1,2]

Between 2015 and 2019, 74% 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 2015 and 2019 in Rhode Island, 35% of children in single-parent families lived in poverty, compared to 7% of children in married-couple families.[3]

Single-parent families led by mothers were almost twice as likely to live in poverty as single-parent families led by fathers.[4] Between 2015 and 2019, the median family income for married two-parent families ($109,110) was more than twice that of male-headed single-parent families ($48,486) and more than three and a half times that of female-headed single-parent families ($30,482).[5]

The financial hardship and time constraints experienced by many single parents explain some of the differences in well-being between children in single-parent households and those in two-parent households.[6,7] Increasing parents' education levels can make a significant difference in their earning power. One study found that single mothers with associate degrees earn an average of $152,927 more over their lifetimes than those with high school diplomas, and single mothers with bachelor's degrees earn $296,044 more. Increasing the incomes of low-income families with young children under age six by $3,000 per year can improve long-term outcomes for their children.[8] Supports like child care assistance, paid family leave, and paid sick time are also vital supports for single parents and their children.[9]

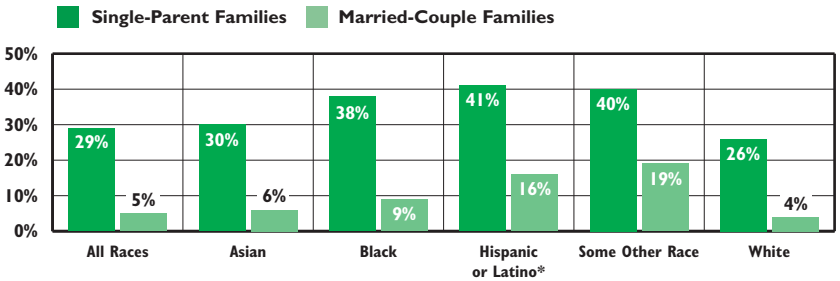
Single-Parent Families

	2009	2019
RI	36%	38%
US	34%	34%
National Rank*		*41st*
New England Rank**		*6th*

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

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

Families With Children Under Age 18 and Income Below the Poverty Threshold, by Race & Ethnicity, Rhode Island, 2015-2019



Source: U.S. Census Bureau, American Community Survey, 2015-2019. Tables B17010, B17010A, B17010B, B17010D, B17010F, B17010I. *Hispanic or Latino may be in any race category.

◆ **Hispanic and Black single-parent families in Rhode Island are 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.[10]**

Family Structure and Child Well-Being

◆ **In the United States, one in four parents living with a child is unmarried (25%). This marks a dramatic change from 50 years ago, when fewer than one in 10 parents living with their children was unmarried (7%). At the same time, the profile of unmarried parents has shifted so that now 35% of all unmarried parents are living with a partner.[11]**

◆ **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.[12]**

◆ **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.[13,14] 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.[15]**

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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[1] U.S. Census Bureau, American Community Survey, 2015-2019. Table B09002.

[2] U.S. Census Bureau, American Community Survey, 2010-2014. Table B09002.

[3] U.S. Census Bureau, American Community Survey, 2015-2019. Table B17006.

[4] U.S. Census Bureau, American Community Survey, 2015-2019. Table B17010.

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[10] U.S. Census Bureau, American Community Survey, 2015-2019. Tables B17010, B17010A, B17010B, B17010D, B17010F, B17010I.

(continued on page 174)

Grandparents Caring for Grandchildren

DEFINITION

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

SIGNIFICANCE

The number of grandparents raising grandchildren is on the rise. In the United States, eight million children live in households headed primarily by grandparents or other relatives, and 2.7 million of these children are in families where grandparents or other relatives serve as the primary caregiver through kinship foster care. Black and Native American 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]

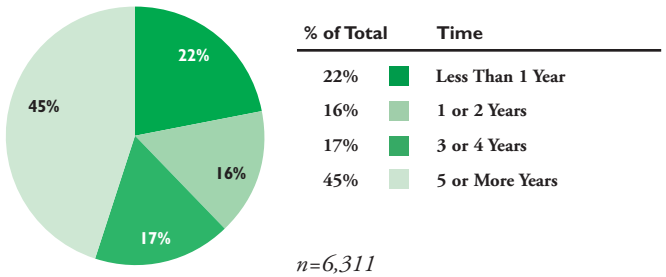
Twice as many grandmothers are involved in raising grandchildren than grandfathers. Forty percent of grandmother-only caregivers live below the poverty line, and 76% receive public assistance. Nearly one in five of all grandparent caregivers lives in poverty.[4,5]

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

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

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

Rhode Island Grandparents Financially Responsible for Their Grandchildren, by Length of Time Responsible, 2015-2019



Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table B10050..

◆ **Between 2015 and 2019, there were a total of 14,517 children in Rhode Island living in households headed by grandparents.[13] During this time period, there were 6,311 grandparents who were financially responsible for their grandchildren, 62% of whom had been financially responsible for three or more years.[14]**

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

◆ **Children in kinship foster care have better physical and mental health outcomes, more stability, and are more likely to have a permanent home.[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, 2020, there were 830 children under age 19 in DCYF care who were in out-of-home placements with a grandparent or other relative. Children in kinship foster care made up 45% of all children in out-of-home placements in Rhode Island.[18]**

◆ **During the COVID-19 pandemic, grandfamilies are juggling distance learning, economic challenges, and difficulties accessing services for their grandchildren. They are also at increased risk of developing severe complications if they contract COVID-19 because they are more likely to be over age 60, have underlying health issues, and be People of Color. Support groups, kinship navigator programs, and case management can help grandparents access services for themselves and their grandchildren.[19]**

Grandparents Caring for Grandchildren

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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(continued on page 174)

Mother's Education Level

DEFINITION

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

SIGNIFICANCE

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

Infant mortality rates increase as mother's education levels decrease.[3] In Rhode Island between 2015-2019, babies born to mothers with a high school degree or less had a higher infant mortality rate (6.0 per 1,000) than babies born to mothers with more advanced education (3.6 per 1,000 births).[4]

Children of more educated parents participate in early learning programs and home literacy activities more frequently and enter school with higher levels of academic skills. Increasing maternal education can improve children's school readiness, language and academic skills, health, and educational attainment. Higher levels of parental education can decrease the likelihood that a child will live in poverty.[5,6,7,8] Between 2015 and 2019, women with bachelor's degrees in Rhode Island earned 2.3 times more than those with less than a high school diploma and 1.6 times more than women with a high school diploma.[9]

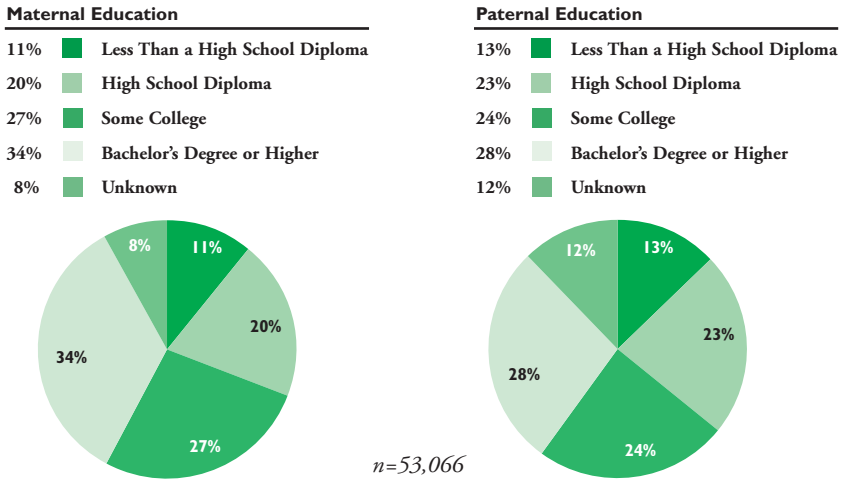
Between 2015 and 2019, 11% of Rhode Island births were to mothers with less than a high school diploma and 61% were to mothers with at least some college education.[10] Nationally in 2019, 12% of children under 18 lived in families in which the head of household had less than a high school diploma, and 45% lived in families in which the head of household had an associate degree or higher.[11]

Births to Mothers With Less Than a High School Diploma, Rhode Island, 2015-2019

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

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2015-2019.

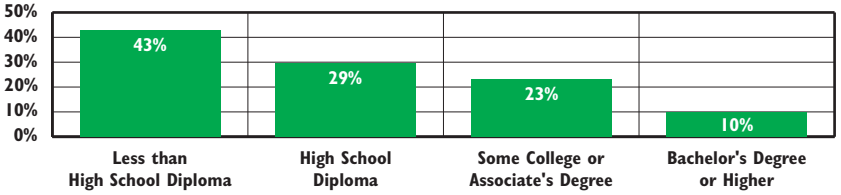
Births by Parental Education Levels, Rhode Island, 2015-2019



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2015-2019.

◆ **In Rhode Island between 2015 and 2019, 31% of all infants were born to mothers with a high school diploma or less, and 35% 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, 2015-2019



Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table S1702.

◆ **In Rhode Island between 2015 and 2019, 43% of families headed by single women with less than a high school diploma lived in poverty, compared with 10% of those with a bachelor's degree or higher.[13]**

Table 4.

Births by Education Level of Mother, Rhode Island, 2015-2019

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	558	419	75%	59	11%	30	5%	9	*
Bristol	672	316	47%	194	29%	100	15%	35	5%
Burrillville	635	210	33%	224	35%	128	20%	31	5%
Central Falls	1,567	101	6%	334	21%	441	28%	513	33%
Charlestown	255	104	41%	66	26%	52	20%	14	5%^
Coventry	1,521	611	40%	502	33%	264	17%	63	4%
Cranston	3,920	1,584	40%	1,117	28%	675	17%	275	7%
Cumberland	1,708	956	56%	387	23%	193	11%	60	4%
East Greenwich	529	383	72%	69	13%	28	5%	9	*
East Providence	2,284	870	38%	640	28%	445	19%	186	8%
Exeter	244	134	55%	57	23%	27	11%	14	6%^
Foster	180	67	37%	66	37%	28	16%	9	*
Glocester	350	150	43%	131	37%	44	13%	6	*
Hopkinton	332	143	43%	84	25%	63	19%	19	6%^
Jamestown	126	87	69%	23	18%	4	*	1	*
Johnston	1,328	478	36%	433	33%	262	20%	67	5%
Lincoln	923	470	51%	245	27%	117	13%	39	4%
Little Compton	79	40	51%	24	30%	4	*	1	*
Middletown	815	398	49%	211	26%	117	14%	45	6%
Narragansett	273	161	59%	62	23%	28	10%	8	*
New Shoreham	38	13	34%^	15	39%^	2	*	2	*
Newport	1,226	535	44%	220	18%	226	18%	159	13%
North Kingstown	1,106	618	56%	241	22%	139	13%	48	4%
North Providence	1,567	579	37%	508	32%	281	18%	94	6%
North Smithfield	457	198	43%	144	32%	58	13%	19	4%^
Pawtucket	4,680	898	19%	1,406	30%	1,217	26%	708	15%
Portsmouth	664	392	59%	164	25%	50	8%	12	2%^
Providence	12,184	2,373	19%	2,985	24%	2,913	24%	2,616	21%
Richmond	279	135	48%	71	25%	51	18%	6	*
Scituate	432	208	48%	119	28%	61	14%	12	3%^
Smithfield	713	383	54%	209	29%	79	11%	8	1%^
South Kingstown	880	520	59%	167	19%	90	10%	42	5%
Tiverton	574	245	43%	185	32%	86	15%	25	4%
Warren	414	174	42%	134	32%	66	16%	20	5%^
Warwick	3,785	1,637	43%	1,159	31%	646	17%	150	4%
West Greenwich	229	124	54%	52	23%	36	16%	7	*
West Warwick	1,645	401	24%	586	36%	425	26%	145	9%
Westerly	979	388	40%	277	28%	197	20%	67	7%
Woonsocket	2,765	378	14%	761	28%	884	32%	510	18%
*Unknown***	*150*	*40*	*27%*	*54*	*36%*	*33*	*22%*	*17*	*11%^*
Four Core Cities	*21,196*	*3,750*	*18%*	*5,486*	*26%*	*5,455*	*26%*	*4,347*	*21%*
Remainder of State	*31,720*	*14,131*	*45%*	*8,845*	*28%*	*5,102*	*16%*	*1,707*	*5%*
Rhode Island	*53,066*	*17,921*	*34%*	*14,385*	*27%*	*10,590*	*20%*	*6,071*	*11%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2015-2019. 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 2015 and 2019, maternal education levels were unknown for 4,099 births (8%).

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

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

**Unknown births have missing maternal residence data.

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

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Racial and Ethnic Diversity

DEFINITION

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

SIGNIFICANCE

Racial and ethnic diversity has increased in the United States over the last several decades and is projected to rise in the future. Since 2000, all of the growth in the child population in the U.S. has been among Children of Color.[1,2] In 2019, 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 in Rhode Island 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, less than 1% of children under age 18 were American Indian or Alaska Native, 3% of were Asian, 8% were Black or African American, 9% identified as Some other race, 7% were Two or more races, and 72% were white. In 2010, 21% of children living in Rhode Island were Hispanic.[7]

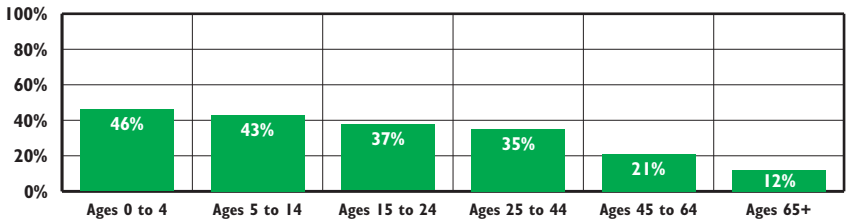
In 2010, two-thirds (67%) of all Children of Color in Rhode Island lived in the four core cities of Central Falls, Pawtucket, Providence, and Woonsocket. Almost three-quarters (74%) of children living in the four core cities were Children of Color.[8]

Between 2015 and 2019, there were 8,189 foreign-born children living in Rhode Island, 30% of whom were naturalized U.S. citizens.[9] Of Rhode Island's immigrant children, 31% were born in the Caribbean, 24% were born in Asia, 22% were born in Central or South America, 13% were born in Africa, 6% were born in Europe, and 3% were born in North America (Canada, Bermuda, or Mexico).[10]

Between 2015 and 2019, 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]

Percentage of Population Identified as People of Color by Age, Rhode Island, 2019



Source: U.S. Census Bureau, Population Estimates, 2019.

◆ **Young children in Rhode Island are more likely to be identified as People of Color than any other age group. In 2019 in Rhode Island, 46% of children under age five were People of Color, compared with 35% of adults ages 25 to 44 and 12% of people age 65 or over.[13]**

◆ **In 2019, 95% of children in Rhode Island were born in the U.S. Twenty-seven percent of children in Rhode Island in 2019 lived in immigrant families (either they are foreign-born, or they have at least one parent who is foreign-born), which is almost the same as the U.S. rate of 25%. Nearly all (97%) Rhode Island children in immigrant families had parents who have been in the United States for more than five years.[14]**

◆ **In Rhode Island in 2019, the median family income for children in immigrant families was $71,500, compared to $83,500 for children in non-immigrant families.[15] Between 2015 and 2019, 67% of Rhode Island's children living in poverty lived in families with U.S.-born parents.[16]**

◆ **Limited English proficiency can be a barrier to employment opportunities, higher earnings, access to health care, and parental engagement with education.[17] In 2019, 12% of Rhode Island children in immigrant families lived in linguistically-isolated households, meaning no one age 14 or older speaks only English and no one age 14 or older who speaks a language other than English speaks English "very well."[18]**

Table 5.

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

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

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2010 Redistricting File. All categories are mutually exclusive. If Hispanic was selected as ethnicity, individuals are not included in other racial categories. Likewise, if more than one race was selected, individuals are included in Two or more races and not in their individual race categories.

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

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Racial and Ethnic Disparities

DEFINITION

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

SIGNIFICANCE

Rhode Island's children are diverse in racial and ethnic background. In 2010 in Rhode Island, 1% of children under 18 were American Indian or Native Alaskan, 3% were Asian, 8% were Black or African American, 9% were identified as Some other race, 7% were Two or more races, and 72% were white. 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 2015 and 2019, 17% of all Rhode Island children lived in poverty, 72% of whom were Children of Color.[4]

Black, Latino, and Native American children are more likely than Asian and white 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 (31%) of Hispanic children live in concentrated poverty, higher than in any other state.[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 Central Falls (87%) and Providence (84%) were Children of Color.[7]

Black-white neighborhood segregation has decreased in the U.S. over the past 50 years, but high levels still exist. Asian and Latino residents also experience high levels of neighborhood segregation, but lower than the rates for Black residents. The Providence-Warwick metropolitan area was the second most segregated metropolitan area in the nation for Latino residents between 2015 and 2019.[8]

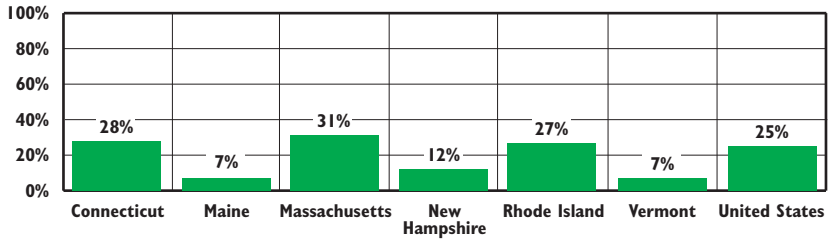
Long-standing disparities in wealth continue to persist between families in different racial and ethnic groups. In 2019 in the U.S., the median net worth of non-Hispanic white households was eight times higher than that of non-Hispanic Black families and five times higher than that of Hispanic families.[9] In Rhode Island, Black and Latino families have higher rates of unemployment and earn lower wages than white families.[10] Nationally, Black and Latino households have reported the highest levels of economic hardship due to the COVID-19 pandemic.[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. Black and Latino students generally attend schools in which students are disproportionately Students of Color and high-poverty, while white students attend schools in which students are disproportionately white and low-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, 2018-2019



Source: The Urban Institute Children of Immigrants Data Tool, Data from 2018-2019, 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 2018-2019, 27% (54,000) of Rhode Island children were living in immigrant families.[16]**

◆ **Half (50%) of Rhode Island's Hispanic children live in an immigrant family.[17]**

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

	ALL RACES	ASIAN	BLACK	HISPANIC	NATIVE AMERICAN	WHITE
Children in Poverty	17%	12%	27%	33%	55%	13%
Births to Mothers with <12 Years Education	11%	7%	12%	25%	22%	5%
Unemployment Rate	9.3%	NA	9.4%	15.2%	NA	8.6%
Median Family Income	$86,258	$85,378	$56,681	$44,704	$36,447	$92,986
Homeownership	61%	48%	34%	30%	20%	66%

Sources: *Children in Poverty* data are from the U.S. Census Bureau, American Community Survey, 2015-2019. 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, 2015-2019 (race data is non-Hispanic). *Unemployment Rate* data are from the Bureau of Labor Statistics, Local Area Unemployment Statistics, 2020. *Median Family Income* data are from the U.S. Census Bureau, American Community Survey, 2015-2019, Tables B19113, B19113A, B19113B, B19113C, B19113D & B19113I. *Homeownership* data are from the U.S. Census Bureau, American Community Survey, 2015-2019, 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 2015 and 2019 in Rhode Island, 17% of all children, 55% of Native American children, 33% of Hispanic children, 27% of Black children, 13% of white children, and 12% of Asian children in Rhode Island lived in families with incomes below the federal poverty threshold.**[18]

◆ **Between 2015 and 2019 in Rhode Island, Native American, Black, and Hispanic households were the most likely to live in rental units, while white households were the most likely to own their homes.**[19]

◆ **In 2020 in Rhode Island, the unemployment rate was 15.2% for Hispanic workers, 9.4% for Black workers, and 8.6% for white workers. Nationally, the unemployment rate was 11.4% for Black workers, 10.4% for Hispanic workers, and 7.3% for white 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] **Native American, Black, and Hispanic children in Rhode Island are all more likely than Asian and white children to be born to mothers with less than a high school diploma.**[22]

Health Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	ASIAN	BLACK	HISPANIC	NATIVE AMERICAN	WHITE
Children Without Health Insurance	1.9%	2.0%	4.9%	3.1%	*	1.4%
Women With Delayed or No Prenatal Care	16.1%	17.8%	23.5%	19.0%	21.3%	13.1%
Preterm Births	8.9%	7.7%	11.5%	9.6%	13.7%	8.2%
Low Birthweight Infants	7.7%	7.6%	11.7%	8.1%	11%	6.6%
Infant Mortality (per 1,000 live births)	5.4	4.8^	12	6.3	*	3.5
Births to Teens Ages 15-19 (per 1,000 teens)	12.4	3.3	14.9	29.5	27.9	6.4

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019 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 2019, 96% of U.S. children had health insurance coverage. Hispanic (91%) and Native American (86%) children had the lowest rates of coverage.**[26]

Racial and Ethnic Disparities

Safety Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	ASIAN	BLACK	HISPANIC	NATIVE AMERICAN	WHITE
Youth at the Training School (per 1,000 youth ages 13-18)	2.4	0.0	10.7	4.7	2.5	1.0
Children of Incarcerated Parents (per 1,000 children)	9.6	1.6	42.2	14.1	35.0	5.6
Children in Out-of-Home Placement (per 1,000 children)	9.1	2.1	19.7	11.8	5.5	6.7

Sources: *Youth at the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, Calendar Year 2020. *Children of Incarcerated Parents* data are from the Rhode Island Department of Corrections, September 30, 2020 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, 2020. 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.

◆ **Nationally, racial and ethnic disproportionality in the juvenile justice, adult corrections, and child welfare systems is well-documented with disproportionality occurring at multiple steps within each system. While we do not know the exact causes of this disproportionality, structural racism (e.g., policies that concentrate policing in Communities of Color), institutional racism (e.g., policies that disproportionately place Children of Color out of their homes), and racial bias and discrimination (e.g., beliefs held by workers about people from different racial or ethnic groups) all contribute to worse outcomes for Children of Color who come in contact with these systems.[27,28,29]**

◆ **During 2020 in Rhode Island, Black youth were four times more likely to be at the Rhode Island Training School compared to youth of all races and almost 11 times more likely compared to white youth. Hispanic and Native American youth were also more likely to be at the Training School compared to white youth.[30]**

◆ **In Rhode Island on December 31, 2020, Black and Hispanic children were both more likely than youth of all races to be placed in out-of-home placements through the child welfare system. Asian, Native American, and white children were less likely to be placed out-of-home.[31]**

Education Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	ASIAN+	BLACK	HISPANIC	NATIVE AMERICAN	WHITE
3rd Grade Students Meeting Expectations in Reading	48%	58%	33%	33%	23%	57%
3rd Grade Students Meeting Expectations in Math	36%	52%	24%	21%	17%	45%
Four-Year High School Graduation Rates	84%	92%	80%	76%	69%	88%
Immediate College Enrollment Rates	67%	76%	61%	56%	48%	72%
% of Adults Over Age 25 With a Bachelor's Degree or Higher	34%	52%	21%	14%	15%	36%

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 2020. *Immediate College Enrollment Rates* data are from the Rhode Island Department of Education, Class of 2019. *Adult Educational Attainment* data are from the U.S. Census Bureau, American Community Survey, 2015-2019, Tables B15003, C15002A, C15002B, C15002C, C15002D & C15002I. All Census data refer only to those individuals who selected one race and Hispanic or Latino also may be included in any of the race categories. +Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

◆ **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 academic outcomes and drop-out rates.[35,36] In Rhode Island during the 2019-2020 school year, Students of Color received 54% 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]**

Economic Well-Being

◆ **Between 2015 and 2019, 33% of Rhode Island's Hispanic children were living in poverty, compared to 27% of Hispanic children nationally. During that same time period, the median family income for Hispanics in Rhode Island was $44,704, compared to $86,258 overall in Rhode Island.[41]**

Health

◆ **In Rhode Island between 2015 and 2019, 19.0% of Hispanic babies were born to women who received delayed or no prenatal care, compared with 16.1% of all babies in the state.[42]**

◆ **Between 2015 and 2019, 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 (29.5 per 1,000 Hispanic teens ages 15 to 19 compared to 12.4 per 1,000 for all teens).[43]**

Education

◆ **The four-year high school graduation rate among Hispanic youth in the class of 2020 was 76%, compared to Rhode Island's four-year high school graduation rate for all students of 84%.[44]**

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

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(continued on page 174)

Economic Well-Being

Bedtime

by Eleanor Farjeon

Five minutes, five minutes more, please!
  Let me stay five minutes more!
Can't I just finish the castle
  I'm building here on the floor?
Can't I just finish the story
  I'm reading here in my book?
Can't I just finish this bead-chain —
  It's almost finished, look!
Can't I just finish this game, please?
  When a game's once begun
It's a pity never to find out
  Whether you've lost or won.
Can't I just stay five minutes?
  Well, can't I just stay just four?
Three minutes, then? two minutes?
  Can't I stay one minute more?

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 2019, the median family income for Rhode Island families with their own children was $82,251.[1]

Between 2015 and 2019, in Rhode Island, the median family income for married two-parent families ($109,110) was more than twice that of male-headed single-parent families ($48,486) and more than three and a half times that of female-headed single-parent families ($30,482).[2]

After a peak of 11.3% in 2010, Rhode Island's unemployment rate decreased to 3.5% in 2019 before increasing to 9.3% in 2020. Rhode Island continues to have gaps in unemployment rates by race and ethnicity. In 2020, the unemployment rate was 15.2% for Hispanic workers, 9.4% for Black workers, and 8.6% for white workers.[3,4,5]

Even when Rhode Island's unemployment rate is low, many workers are unable to find full-time work and struggle to make ends meet with inadequate and unpredictable income.[6] In 2018, more than 22 million people in the U.S. worked in low-wage jobs (less than $12 per hour).[7] 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 for their children.[8]

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.[9]

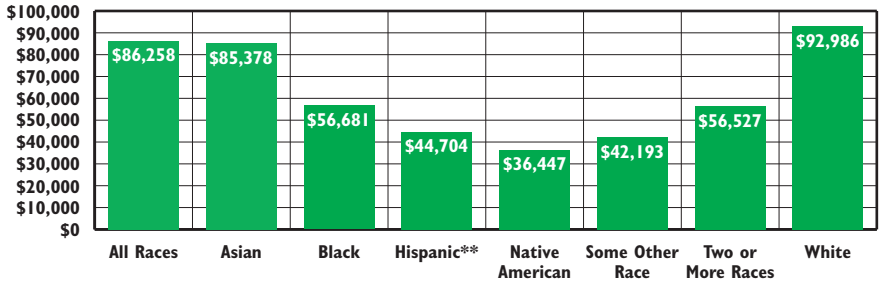
Median Family Income

	2019
RI	$82,300
US	$78,000
National Rank*	*17th*
New England Rank**	*4th*

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

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

Median Family Income, by Race and Ethnicity, Rhode Island, 2015-2019*



Source: U.S. Census Bureau, American Community Survey, 2015-2019. 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 and families of Some other race or Two or more races.[10]**

◆ **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. In Rhode Island, more than one in three Hispanic adults, more than one in five Black adults, and one in ten white adults lack a high school diploma.[11]**

◆ **According to the *2020 Rhode Island Standard of Need*, it costs a single-parent family with two young children $57,671 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 $66,057 to meet this budget without government subsidies.[12]**

◆ **An adequate minimum wage and income support programs (including RIte Care health insurance, child care subsidies, SNAP benefits, the Child Tax Credit, and the Earned Income Tax Credit) are critical for helping low-and moderate-income working families in Rhode Island make ends meet, and expanding these programs would help decrease racial and ethnic disparities in meeting basic needs.[13]**

Table 6. **Median Family Income, Rhode Island, 2015-2019**

CITY/TOWN	2015-2019 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18	
	ESTIMATES WITH HIGH MARGINS OF ERROR*	ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR
Barrington		$154,167
Bristol	$108,651	
Burrillville		$102,892
Central Falls		$32,541
Charlestown	$80,469	
Coventry		$95,214
Cranston		$82,620
Cumberland		$108,667
East Greenwich		$160,125
East Providence		$74,524
Exeter	$181,250	
Foster	$112,031	
Glocester		$110,650
Hopkinton	$90,603	
Jamestown		$196,289
Johnston		$99,035
Lincoln		$118,454
Little Compton	$101,250	
Middletown		$79,375
Narragansett	$152,273	
New Shoreham		$55,982
Newport	$64,519	
North Kingstown		$113,554
North Providence	$74,861	
North Smithfield		$111,344
Pawtucket		$47,595
Portsmouth		$149,821
Providence		$42,829
Richmond		$106,750
Scituate		$124,167
Smithfield		$125,114
South Kingstown		$115,923
Tiverton		$88,393
Warren	$84,375	
Warwick		$87,633
West Greenwich		$143,333
West Warwick		$65,825
Westerly		$92,325
Woonsocket		$34,602
Four Core Cities		*NA*
Remainder of State		*NA*
Rhode Island		*$79,684*

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 2015-2019 data come from a Population Reference Bureau analysis of 2015-2019 American Community Survey data. The American Community Survey is a sample survey, and therefore the median family income is an estimate. The reliability of estimates varies by community. In general, estimates for small communities are not as reliable as estimates for larger communities.

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

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

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

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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[7] Tucker, J., & Vogtman, J. (2020). *When hard work is not enough: Women in low-paid jobs.* Washington, DC: National Women's Law Center.

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[10] U.S. Census Bureau, American Community Survey, 2015-2019. Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113F, B19113G, & B19113I.

[12,13] *The 2020 Rhode Island standard of need: COVID-19 edition.* (2020). 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, school performance, and emotional well-being and on a family's ability to meet a child's basic needs. In contrast, when children live in high-quality housing that is safe, affordable, and located in well-resourced, low-poverty neighborhoods, they do better in school and their parents report improved mental health.[2,3]

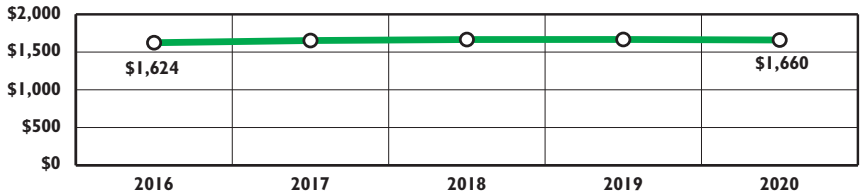
In 2020, a worker would have to earn $31.92 an hour and work 40 hours a week year-round to be able to afford the average rent in Rhode Island without a cost burden. This hourly wage was more than three times the minimum wage of $10.50 per hour in effect for most of 2020.[4,5] In 2020, Rhode Island required the 18th highest hourly wage of any state to afford the rent for a two-bedroom home.[6] In 2019, the median renter in Rhode Island had a household income of $34,255, and this renter could not affordably rent in any Rhode Island city or town.[7]

According to HousingWorks RI, a household earning the state's median household income of $63,296 would be able to affordably buy in only one of Rhode Island's cities or towns – Central Falls.[8]

Federally-funded Section 8 Housing Choice rental vouchers can help low-income individuals and families afford the cost of rent; however, there are not enough vouchers to meet the need, long waiting periods are common, and families are often turned away by landlords who do not accept vouchers.[9,10]

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. In FY 2019, Rhode Island invested only $20.45 per capita in affordable homes, less than half the investment made by the next highest New England state (Maine) and much lower than neighboring Massachusetts which invested $105.71 per capita, more than five times as much.[11] In 2021, Rhode Island voters approved a $65 million housing and community opportunity bond, but the state still does not have a permanent funding stream for affordable housing.[12,13]

Average Rent, Two-Bedroom Apartment, Rhode Island, 2016-2020



Source: Rhode Island Housing, Rhode Island Rent Survey, 2016-2020. Rents are adjusted to 2020 dollars and include adjustments for the cost of gas, fuel, water, and electricity. Adjustments for utilities for each year vary according to U.S. Census American Community Survey's annual one-year estimates. Due to a change in methodology, data cannot be compared to Factbooks prior to 2019.

◆ **In 2020, the average cost of rent for a two-bedroom apartment in Rhode Island was $1,660. When adjusted for 2020 dollars, rents remained fairly stable over the five-year period from 2016 through 2020.[14]**

◆ **In 2019, almost half (49%) of renters in Rhode Island spent 30% or more of their household income on rent, down slightly from 50% in 2009. The percentage of homeowners who had a cost burden due to their mortgages also decreased, from 43% in 2009 to 29% in 2019.[15,16]**

The Effect of COVID-19 on Housing Stability

◆ **During the COVID-19 pandemic, in both the U.S. and in Rhode Island, one in five renters reported that they were unable to keep up with their rent. Nationally, Black renters and families with children faced the greatest hardships.[17]**

◆ **The *CARES Act*, passed in March 2020, included a provision prohibiting evictions for nonpayment of rent through the end of July 2020, and this protection was extended when the Centers for Disease Control created its own eviction moratorium and later extended it through June 30, 2021.[18,19]**

◆ **Both the *CARES Act* and the *American Rescue Plan Act*, passed in March 2021, included funding for rental assistance and funding to assist individuals and families experiencing homelessness. In Rhode Island, these funds have been distributed through a variety of programs administered by the United Way of Rhode Island, Rhode Island Housing, and Crossroads Rhode Island.[20,21,22,23,24]**

Table 7.

Cost of Housing for Very Low-Income Families, Rhode Island, 2020

	FAMILY INCOME		HOMEOWNERSHIP COSTS		RENTAL COSTS		
CITY/TOWN	2020 POVERTY LEVEL FAMILY OF THREE	2020 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*	$21,720	$39,150	$3,341	102%	$1,075	59%	33%
Bristol	$21,720	$39,150	$2,298	70%	$1,372	76%	42%
Burrillville	$21,720	$39,150	$1,916	59%	$886	49%	27%
Central Falls	$21,720	$39,150	$1,233	38%	$1,428	79%	44%
Charlestown*	$21,720	$39,150	$2,649	81%	$1,075	59%	33%
Coventry	$21,720	$39,150	$1,874	57%	$1,633	90%	50%
Cranston	$21,720	$39,150	$1,935	59%	$1,650	91%	51%
Cumberland	$21,720	$39,150	$2,219	68%	$1,859	103%	57%
East Greenwich	$21,720	$39,150	$3,700	113%	$1,634	90%	50%
East Providence	$21,720	$39,150	$1,833	56%	$1,694	94%	52%
Exeter*	$21,720	$39,150	$2,600	80%	$1,075	59%	33%
Foster*	$21,720	$39,150	$2,481	76%	$1,075	59%	33%
Glocester*	$21,720	$39,150	$2,236	69%	$1,075	59%	33%
Hopkinton*	$21,720	$40,250	$2,422	72%	$1,154	64%	34%
Jamestown*	$21,720	$39,150	$3,735	114%	$1,075	59%	33%
Johnston	$21,720	$39,150	$1,927	59%	$1,763	97%	54%
Lincoln	$21,720	$39,150	$2,605	80%	$1,679	93%	51%
Little Compton*	$21,720	$39,150	$3,199	98%	$1,075	59%	33%
Middletown	$21,720	$45,450	$2,710	72%	$1,621	90%	43%
Narragansett	$21,720	$39,150	$3,218	99%	$1,679	93%	51%
New Shoreham*	$21,720	$40,250	$5,966	178%	$1,154	64%	34%
Newport	$21,720	$45,450	$3,471	92%	$1,455	80%	38%
North Kingstown	$21,720	$39,150	$2,730	84%	$1,783	99%	55%
North Providence	$21,720	$39,150	$1,934	59%	$1,556	86%	48%
North Smithfield	$21,720	$39,150	$2,265	69%	$1,476	82%	45%
Pawtucket	$21,720	$39,150	$1,710	52%	$1,415	78%	43%
Portsmouth	$21,720	$45,450	$2,861	76%	$1,862	103%	49%
Providence**	$21,720	$39,150	$1,637	50%	$1,781	98%	55%
Richmond*	$21,720	$39,150	$2,259	69%	$1,075	59%	33%
Scituate*	$21,720	$39,150	$2,417	74%	$1,075	59%	33%
Smithfield	$21,720	$39,150	$2,208	68%	$1,793	99%	55%
South Kingstown*	$21,720	$39,150	$2,545	78%	$1,075	59%	33%
Tiverton	$21,720	$39,150	$2,206	68%	$1,758	97%	54%
Warren	$21,720	$39,150	$2,210	68%	$1,973	109%	60%
Warwick	$21,720	$39,150	$1,770	54%	$1,640	91%	50%
West Greenwich*	$21,720	$39,150	$2,810	86%	$1,075	59%	33%
West Warwick	$21,720	$39,150	$1,779	55%	$1,589	88%	49%
Westerly	$21,720	$40,250	$2,227	66%	$1,252	69%	37%
Woonsocket	$21,720	$39,150	$1,768	54%	$1,187	66%	36%
Four Core Cities	*$21,720*	*$39,150*	*$1,587*	*49%*	*$1,453*	*80%*	*45%*
Remainder of State	*$21,720*	*$39,784*	*$2,587*	*78%*	*$1,619*	*89%*	*49%*
Rhode Island	*$21,720*	*$40,400*	*$2,069*	*61%*	*$1,660*	*92%*	*49%*

Source of Data for Table/Methodology

Family Income: 2020 poverty level for a family of three as reported in: *Federal Register, 85*(12), January 17, 2020, pages 3060-3061.

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. (2020). *FY2020 Rhode Island income limits for low- and moderate-income households.* Retrieved March 17, 2021, from www.rihousing.com

Homeownership costs: Data on typical monthly housing payments are from HousingWorks RI's *2020 Housing Fact Book.* They are based on the median selling price of a single-family home using year-end 2019 data and calculated based on a 30-year mortgage at a 3.94% interest rate with a 3.5% down payment. The typical monthly housing payment for the state comes from HousingWorks RI, but core city and remainder of state are calculated by Rhode Island KIDS COUNT using unweighted community data.

Rental Costs: Rhode Island Housing, Rhode Island Rent Survey, 2020. 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 adjusted for 2020 dollars. Statewide average based on all units in state. Core city and remainder of state are calculated by Rhode Island KIDS COUNT using unweighted community data. Data cannot be compared to Factbooks prior to 2019.

*Rhode Island Housing 2020 Rhode Island Rent Survey data are not available. Average rent used for these communities is the HUD FY 2020 Fair Market Rent for the metropolitan area as reported by the U.S. Department of Housing and Urban Development. The average rents calculated for the four core cities and the remainder of state do not include communities for which data from the 2020 Rhode Island Rent Survey was not available.

(Sources continued with References on page 174)

Homeless Children

DEFINITION

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

SIGNIFICANCE

In the United States, 2.5 million children (one in 30) are homeless each year.[1] Families experiencing homelessness often include young adults and young children, and infants are more likely to experience homelessness than any other age group. Black children and families are more likely to experience homelessness than other racial and ethnic groups.[2]

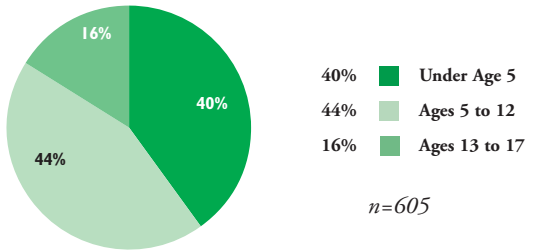
For many families living in deep poverty, episodes of homelessness are part of a cycle of housing instability that often includes living in housing that is unaffordable and/or unsafe, doubling up with families or friends, and being evicted. For these families, the shortage of housing that is affordable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

Compared with their peers, homeless children are more likely to become ill, develop mental health issues, and exhibit delinquent or aggressive behaviors, and homeless children go hungry at twice the rate of other children. Homeless children also 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. When homeless children are exposed to multiple traumatic events, they may have increased levels of anxiety, poor impulse control, and difficulty developing trusting relationships.[4,5,6]

Lack of stable housing is often a precipitating factor for a family's involvement in the child welfare system, and unstable or inadequate housing can delay family reunification. Addressing families' housing needs can reduce child neglect and abuse and help families stay together.[7,8]

In 2020, 323 families with 623 children stayed at an emergency homeless shelter, domestic violence shelter, or transitional housing facility in Rhode Island. Children made up about one quarter (23%) of the people who used emergency homeless shelters, domestic violence shelters, and transitional housing in 2020. Forty percent of these children were under age five. In April 2020 (during the COVID-19 pandemic), there were 27 families on the state's wait list awaiting shelter.[9]

Children in Emergency Shelters, Domestic Violence Shelters, and Transitional Housing Facilities by Age, 2020



Source: Rhode Island KIDS COUNT analysis of data from the Rhode Island Coalition for the Homeless, Homeless Management Information System, 2020 and Rhode Island Coalition Against Domestic Violence, 2020. Note: 18 children had unknown ages.

Supporting Homeless Children in Schools

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

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

◆ **The *McKinney-Vento Act* defines a child as homeless if he or she does not have a "fixed, regular and adequate night-time residence."[12] During the 2019-2020 school year, Rhode Island public school personnel identified 1,531 children as homeless. Of these children, 66% lived with other families ("doubled up"), 23% lived in shelters, 9% lived in hotels or motels, and 2% were unsheltered.[13]**

◆ **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.[14]**

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.[15]

- In Rhode Island in 2019, less than 5% of homeless students met expectations on the eighth grade *RICAS* mathematics assessment compared to 25% of non-homeless students.[16]

- In Rhode Island, the four-year high school graduation rate for the Class of 2020 was 57% for homeless students and 84% for non-homeless students.[17]

- The Elementary and Secondary School Emergency Relief Fund includes funds to support the needs of students disproportionately affected by the COVID-19 pandemic and subsequent school closures, including students experiencing homelessness, Students of Color, students receiving special education services, Multilingual Learners, and children in foster care.[18]

Table 8. **Homeless Children Identified by Public Schools, Rhode Island, 2019-2020 School Year**

SCHOOL DISTRICT	TOTAL ENROLLMENT	# OF CHILDREN IDENTIFIED AS HOMELESS BY PUBLIC SCHOOL PERSONNEL
Barrington	3,397	*
Bristol Warren	3,173	37
Burrillville	2,247	56
Central Falls	2,878	73
Chariho	3,238	12
Coventry	4,548	74
Cranston	10,475	72
Cumberland	4,668	13
East Greenwich	2,595	*
East Providence	5,251	31
Exeter-West Greenwich	1,663	*
Foster	239	*
Foster-Glocester	1,355	*
Glocester	555	*
Jamestown	489	0
Johnston	3,258	32
Lincoln	3,211	20
Little Compton	237	0
Middletown	2,133	83
Narragansett	1,278	*
New Shoreham	135	0
Newport	2,154	47
North Kingstown	3,992	31
North Providence	3,585	42
North Smithfield	1,666	0
Pawtucket	8,784	98
Portsmouth	2,426	*
Providence	23,836	304
Scituate	1,226	0
Smithfield	2,382	22
South Kingstown	2,882	27
Tiverton	1,759	*
Warwick	8,610	85
West Warwick	3,629	37
Westerly	2,648	39
Woonsocket	6,027	194
Charter Schools	*9,014*	*62*
State-Operated Schools	*1,786*	*16*
UCAP	*128*	*0*
Four Core Cities	*41,525*	*669*
Remainder of State	*91,104*	*803*
Rhode Island	*143,557*	*1,550*

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." This includes children who are living with other families ("doubled up"), in shelters, living in hotels or motels, and unsheltered.

Charter schools reporting include Achievement First Rhode Island, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Charette, Highlander, Learning Community, Rhode Island Nurses Institute, Rise Prep Mayoral Academy, Sheila C. "Skip" Nowell Leadership Academy, 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.* Waltham, MA: The National Center on Family Homelessness at American Institutes for Research.

(continued on page 174)

Secure Parental Employment

DEFINITION

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

SIGNIFICANCE

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

Rhode Island's annual unemployment rate increased from 3.5% in 2019 to 9.3% in 2020 (during the COVID-19 pandemic) and is higher than the U.S. unemployment rate of 8.1%. During the recession in 2010, Rhode Island's unemployment rate was 11.3%.[3,4,5]

In 2019, 3% of children in Rhode Island and 4% of children in 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. People of Color are overrepresented among low-income working families. In 2016 in the U.S., families headed by People of Color represented 41% of all working families, while accounting for 60% of low-income working families.[8] In Rhode Island, 91% of Latinx single-parent families and 56% of Latinx two-parent families earn less than the income required to meet their basic needs, compared to 63% of white single-parent families and 20% of white two-parent families.[9] The COVID-19 pandemic created challenges for Rhode Island's essential workers, many of whom are Black and Latinx, earn low wages, and did not have the luxury of working from home during the pandemic.

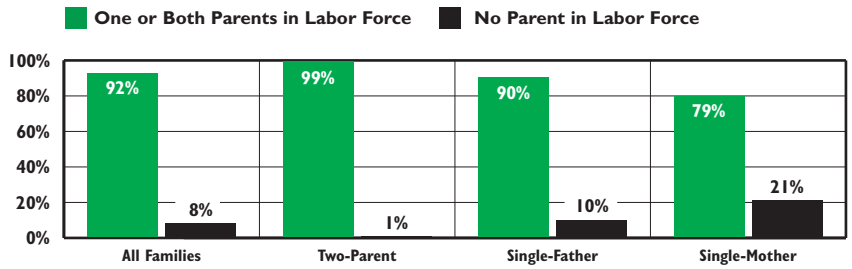
Children Living in Families Where No Parent Has Full-Time, Year-Round Employment

	2014	2019
RI	32%	23%
US	30%	26%
National Rank*		*14th*
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

Employment Status of Parents by Family Type, Rhode Island, 2015-2019



Source: U.S. Census Bureau, American Community Survey, 2015-2019. Table B23008.

◆ **The majority of children living in Rhode Island between 2015 and 2019 had one or both parents in the labor force. Children living with a single parent were more than 14 times more likely than children living in a two-parent family to have no employed parent. Of children in two-parent families, 72% had both parents in the labor force.[10]**

◆ **Between 2015 and 2019, there were 15,238 Rhode Island children living in families with no parent in the labor force. Children living in families with a single parent represented 90% (13,661) of families with no employed parents.[11]**

◆ **Between 2015 and 2019, 16% (3,393) of Rhode Island families with incomes below the federal poverty threshold had at least one adult with full-time, year-round employment, and 40% (8,720) of Rhode Island families living in poverty had at least one adult working part-time.[12]**

◆ **According to the *2020 Rhode Island Standard of Need*, 74% of Rhode Island single-parent families with two children and 27% of two-parent families with two 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.[13]**

◆ **Between 2015 and 2019, 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.[14]**

Secure Parental Employment

Barriers to Secure Employment for Low-Income Families

◆ Families leaving cash assistance can face many barriers to employment. Research shows that families who leave due to time limits or sanctions often have barriers such as mental and physical impairments, a child with a disability, or learning disabilities that can impede their ability to secure or sustain employment.[15]

◆ Low-income workers are less likely to have benefits, such as paid time off and flexible work schedules, that would allow them to address the needs of sick children.[16] Fifty-six percent of the U.S. workforce qualifies for the federal *Family and Medical Leave Act* (FMLA), but many who are eligible cannot afford to take it.[17] In 2013, Rhode Island passed legislation that created the Temporary Caregivers Insurance (TCI) Program, which provides up to four weeks of benefits for workers who need to care for a seriously ill family member or to bond with a newborn, foster, or adopted child.[18] Rhode Island is one of nine states, in addition to Washington, DC, that have enacted paid family leave programs.[19]

◆ Limited education also can be a barrier to sustained employment. Between 2015 and 2019 in Rhode Island, adults without a high school diploma were almost three times as likely to be unemployed as those with a bachelor's degree.[20]

◆ Having access to work supports, such as tax credits, SNAP/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.[21]

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[3] *Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, and detailed age, 2019 annual averages.* (n.d.). U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics. Retrieved January 14, 2021, from www.bls.gov

[4] *Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, and detailed age, 2020 annual averages - Rhode Island and United States.* (n.d.). U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics. Retrieved xxxx, from www.bls.gov

[5] *Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, and detailed age, 2010 annual averages - Rhode Island.* (n.d.). U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics. Retrieved January 19, 2021, from www.bls.gov

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Secure Employment and Child Care

◆ Research shows a link between affordable, quality child care availability and sustained maternal employment. Studies find that mothers report that the lack of reliable and affordable child care arrangements affected their ability to remain employed.[22]

◆ In 2018 in Rhode Island, a single mother earning the state median income for a single-parent family ($27,380) would have to spend 40% of her income to pay for child care for an infant in center-based care.[23]

◆ In Rhode Island, child care assistance is available to families with incomes at or below 180% of the federal poverty level ($39,528 for a family of three in 2021) 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 ($49,410 for a family of three).[24,25]

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

◆ State and federal Earned Income Tax Credits (EITCs) provide tax reductions and wage supplements for low- and moderate-income working families. EITCs reduce child poverty, decrease taxes, and serve as an incentive to keep families working. The federal EITC is one of the nation's most effective poverty prevention programs for working families. It lifted 5.6 million people, including about 3 million children, out of poverty in 2018.[26,27]

◆ Benefits of the EITC 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 2019, approximately 80,000 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. The *American Rescue Plan Act* includes critical expansions of the Child Tax Credit that will lift another 4.1 million children out of poverty, cutting child poverty by more than 40%.[31,32]

Paid Family Leave

DEFINITION

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

SIGNIFICANCE

Rhode Island's Temporary Caregiver Insurance (TCI) program, 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]

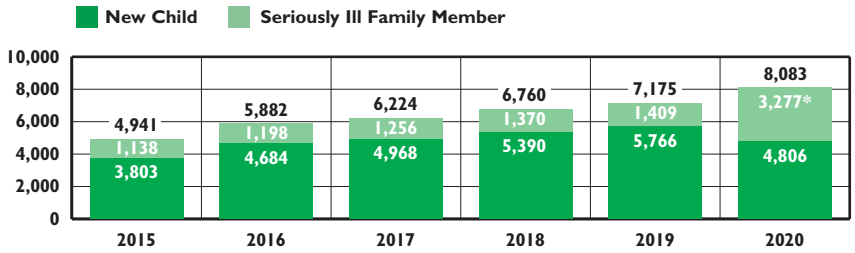
Almost all advanced, industrialized nations guarantee paid leave for new mothers and many include new fathers. In many European countries, families receive at least six months of paid leave to care for a new baby.[2] The U.S. requires employers with 50 or more workers to offer 12 weeks of leave for workers 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 19% of 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 and medical leave reduces the incidence of preterm births, low birthweight, and infant mortality. It also increases the likelihood and duration of breastfeeding, decreases infant hospitalizations, reduces child neglect and abuse, and increases preventive medical care and immunizations. Mothers who take at least 12 weeks off from work after the birth of a child are less likely to experience depressive symptoms and report better overall health. Providing time off from work for new parents gives babies time to form secure attachments, which is the foundation for healthy relationships and development.[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, 2015-2020



Source: Rhode Island Department of Labor and Training, TCI Program, 2015-2020. *Note: In March 2020, Rhode Island extended eligibility to employees absent from work to care for a child due to a COVID-19-related school or child care closure.

◆ **There were 8,083 approved claims for TCI during 2020 (up from 7,175 in 2019); 59% were to bond with a new child and 41% were to care for a seriously ill family member. In 2020, 38% of individuals contributing to TDI/TCI earned less than $20,000 a year, yet only 16% of all approved TCI claims were for individuals with wages in this category.[13]**

◆ **Of the 4,806 approved claims to bond with a new child, 99% (4,734) were for a newborn and 1% were for a newly adopted (10), foster (39), or other child (23). Forty-two percent of claims to bond with a new child were filed by men and 58% by women.[14]**

◆ **Of the 3,277 approved claims to care for a seriously ill family member, 67% were to care for a child (including for COVID-19 child care and school closings), 18% were to care for a spouse or domestic partner, 15% were to care for a parent or parent-in-law, and 1% were to care for a grandparent. Seventy-six percent of claims to care for a seriously ill family member were filed by women and 24% were filed by men.[15]**

Temporary Disability Insurance for Pregnancy Complications & Childbirth

◆ **In 2020, there were 3,108 approved TDI claims for disabling pre/post pregnancy conditions and/or to recover from child birth. 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, 2020**

	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	15	7	22	37	27	64
Bristol	19	25	44	70	52	122
Burrillville	16	27	43	63	38	101
Central Falls	24	24	48	60	57	117
Charlestown	12	20	32	32	23	55
Coventry	37	53	90	192	122	314
Cranston	100	127	227	378	310	688
Cumberland	39	54	93	110	72	182
East Greenwich	33	29	62	53	29	82
East Providence	52	48	100	212	161	373
Exeter	7	11	18	15	25	40
Foster	*	*	10	14	9	23
Glocester	14	11	25	31	21	52
Hopkinton	6	13	19	36	20	56
Jamestown	*	*	8	9	8	23
Johnston	28	45	73	149	104	253
Lincoln	38	27	65	99	49	148
Little Compton	*	*	6	*	*	*
Middletown	19	24	43	44	33	77
Narragansett	9	11	20	23	16	39
New Shoreham	*	*	*	*	*	*
Newport	27	24	51	26	33	59
North Kingstown	41	34	75	108	71	179
North Providence	38	48	86	144	108	252
North Smithfield	14	15	29	41	27	68
Pawtucket	108	92	200	325	253	578
Portsmouth	16	17	33	42	27	69
Providence	262	279	541	788	501	1,289
Richmond	9	8	17	22	10	27
Scituate	14	22	36	60	38	98
Smithfield	18	28	46	79	54	133
South Kingstown	27	19	46	74	44	118
Tiverton	17	16	33	42	19	61
Warren	6	16	22	33	39	72
Warwick	124	110	234	442	291	733
West Greenwich	6	7	13	18	26	44
West Warwick	26	26	52	70	53	123
Westerly	37	42	79	192	131	323
Woonsocket	32	48	80	138	113	251
Out-of-State	*204*	*181*	*385*	*535*	*257*	*792*
Four Core Cities	*426*	*443*	*869*	*1,311*	*924*	*2,235*
Remainder of State	*875*	*979*	*1,854*	*2,960*	*2,096*	*5,056*
Rhode Island	*1,301*	*1,422*	*2,723*	*4,271*	*3,020*	*7,291*
Total Program Claims	*1,505*	*1,603*	*3,108*	*4,806*	*3,277*	*8,083*

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, 2020.

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

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

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

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

References

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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.

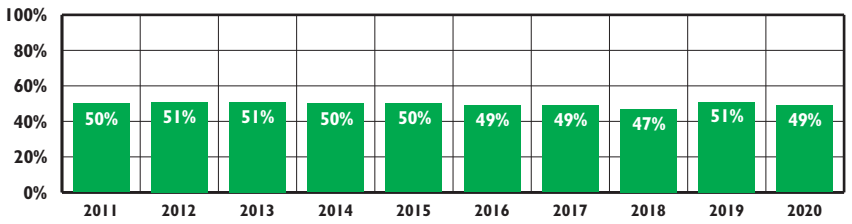
SIGNIFICANCE

Child support is a major part of the safety net for children and families. In 2019, one in five U.S. children (14.3 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 2017, 27% of custodial-mother families were living below poverty and 11% of custodial-father families were living below poverty. For these parents that received full child support, the payments represented more than half (57%) 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. Non-custodial parents of poor children are often poor themselves and have limited ability to provide financial support to their children.[7] Incarcerated parents with active child support orders are unable to pay while in prison and may face legal and financial burdens upon release.[8] Child support systems that encourage relationship building with the co-parent and positive parenting can strengthen parent-child relationships and increase child support payments. Non-custodial parents who pay regular child support are more involved with their children, providing them with critical emotional support and care. Child support 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, 2011-2020



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2011-2020.

◆ **As of December 1, 2020, there were 68,863 children in Rhode Island's Office of Child Support Services system, including private, interstate, and IV-D cases (i.e., families receiving RI Works, RIte Care, or child care assistance). Children receiving child support live across all 39 cities and towns in Rhode Island. About half (49%) of non-custodial parents under court order in Rhode Island were making child support payments on time and in full.[11]**

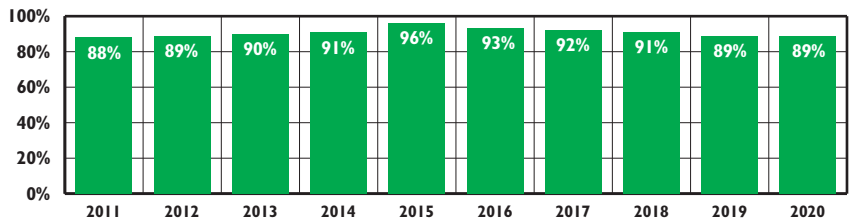
◆ **In 2020, the Rhode Island Office of Child Support Services collected $102.4 million in child support, an increase of about $8.2 million over the previous year (in part due to increased collections from non-custodial parents who received COVID relief checks). Eighty-three percent ($85.2 million) of 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) 2019, the Rhode Island Office of Child Support Services collected $4.82 for every $1.00 Rhode Island spent on administering the program.[13]**

◆ **During FFY 2020, there were 16,445 court orders for non-custodial parents to provide medical insurance and 9,898 orders for non-custodial parents to contribute funds toward medical coverage. About $5.8 million in payments was retained by the state to offset the cost of RIte Care, while approximately $1.8 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, 2011-2020



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2011-2020. 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 2011 to 96% of children in 2015 but has since fallen to 89% of children in 2020.[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 2019, Rhode Island had the lowest rate of court orders established for child support in New England (Connecticut – 95%; Maine – 95%; Vermont – 90%; Massachusetts – 85%; New Hampshire – 83%; Rhode Island – 71%). The national average for cases with child support orders established is 88%.[19]**

◆ **In FFY 2019, Rhode Island had the highest case/staff ratio in New England at 728 cases per person, more than five times that of the lowest state, Vermont (130 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. (2020). *FY 2019 preliminary report.* Retrieved February 1, 2021, from www.acf.hhs.gov

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Child Support and Rhode Island Works

◆ **As of December 1, 2020, Rhode Island's Office of Child Support Services system included 3,000 children enrolled in the cash assistance program (RI Works).[21]**

◆ **In December 2020, the average child support obligation for children enrolled in RI Works was $318 per month, compared to an average child support obligation of $427 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 370 families received a "pass-through" payment each month, for a total of $216,247 paid to families enrolled in RI Works in FFY 2020.[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 in the year prior to the survey.

SIGNIFICANCE

Poverty is related to every KIDS COUNT indicator. Children in poverty, especially those who experience poverty in early childhood and for extended periods, are more likely to have physical and behavioral health problems, experience hunger, 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, Black, Hispanic, and Native American children are more likely than Asian and white children to live in families with incomes below the federal poverty threshold. Children under age 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 2020, the federal poverty threshold was $20,852 for a family of three with two children and $26,246 for a family of four with two children.[8] The official poverty measure does not reflect the effects of key government 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, the U.S. Census Bureau publishes 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 *2020 Rhode Island Standard of Need*, it costs a single-parent family with two young children $57,671 a year to pay basic living expenses, more than two and a half times the federal poverty level for a family of three. This family would need an annual pre-tax income of $66,057 to meet this budget. Work supports can help families with incomes below the federal poverty level meet their basic needs.[10]

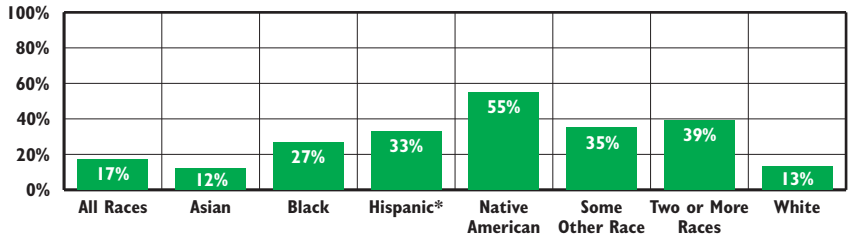
Children in Poverty

	2016	2017	2018	2019
RI	17.0%	16.6%	18.0%	14.0%
US	19.5%	18.4%	18.0%	16.8%
National Rank*				*21st*
New England Rank**				*5th*

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

Source: U.S. Census Bureau, American Community Survey, 2016-2019. Tables R1704, S1701.

Children in Poverty, by Race and Ethnicity, Rhode Island, 2015-2019



Source: U.S. Census Bureau, American Community Survey, 2015-2019. Tables B17020, B17020A, B17020B, B17020C, B17020D, B17020F, B17020G and B17020I. *Hispanic children may be included in any race category.

◆ **Between 2015 and 2019, 17% (34,766) of Rhode Island's 204,045 children under age 18 with known poverty status lived in households with incomes below the federal poverty threshold.[11]**

◆ **Between 2015 and 2019, 55% of Native American, 33% of Hispanic, and 27% of Black children in Rhode Island lived in poverty, compared to 12% of Asian children and 13% of white children. During this same time period, over half (53%) of all children living in poverty in Rhode Island were white, 17% were Some other race, 14% were Black, 12% were Two or more races, 2% were Asian, and 2% were Native American.[12]**

◆ **In 2019, one in seven (14%) children in Rhode Island (a total of 28,009 children) lived in poverty and 7% (13,154 children) lived in extreme poverty, defined as families with incomes below 50% of the federal poverty threshold, or $10,426 for a family of three with two children and $13,123 for a family of four with two children in 2020.[13,14]**

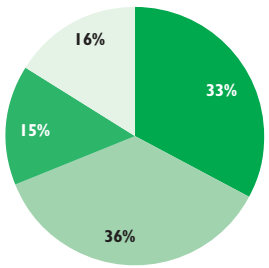
◆ **Due to the COVID-19 pandemic, in the spring and summer of 2020, Rhode Island's unemployment rate surged higher than its peak in the Great Recession.[15] Loss of employment in low-income households is expected to impact economic mobility and have devastating long-lasting effects on children in poverty.[16,17] Black and Hispanic households are projected to face the greatest increases in poverty, and racial and ethnic disparities may be exacerbated if People of Color face greater employment disadvantages.[18,19]**

◆ **Collecting data on the scale and nature of the pandemic's impact on children, expanding public assistance programs that meet the immediate needs of families, and prioritizing child-centered services with an emphasis on equity will help inform policymakers and minimize the impact of the pandemic on our most vulnerable children and families.[20,21]**

Rhode Island's Children Living in Poverty, 2015-2019

By Age

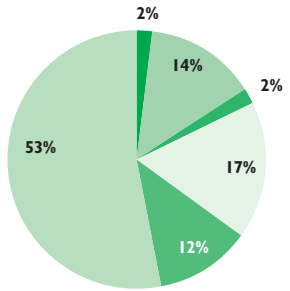
33%	Ages 5 and Younger
36%	Ages 6 to 11
15%	Ages 12 to 14
16%	Ages 15 to 17



n=34,766

By Race*

2%	Asian
14%	Black
2%	Native American
17%	Some Other Race
12%	Two or More Races
53%	White

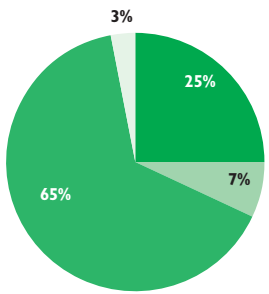


n=34,766

**Hispanic children may be included in any race category. Between 2015 and 2019, 49% (17,193) of Rhode Island's 34,766 children living in poverty were Hispanic. The Census Bureau asks about race separately from ethnicity, and the majority of families who identify as Some other race also identify as Hispanic.*

By Family Structure

25%	Married Couple Family
7%	Unmarried Male Householder
65%	Unmarried Female Householder
3%	Not in Related-Family Households



n=34,766

Source: U.S. Census Bureau, American Community Survey, 2015-2019. Tables B17001, B17006, B17020, B17020A, B17020B, B17020C, B17020D, B17020E, B17020F, B17020G, & B17020I. Population includes children for whom poverty status was determined. Cohn, D. (2017). *Seeking better data on Hispanics, Census Bureau may change how it asks about race.* Retrieved January 22, 2021, from www.pewresearch.org

Child Poverty Concentrated in Four Core Cities, Rhode Island, 2015-2019

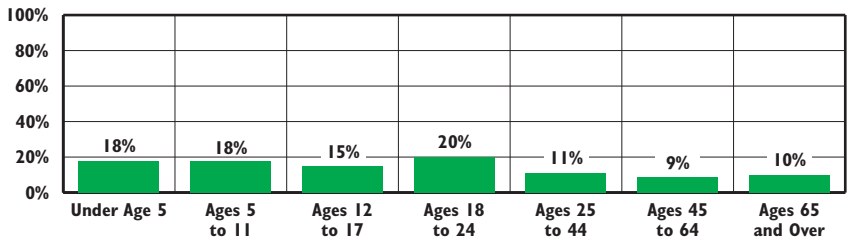
CITY/TOWN	NUMBER IN POVERTY	PERCENTAGE IN POVERTY	NUMBER IN EXTREME POVERTY	PERCENTAGE IN EXTREME POVERTY
Central Falls	2,144	39.8%	668	12.4%
Pawtucket	3,634	24.4%	1,128	7.6%
Providence	13,662	34.7%	5,809	14.8%
Woonsocket	3,076	35.2%	1,460	16.7%
Rhode Island	*34,766*	*17.0%*	*14,229*	*7.0%*

Source: Population Reference Bureau analysis of 2015-2019 American Community Survey data.

◆ **Between 2015 and 2019 almost two-thirds (65%) of Rhode Island's children living in poverty lived in just four cities. These cities, termed core cities, which include Central Falls, Pawtucket, Providence, and Woonsocket, had a combined child poverty rate of 32.9% between 2015-2019. The four core cities also have substantial numbers of children living in extreme poverty.[22]**

◆ **In Rhode Island between 2014 and 2018, Black and Hispanic children were more than seven times as likely to live in high-poverty neighborhoods than white children.[23] Living in high-poverty neighborhoods (those with poverty rates of 30% or more) provides fewer opportunities for children and their families.[24]**

Poverty, by Age, Rhode Island, 2015-2019



◆ **Between 2015 and 2019 in Rhode Island, 20% of young adults ages 18 to 24 lived in poverty. In Rhode Island, young adults are at higher risk of living in poverty than any other age group.[25] In the U.S., 3.4 million children live with parents ages 18 to 24, and 37% of them, mostly babies, toddlers, and preschoolers, live in poverty.[26]**

Children in Poverty

Financial Asset Building

◆ Many low-income families have limited or no access to traditional banks and instead must rely on cash transactions or alternative financial services, such as check-cashing stores, payday lenders, and rent-to-own stores. These families pay high fees for financial transactions and high interest rates on loans, and often struggle to build credit histories and achieve economic security.[27,28]

◆ In Rhode Island in 2019, 4.4% of households did not have a checking or savings account, lower than the U.S. rate of 5.4%. Nationally, households with lower income, disabled working-age adults, or adults with less than a high school education, as well as Black and Hispanic households, are less likely to have a checking or savings account.[29]

◆ Expanding access to convenient, cost-effective, and safe financial services and products, increasing consumer protections, and providing financial education and counseling can support families in using traditional banking institutions and increase their savings.[30]

◆ States can protect consumers from high-cost payday lending by prohibiting these loans outright or enacting measures that make the loans more affordable, such as an annual rate cap or limiting the amount of monthly payments as a percentage of a borrower's monthly income. Rhode Island is the only New England state that does not currently protect against payday lending.[31,32]

◆ 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.[33]

◆ 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.[34,35]

◆ Discrimination and historical racism have resulted in large and persistent disparities in wealth between different racial and ethnic groups. In 2019, the median family wealth for white families was almost eight times greater than the median wealth of Black families and five times greater than the median wealth of Hispanic families.[36]

Building Blocks of Economic Security

Income Supports

◆ The Supplemental Poverty Measure shows the positive impact of government programs, such as the Earned Income Tax Credit (EITC), Child Tax Credit, Social Security, SNAP, and housing subsidies. These programs kept millions of children out of poverty.[37]

Health Coverage and Access to Care

◆ People with low incomes are the most likely to be uninsured; some cannot afford the cost, some do not have access to coverage through their employers, and others because of job loss.[38] Children with health insurance (public or private) are more likely to have a regular and accessible source of health care than uninsured children.[39]

Affordable Quality Child Care

◆ In Rhode Island in 2018, the average annual cost of center-based child care for one infant was $13,093.[40] 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.[41]

Educational Attainment

◆ Between 2019 and 2029, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring a high school diploma or less. Fifty-one percent of Rhode Islanders had a postsecondary degree or certificate in 2018.[43]

Affordable Housing

◆ In 2020, the average rent for a two-bedroom apartment in Rhode Island was $1,660. In Rhode Island, a family of three with an income at the federal poverty level would need to spend 92% of its income on rent to pay this amount, well above the recommended 30%.[44,45] Nationally, only one in four eligible low-income families receive rental assistance to help them afford the high cost of housing.[46]

Child Support

◆ As of December 1, 2020, there were 68,863 children in Rhode Island's Office of Child Support Services system.[47] 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.[48] Among poor custodial parents that received full child support in 2017 in the U.S., these payments represented 57% of their mean personal income.[49]

Table 10. **Children Living Below the Federal Poverty Threshold, Rhode Island, 2015-2019**

	CHILDREN UNDER AGE 18 LIVING BELOW POVERTY 2015-2019			
	ESTIMATES WITH HIGH MARGINS OF ERROR*		ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR	
CITY/TOWN	N	%	N	%
Barrington			72	1.7%
Bristol			259	8.0%
Burrillville	439	12.9%		
Central Falls	2,144	39.8%		
Charlestown	117	9.7%		
Coventry			821	12.4%
Cranston			1,962	12.1%
Cumberland			413	6.0%
East Greenwich			200	5.9%
East Providence			879	10.4%
Exeter	49	4.7%		
Foster	30	3.5%		
Glocester	228	11.2%		
Hopkinton	134	8.3%		
Jamestown	36	3.4%		
Johnston			321	6.4%
Lincoln			529	11.0%
Little Compton	9	1.9%		
Middletown	328	11.3%		
Narragansett	-	-	-	-
New Shoreham	15	9.1%		
Newport	690	20.1%		
North Kingstown			668	12.7%
North Providence			580	9.7%
North Smithfield			133	5.6%
Pawtucket			3,634	24.4%
Portsmouth			219	6.5%
Providence			13,662	34.7%
Richmond	-	-	-	-
Scituate			53	2.8%
Smithfield	-	-	-	-
South Kingstown			378	8.4%
Tiverton			194	7.3%
Warren	282	16.6%		
Warwick			788	5.6%
West Greenwich			1	0.1%
West Warwick	856	16.3%		
Westerly	567	14.8%		
Woonsocket	3,076	35.2%		
Four Core Cities			*22,516*	*32.9%*
Remainder of State			*12,250*	*9.0%*
Rhode Island			*34,766*	*17.0%*

Source of Data for Table/Methodology

Data are from a Population Reference Bureau analysis of 2015-2019 American Community Survey data. The data include the poverty rate for all children for whom poverty was determined, including "related" children and "unrelated children" living in the household.

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

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

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

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

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

References

[1,4] 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 20, 2021, from https://nces.ed.gov

(continued on page 176)

Children in Families Receiving Cash Assistance

DEFINITION

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

SIGNIFICANCE

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

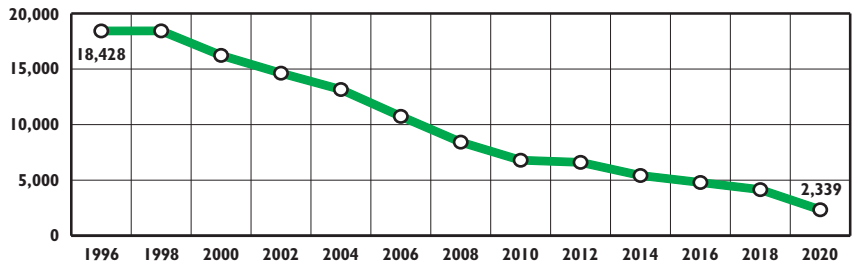
RI Works cash assistance recipients must participate in an employment plan unless they meet specific criteria for an exemption. This employment plan must take into account the parent's skills, education, and family responsibilities as well as place of residence and should outline a process for helping 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 2020, the average hourly wage of working parents enrolled in RI Works was $14.80 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 30 years.[8,9]

Cash Assistance Caseload, Rhode Island, 1996–2020*



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1996-2015 and RI Bridges Database, December 2016-2020. 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 2010-2020 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 2020, the Rhode Island cash assistance caseload decreased by 87% from 18,428 cases to 2,339 families. The decrease from 2019 to 2020 may be due in part to the increase in Unemployment Compensation benefits provided during the COVID-19 pandemic, as these benefits counted as monthly income.[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), 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.[11,12]**

◆ **In December 2020, there were 1,361 adults and 4,121 children under age 18 enrolled in RI Works. Three-quarters (75%) of RI Works beneficiaries were children, and 39% of the children enrolled in RI Works were under the age of six.[13]**

◆ **In December 2020, 50% (1,171) of RI Works cases were single-parent families, 48% (1,126) were child-only cases, and 2% (42) were two-parent families.[14]**

◆ **In 2019, 13,154 children in Rhode Island lived in extreme poverty (in families with incomes below 50% of the federal poverty threshold), yet only 6,884 children received cash assistance in December 2019.[15,16]**

Children in Families Receiving Cash Assistance

RI Works Policies

Work Requirements

◆ Single-parent families must participate in a work activity for a minimum of 20 hours per week if they have a child under age six and a minimum of 30 hours per week if their youngest child is age six or older. For two-parent families, one or both parents must participate in work activities for an individual or combined total of 35 hours per week.[17]

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.[18,19]

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.[20,21]

Child-Only Cases

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

Sanctions

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

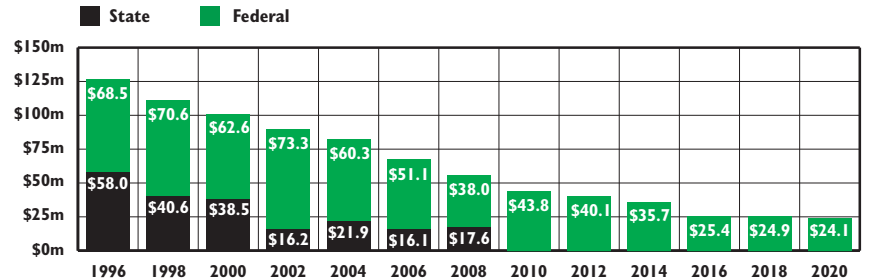
RI Works by Case Type, December 2020

	NUMBER	PERCENTAGE
Child-only cases	1,126	48%
Cases with adults with a work activity	989	42%
Cases with adults exempt from a work activity*	215	9%
Unknown status	9	<1%
Total RI Works Caseload	*2,339*	

Source: Rhode Island Department of Human Services, RI Bridges Database, December 2020. Percentages may not sum to 100% due to rounding.

**RI Works regulations require that all parents and caretaker relatives included in the cash assistance grant participate in a work activity unless they receive a temporary exemption. Exemptions from work activities include: illness or incapacity (104), youngest child under age one (70), second parent is a non-participant (22), in third trimester of pregnancy (9), being a victim of domestic violence (2), caring for a disabled spouse or child (1), or multiple reasons (7).*

Rhode Island Cash Assistance Expenditures, State Fiscal Years 1996-2020

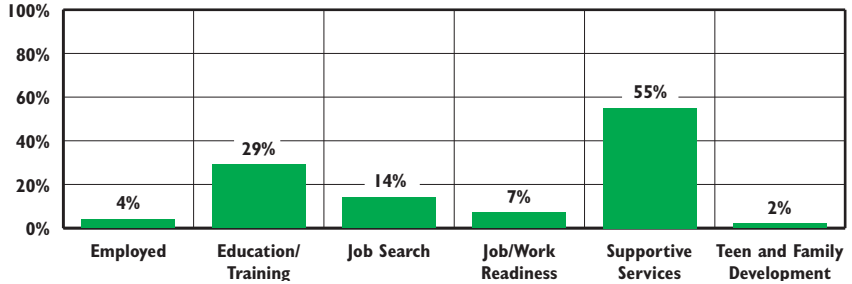


Sources: Rhode Island Department of Human Services. (2007). *Family Independence Program 2007 annual report.* (FY 1996-2001); House Fiscal Advisory Staff. (2004-2019). *Budget as enacted: Fiscal Years 2005-2020.* (FY 2002-2019); House Fiscal Advisory Staff. (2020). *FY 2020 revised budget: 2020-H 7170,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

◆ In State Fiscal Year 2020, for the eleventh year in a row, no state general revenue was allocated for cash assistance. State general revenue spending for cash assistance decreased steadily from 1996 through 2010, and the program is now entirely supported by federal Temporary Assistance for Needy Families (TANF) block grant funds. Total expenditures for cash assistance in Rhode Island (federal and state) decreased by 81% between 1996 (when the program began) and 2020. Expenditures increased in 2020 because federal COVID relief funds were used to provide an additional payment to participants.[24,25]

Children in Families Receiving Cash Assistance

Families Enrolled in the RI Works Program, by Type of Work Activity, December 2020



Source: Rhode Island Department of Human Services, RI Bridges Database, December 2020. The total number of work activities (1,102) is larger than the number of families with a work activity (989) because some families (113) had multiple work activities during the month.

◆ As of December 2020, 4% of families with work activities were employed. Most of these families were also engaged in other work activities during the month.[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 2020, 29% of families were participating in education or training programs.[28]

◆ Fourteen 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 7% were participating in other job readiness activities. Another 55% of families were receiving supportive services, including mental or physical health and substance abuse treatment, and housing and homelessness services needed to address barriers to employment.[29,30]

◆ An additional 2% of families received educational support through the Teen and Family Development Program, a program for young parents.[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 2020, there were 73 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

◆ Recent research conducted in several states shows that cash assistance recipients report physical and mental health disabilities at higher rates than the general population. Parents with physical or mental health conditions can face barriers to employment, including discrimination by employers.[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 2020, 314 families (13% of the total RI Works caseload) had hardship extensions, 30 for a physical or mental disability, 11 who were unable to work due to a domestic violence situation, nine to care for a disabled family member, five due to homelessness, and 259 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.[38,39]

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.[40]

◆ Between 2019 and 2029, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring a high school diploma or less.[41] Between 2015 and 2019, the unemployment rate for Rhode Islanders without a high school diploma was 7.5%, compared to 6.6% for those with a high school degree and 2.6% for those with a bachelor's degree or higher.[42]

◆ Parents enrolled in RI Works face significant barriers to success in the labor market. Thirty-nine 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 more than half (56%) of native Spanish speakers enrolled in RI Works tested at or below the sixth-grade reading level on a Spanish-language version of the test.[43]

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

Source of Data for Table/Methodology

Rhode Island Department of Human Services, RI Bridges Database, December 2020. 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

[1,2,3,5,8,17,18,20,22,23,27,30,33,36] Rhode Island Works Program rules and regulations, 218-RICR-20-00-2 (2020). Retrieved February 2, 2021, from sos.ri.gov

(continued on page 176)

Table 11. **Children in Families Receiving Cash Assistance (RI Works), Rhode Island, December 2020**

CITY/TOWN	# OF CHILDREN UNDER AGE 18	NUMBER RECEIVING CASH ASSISTANCE		% OF CHILDREN RECEIVING CASH ASSISTANCE
		FAMILIES	CHILDREN	
Barrington	4,597	3	5	<1%
Bristol	3,623	19	27	1%
Burrillville	3,576	17	27	1%
Central Falls	5,644	109	192	3%
Charlestown	1,506	1	1	<1%
Coventry	7,770	26	35	<1%
Cranston	16,414	105	153	1%
Cumberland	7,535	31	56	1%
East Greenwich	3,436	9	12	<1%
East Providence	9,177	67	103	1%
Exeter	1,334	2	2	<1%
Foster	986	4	6	1%
Glocester	2,098	5	11	1%
Hopkinton	1,845	4	4	<1%
Jamestown	1,043	3	3	<1%
Johnston	5,480	51	68	1%
Lincoln	4,751	20	35	1%
Little Compton	654	2	2	<1%
Middletown	3,652	27	50	1%
Narragansett	2,269	2	4	<1%
New Shoreham	163	0	0	0%
Newport	4,083	73	125	3%
North Kingstown	6,322	19	30	<1%
North Providence	5,514	47	67	1%
North Smithfield	2,456	4	7	<1%
Pawtucket	16,575	257	435	3%
Portsmouth	3,996	6	13	<1%
Providence	41,634	939	1,792	4%
Richmond	1,849	4	8	<1%
Scituate	2,272	3	5	<1%
Smithfield	3,625	7	8	<1%
South Kingstown	5,416	23	45	1%
Tiverton	2,998	20	26	1%
Warren	1,940	9	13	1%
Warwick	15,825	72	127	1%
West Greenwich	1,477	0	0	0%
West Warwick	5,746	69	126	2%
Westerly	4,787	20	36	1%
Woonsocket	9,888	256	457	5%
Other/Unknown	*NA*	*4*	*5*	*NA*
Four Core Cities	*73,741*	*1,561*	*2,876*	*4%*
Remainder of State	*150,215*	*774*	*1,240*	*1%*
Rhode Island	*223,956*	*2,339*	*4,121*	*2%*

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

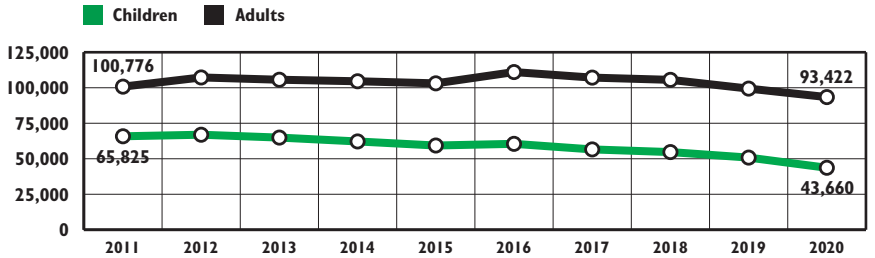
Hunger and lack of regular access to sufficient food are linked to serious physical, psychological, emotional, and academic problems in children and can interfere with their growth and development.[1,2] The Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, helps low-income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

Nationally, SNAP is available to households with gross monthly incomes below 130% of the federal poverty level, net monthly incomes below 100% of the federal poverty level, and no more than $2,250 in resources.[5] Rhode Island is one of 40 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 ($40,182 per year for a family of three in 2020). Households must still meet the net monthly income limit of 100% of the federal poverty level after allowable deductions, which include deductions for housing costs and child care.[7,8,9]

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 2020, 75% of SNAP households had gross incomes below the federal poverty level ($21,720 for a family of three in 2020).[11,12] In October 2020, the average monthly SNAP benefit for a family of three in Rhode Island was $372 (this average does not include supplemental SNAP benefits provided during the COVID-19 pandemic).[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, 2011-2020



Source: Rhode Island Department of Human Services, InRhodes Database, 2011–2015 and RI Bridges Database, 2016-2020. Data represent children under age 18 and adults who participated in SNAP during the month of October.

◆ **Of the 137,082 Rhode Islanders enrolled in SNAP in October 2020, 68% were adults and 32% were children. Of the children enrolled in SNAP, 33% were under the age of six.[17]**

◆ **The number of children and adults receiving SNAP benefits has decreased each year since 2016. The decrease in SNAP enrollment between 2019 and 2020 may be due in part to increased Unemployment Compensation benefits during the COVID-19 pandemic, as these benefits counted as monthly income for SNAP.[18,19]**

Child Hunger in Rhode Island

◆ **Food insecurity is a method to measure and assess the risk of hunger.[20] The USDA defines food insecurity as not always having access to enough food for an active, healthy life. Between 2017 and 2019, 9.1% of Rhode Island households and 11.1% of U.S. households were food insecure. In 2019, 13.6% of all U.S. households with children were food insecure, while 37.1% of U.S. households with children with incomes below the poverty level experienced food insecurity.[21]**

◆ **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.[22] In April 2020, food pantries and soup kitchens provided emergency food assistance to 67,900 Rhode Islanders who needed additional help to meet their nutritional needs, up from 53,700 Rhode Islanders each month before the COVID-19 pandemic.[23]**

Children Receiving SNAP Benefits

COVID-19 and SNAP Benefits

◆ According to the Census Bureau Household Pulse Survey, households with children were more likely to experience food insecurity during the COVID-19 pandemic than those without children.[24] It is projected that the child food insecurity rate will increase to 27% in Rhode Island due to the COVID-19 pandemic.[25]

◆ Since March 2020, SNAP households that were not already receiving the maximum benefit received supplemental benefits. States can request additional supplemental benefits as long as the federal government has declared a public health emergency and the state has issued an emergency or disaster declaration.[26,27] The maximum monthly benefit has been temporarily increased through September 30, 2021.[28]

◆ SNAP participants can now select and pay for their groceries online using their EBT card at Amazon and participating Walmart stores.[29]

◆ Pandemic EBT (P-EBT) provides benefits to replace free and reduced-price school meals missed due to school closures and distance learning during the COVID-19 pandemic. In September 2020, about a third of families receiving P-EBT benefits also received SNAP benefits.[30,31]

Table 12. **Children Under Age 18 Receiving SNAP Benefits, Rhode Island, October 2020**

CITY/TOWN	NUMBER PARTICIPATING
Barrington	123
Bristol	275
Burrillville	360
Central Falls	2,253
Charlestown	102
Coventry	649
Cranston	2,366
Cumberland	554
East Greenwich	155
East Providence	1,357
Exeter	70
Foster	86
Glocester	93
Hopkinton	124
Jamestown	33
Johnston	793
Lincoln	528
Little Compton	32
Middletown	379
Narragansett	126
New Shoreham	3
Newport	943
North Kingstown	624
North Providence	956
North Smithfield	146
Pawtucket	5,163
Portsmouth	152
Providence	16,339
Richmond	111
Scituate	117
Smithfield	189
South Kingstown	388
Tiverton	226
Warren	247
Warwick	1,583
West Greenwich	65
West Warwick	1,349
Westerly	537
Woonsocket	4,033
Unknown	*31*
Four Core Cities	*27,788*
Remainder of State	*15,841*
Rhode Island	*43,660*

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 2020.

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.

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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, 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]

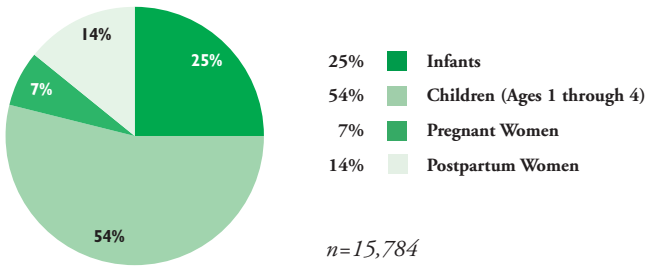
WIC improves the quality of participants' diets and promotes healthy eating habits. Studies have shown that WIC participants access more nutritious foods, including more produce, whole grains, and low-fat dairy. WIC participation also may decrease household food insecurity (families that do not have regular access to enough food for an active, healthy life).[3] Food insecurity in early childhood can lead to impaired cognitive, behavioral, and psychosocial development, and can limit academic achievement.[4] Pregnant women also have special nutritional needs that influence pregnancy outcomes and the health of their children.[5]

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

Revisions made in 2014 to the WIC food package increased access to a wider variety of nutritious foods and strengthened breastfeeding support.[8] WIC consistently promotes breastfeeding as the optimal method of infant feeding.[9] In Rhode Island in Federal Fiscal Year (FFY) 2020, 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.[10]

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

Women, Infants, and Children Enrolled in WIC, Rhode Island, September 2020



Source: Rhode Island Department of Health, WIC Program, September 2020.

◆ **Infants and children ages one through four comprised more than three-quarters (78%) of the population being served by WIC in September 2020 in Rhode Island. Women accounted for over one-fifth (7% pregnant and 14% postpartum) of the population being served.[12]**

◆ **In September 2020, 3% of WIC participants in Rhode Island were Asian, 17% were Black, 3% were Native American, 67% were white, and 10% identified as another race or more than one race. Fifty-six percent of WIC participants identified as Hispanic. Hispanics are included in the preceding racial categories.[13]**

◆ **Three of the four core cities had participation rates exceeding the statewide enrollment rate of 48% in June 2020 – Central Falls (59%), Providence (56%), and Woonsocket (56%).[14]**

◆ **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.[15] Rhode Island received $16.9 million in federal WIC funding during FFY 2020, the same level as FFY 2019 funding.[16]**

◆ **The WIC Farmers' Market Nutrition Program (FMNP) improves participants' intake of fresh fruits and vegetables by enabling participants to purchase produce at authorized local farmers' markets using WIC benefits.[17] In Rhode Island, 5,753 WIC participants purchased fresh produce at 23 farmers' markets through the FMNP in FFY 2020.[18]**

Women and Children Participating in WIC

Stigma Associated With Participation in WIC

◆ Individuals may feel stigma associated with participating in WIC and be less likely to use their benefits. Nationally, many participants express frustration that stores do not have signs indicating which items are WIC-eligible and feel stigmatized by store employees and other customers during checkout. Granting flexibility for the quantity of items purchased, improving signage for eligible products, allowing WIC items to be rung up along with SNAP and other food purchases, and allowing self-checkout for WIC items may help to reduce stigma.[19,20]

Cultural Relevance of WIC

◆ Nationally, one-half of WIC participants are from culturally diverse groups with a variety of eating patterns, traditions, and food sensitivities. Many WIC participants feel forced into Western food patterns and habits that may not be as healthy as their own eating habits. Changes to federal regulations to allow states to grant food substitutions and flexibility to offer regionally or locally available, culturally appropriate foods that reflect the cultural diet of participants would help to address the nutritional needs of participants while still honoring cultural norms and traditions.[21]

Table 13. **Women, Infants, and Children Enrolled in WIC, June 2020**

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER ENROLLED	% OF ELIGIBLE ENROLLED
Barrington	168	49	29%
Bristol	319	152	48%
Burrillville	376	116	31%
Central Falls	1,958	1,148	59%
Charlestown	167	52	31%
Coventry	770	245	32%
Cranston	2,665	1,239	46%
Cumberland	694	228	33%
East Greenwich	172	37	22%
East Providence	1,500	622	41%
Exeter	137	45	33%
Foster	95	32	34%
Glocester	165	28	17%
Hopkinton	180	107	59%
Jamestown	36	2	6%
Johnston	912	399	44%
Lincoln	477	147	31%
Little Compton	48	10	21%
Middletown	428	217	51%
Narragansett	117	27	23%
New Shoreham	27	0	0%
Newport	767	462	60%
North Kingstown	540	176	33%
North Providence	1,126	474	42%
North Smithfield	222	73	33%
Pawtucket	4,620	2,240	48%
Portsmouth	230	100	43%
Providence	13,535	7,624	56%
Richmond	118	20	17%
Scituate	190	48	25%
Smithfield	306	108	35%
South Kingstown	414	96	23%
Tiverton	281	116	41%
Warren	254	105	41%
Warwick	2,011	661	33%
West Greenwich	100	42	42%
West Warwick	1,266	459	36%
Westerly	593	171	29%
Woonsocket	2,909	1,630	56%
Four Core Cities	*23,022*	*12,642*	*55%*
Remainder of State	*17,871*	*6,865*	*38%*
Rhode Island	*40,893*	*19,507*	*48%*

Source of Data for Table/Methodology

Rhode Island Department of Health, WIC Program, June 2020.

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

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

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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. Nationally, between September and February of the 2019-2020 school year, 12.6 million low-income children participating in the School Breakfast Program ate breakfast at school each day, an increase of 1.5% from the previous year.[1] The School Breakfast Program offers nutritious meals, which together with school lunches, make up a large proportion of the daily dietary intake of participating children.[2] The School Breakfast Program helps schools support academic success and improves attendance, behavior and health, including reduced obesity rates.[3]

Food-insecure families often do not have sufficient food to provide nutritious breakfasts every morning, and children in these families are at risk of falling behind their peers physically, cognitively, academically, emotionally, and socially. Children who are undernourished are more likely to have poorer cognitive functioning when they miss breakfast. They are more likely to have behavior, emotional, and academic problems, more likely to repeat a grade, and more likely to be suspended. Children experiencing hunger are also more likely to be tardy or absent from school.[4,5,6]

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

Between September and February of the 2019-2020 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 32nd in the U.S. for participation in the School Breakfast Program, up from 33rd last year. If Rhode Island increased low-income student participation in the School Breakfast Program to 70% of School Lunch Program participation, the state would receive $1.6 million in additional federal funds to support the School Breakfast Program.[9]

Strategies for Increasing School Breakfast Participation

◆ **The federal Community Eligibility Provision (CEP) allows schools and districts with 40% or more students identified as low-income, homeless or in foster care to provide free breakfast and lunch to all students and offers higher reimbursements.[10] In Rhode Island, between September and February of the 2019-2020 school year, 57% of eligible schools participated in CEP, up from 36% in 2018-2019.[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] In October 2019, 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.[15,16]**

A Response to COVID-19: Pandemic-EBT

◆ **The COVID-19 pandemic forced schools to close their buildings and transition to hybrid or distance learning. From March-June 2020, in Rhode Island, 2.3 million "Grab 'n Go" meals were distributed, almost half of the free and reduced-price meals served when school buildings are open.[17]**

◆ **In March 2020, the U.S. Congress enacted Pandemic-EBT (P-EBT), a new nutrition assistance program that allowed states to provide funds in grocery benefits to make up for meals missed due to school closures. P-EBT provided families whose children qualified for free or reduced-price meals with the funds that otherwise would have gone to schools to provide them with breakfast and lunch, substantially reducing food insecurity.[18]**

◆ **Rhode Island was the second state to be approved to administer the P-EBT program.[19] From April-September 2020, about 53,000 P-EBT cards were mailed to families.[20]**

◆ **In October 2020, Congress extended P-EBT through the 2020-2021 school year with additional considerations and flexibilities to address the combination of in-person, distance learning, and hybrid instruction models and to replace meals missed at child care centers.[21]**

Children Participating in School Breakfast

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. (Newer data not available due to COVID-19 pandemic.)

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

And My Heart Soars

by Chief Dan George

The beauty of the trees, the softness of the air,
the fragrance of the grass, speaks to me.

The summit of the mountain, the thunder of the sky,
the rhythm of the sea, speaks to me.

The faintness of the stars, the freshness of the morning,
the dew drop on the flower, speaks to me.

The strength of fire, the taste of salmon, the trail of the sun,
And the life that never goes away, They speak to me.
And my heart soars

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, 2020, 65% 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 2019, an estimated 1.9% of Rhode Island children were uninsured.[10,11,12,13]

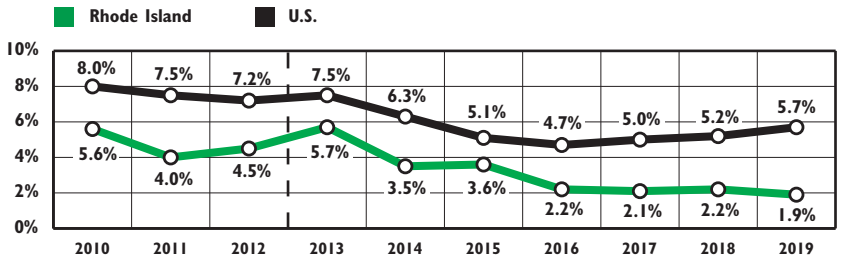
Children Under Age 19 Without Health Insurance

	2013	2019
RI	5.7%	1.9%
US	7.5%	5.7%
National Rank*		*2nd*
New England Rank**		*2nd*

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

Source: For 2019: U.S. Census Bureau, American Community Survey, 2019. Table R2702. For 2013: U.S Census Bureau, American Community Survey, 2013. Table CP03.

Children Without Health Insurance, Rhode Island, 2010-2019



Source: U.S. Census Bureau, American Community Survey, 2012 & 2019. Table CP03. Data from 2010 to 2012 are for children under 18 years of age and data from 2013 to 2019 are for children under 19 years of age due to a change in the 2017 American Community Survey. Prior Factbooks are not comparable.

◆ **In 2019, 1.9% of Rhode Island's children under age 19 were uninsured. Rhode Island ranks second best state in the U.S., with 98.1% of children covered. In 2019, 64% 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 63% of children under the age of three were enrolled in RIte Care/Medical Assistance in 2019.[16,17,18]**

◆ **Approximately 70% (3,091) of the estimated 4,407 uninsured children under age 18 in Rhode Island between 2015 and 2019 were eligible for RIte Care coverage based on their family incomes but were not enrolled. An estimated 1,316 uninsured children lived in families with incomes above the income limit for RIte Care eligibility and 58% (758) of them may have been eligible for financial assistance through HealthSource RI based on income.[19]**

◆ **As of December 31, 2020, 2,035 children and 760 adults (2,795 total) were enrolled in RIte Share, a 30% decrease since 2019.[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 2020, 1,772 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, 2020

CITY/TOWN	RITE CARE	SSI	KATIE BECKETT PROVISION	ADOPTION SUBSIDY	FOSTER CARE	TOTAL
Barrington	569	11	41	33	7	661
Bristol	964	31	17	41	16	1,069
Burrillville	1,133	38	14	71	33	1,289
Central Falls	5,029	239	3	45	48	5,364
Charlestown	415	12	7	17	13	464
Coventry	2,117	96	41	147	83	2,484
Cranston	6,854	202	69	219	132	7,476
Cumberland	1,896	85	52	85	50	2,168
East Greenwich	553	17	33	41	23	667
East Providence	3,934	145	35	115	84	4,313
Exeter	328	12	7	19	11	377
Foster	318	7	7	22	13	367
Glocester	389	12	9	51	37	498
Hopkinton	378	9	4	26	5	422
Jamestown	133	2	9	11	1	156
Johnston	2,566	98	42	78	51	2,835
Lincoln	1,519	52	28	68	29	1,696
Little Compton	161	2	3	6	0	172
Middletown	1,079	46	17	32	17	1,191
Narragansett	400	10	6	23	36	475
New Shoreham	79	0	1	0	0	80
Newport	1,886	108	5	53	41	2,093
North Kingstown	1,570	49	23	72	40	1,754
North Providence	1,493	47	13	36	42	1,631
North Smithfield	626	19	11	51	22	729
Pawtucket	12,229	479	24	190	202	13,124
Portsmouth	724	14	11	52	36	837
Providence	36,497	1,594	59	474	690	39,314
Richmond	385	15	8	32	11	451
Scituate	331	5	10	20	11	377
Smithfield	810	23	25	42	19	919
South Kingstown	1,321	49	30	77	29	1,506
Tiverton	902	21	9	32	14	978
Warren	782	26	10	36	36	890
Warwick	5,227	164	80	247	156	5,874
West Greenwich	266	6	9	18	11	310
West Warwick	3,256	154	18	106	74	3,608
Westerly	1,772	57	21	54	47	1,951
Woonsocket	7,454	501	16	147	168	8,286
Four Core Cities	*61,209*	*2,813*	*102*	*856*	*1,108*	*66,088*
Remainder of State	*47,136*	*1,644*	*725*	*2,033*	*1,230*	*52,768*
Rhode Island	*108,345*	*4,457*	*827*	*2,889*	*2,338*	*118,856*

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, MMIS Database, December 31, 2020.

The table includes children enrolled in RIte Care managed care as of December 31, 2020. 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.

References

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[4] Paradise, J. (2014). *The impact of the Children Health Insurance Program (CHIP): What does the research tell us?* Washington, DC: The Henry J. Kaiser Family Foundation.

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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 2019, 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

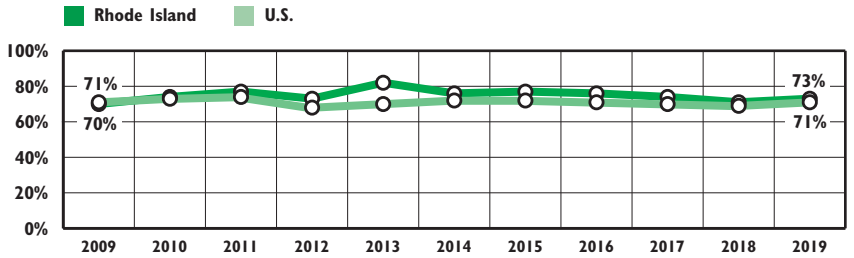
Timely and complete immunization protects children against a number of infectious diseases that were once common and resulted in death or disability. Vaccines interact with the immune system to produce antibodies that protect the body if it is later exposed to disease. The benefits of immunization include 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, 2009-2019



**Fully immunized children received the 4:3:1:0:3:1:4 series in 2009 and 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*, 2009-2019.

◆ **In 2019, 73% of Rhode Island's children by age 24 months were fully immunized, above the national average of 71%.[9]**

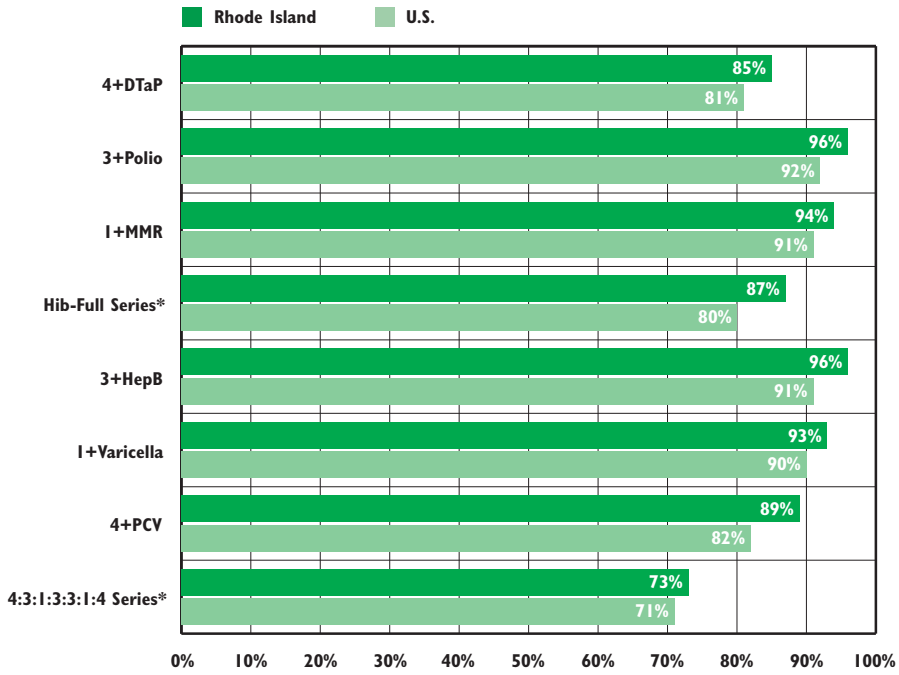
◆ **In 2017-2019, the U.S. rate for fully immunized children by age 24 months was 51% for uninsured children, 66% for children with Medicaid coverage, and 77% for children with private health insurance coverage.[10]**

◆ **Vaccine concerns have led some parents to request alternative vaccination schedules or to refuse some or all immunizations, which contribute to under-immunization.[11,12] 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 2019-2020 school year, 1% (202) of kindergarten students had exemptions from vaccination requirements. Of these exemptions, 91% were for religious reasons and 9% were for medical reasons.[15]**

◆ **In the 2019-2020 school year, 3.4% (822) of 7th grade students had exemptions from vaccination requirements. Of these exemptions, 85% were for religious reasons and 15% were for medical reasons.[16]**

Vaccination Coverage Among Children, by Age 24 Months, Rhode Island and United States, 2019



Source: Rhode Island Department of Health analysis of data from the *National Immunization Survey-Children*, 2019.

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

◆ **Due to COVID-19 and the subsequent lockdown, routine childhood vaccinations were disrupted, and fewer children received vaccinations and well-visits.[17]**

◆ **In response, the state created the Pediatric Primary Care Relief Program to provide support to pediatric primary care providers. These grants helped pediatric primary care providers reopen and meet new safety requirements so that children and families would not experience barriers to access care. As of fall 2020, vaccination rates had caought up to where they were the previous year.[18]**

References

[1] Centers for Disease Control and Prevention. (2018). *Why are childhood vaccines so important?* Retrieved March 9, 2021, from www.cdc.gov

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Immunizations for Elementary and Middle School Students

◆ **Of the immunizations needed for school entry in 2020, entering kindergarteners had coverage rates between 89% and 96%, while entering 7th grade students had rates between 70% and 80%.[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 *2019 National Immunization Survey*, 79% of Rhode Island adolescents received the 3+HPV vaccine, compared to 54% nationally; 96% of Rhode Island adolescents received the 1+Tdap vaccine, compared to 90% nationally; and 98% of Rhode Island adolescents received the 1+MenACWY vaccine, compared to 89% nationally.[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 2019-2020 school year, 95 schools participated in VBYG. In total, 3,776 vaccine doses were administered to 1,825 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 26,412 doses of the influenza vaccine to both children and adults at school-based clinics throughout Rhode Island from September 2020 to January 2021. 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, 2020 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]

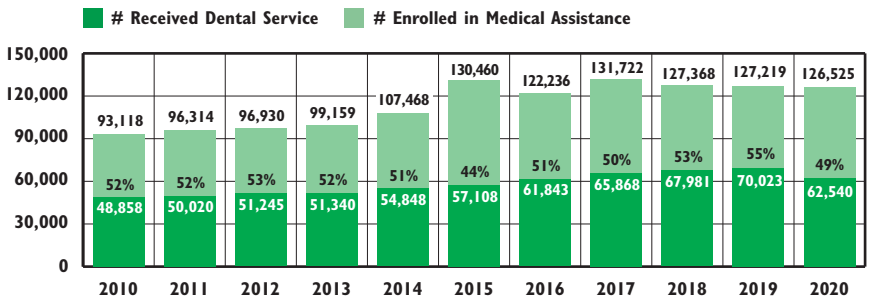
Children living in poverty are more likely to have untreated tooth decay than higher-income children. For children in low-income families, the efficacy and continuity of public dental insurance is a critical factor in access to dental care. In the U.S. and in Rhode Island, children who have public health 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, less than two-thirds (59%) of Rhode Island women report having a dental visit during their pregnancy. Rhode Island women without insurance and who are low income are less likely to see a dentist. Of the women who received preventive dental care during their pregnancy, and 21% were uninsured.[13,14]

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

Children Under 21 Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2010-2020



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2010-2020. *Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service.

◆ **Forty-nine percent (62,540) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service on June 30, 2020 received a dental service during State Fiscal Year (SFY) 2020. This is more than a 10% decrease from the year prior, when 70,023 children received a dental service.[17]**

◆ **The federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard requires that states provide comprehensive dental benefits, including preventive dental services, to children with Medicaid coverage.[18] In Rhode Island, 52% of children with Medicaid in Rhode Island received a preventive dental visit in FFY 2019.[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. The program began in 2006.[20,21,22] As of December 31, 2020, there were 123,268 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 182 dentists one year into the RIte Smiles program.[29] In FY 2020, there were 290 unduplicated dentists in 176 practice locations participating in RIte Smiles.[30]

◆ Dentists who provide dental care to pregnant women enrolled in Medicaid are reimbursed at the Medicaid fee-for-service reimbursement rate. Low Medicaid reimbursement rates can affect access to care. Rhode Island had the fifth lowest Medicaid fee-for-service reimbursement rate for pediatric dental services in the nation in 2016.[31]

Consequences of Untreated Dental Disease

◆ Delayed dental care causes dental issues to worsen. Due to the COVID-19 pandemic and subsequent lockdown, there were many disruptions in dental care. Emergency care was the only type available in the beginning of COVID-19. Once dental offices began to reopen, many families opted to delay visits, and others experienced difficulties booking routine care with the dental office's new schedule.[32]

◆ Between 2015 and 2019, an average of 416 children under age 21 were treated for a primary dental-related condition in Rhode Island emergency departments annually.[33]

◆ Each year between 2015 and 2019 in Rhode Island, an average of 76 children under age 20 were hospitalized with a diagnosis that included an oral health condition. During this time period, an average of 18 children per year under age 20 were hospitalized with an oral health condition as the primary reason for the hospitalization.[34]

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 2019, 41% 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 assessments, provide anticipatory guidance, 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

[1,6,9,15,24,26,35] *The state of little teeth: Second edition.* (2019). Chicago, IL: American Academy of Pediatric Dentistry.

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

[3,10] National Health Interview Survey. (2019). *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, 2018.* Retrieved March 26, 2021, from http://www.cdc.gov/nchs/nhis/shs/tables.htm

[4,25] HealthSource RI. (n.d.). *HealthSource RI dental coverage.* Retrieved March 26, 2021, 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 toxins (including alcohol), physical or 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 in 2019, 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) 2020, there were 795 children and youth awaiting psychiatric inpatient admission (psychiatric boarding), compared to FFY 2019 when there were 437 boarders. The average wait time for psychiatric admission in FFY 2020 was 3.2 days, similar to 3.3 days in FFY 2019. In FFY 2020, an average of four children per day were ready to leave the psychiatric hospital but were unable due to a lack of step-down availability or there being no other safe placement (including at home).[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) 2020, 26% (30,788) 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, 37% were ages seven to 12, and 40% were ages 13 to 18. In addition, 43% were females and 57% were males.[19]**

◆ **In SFY 2020, 1,030 children under age 19 enrolled in Medicaid/RIte Care were hospitalized due a mental health related condition (down from 1,096 in SFY 2019, likely a result of families delaying care due to the COVID-19 pandemic), and 2,288 children had a mental health related emergency department visit (up from 2,246 in SFY 2019). Eighty-eight percent of those mental health-related emergency department visits did not result in a hospitalization.[20]**

◆ **Sixty-four percent of all emergency department visits for children with a mental health primary diagnosis were of children enrolled in RIte Care/Medicaid and 30% 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 2020, 6,256 children under age 18 were treated at CMHOs, and 6,255 children were receiving treatment as of December 31, 2020.[23]

Psychiatric Hospitals

Children Under Age 19 Treated at Rhode Island Psychiatric Hospitals, October 1, 2019 – September 30, 2020 (FFY 2020)

	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	650	26 days	121	46 days	385*	8 days
Residential	214	45 days**	35	212 days**	--	--
Partial Hospitalization	610	25 visits	84	25 visits	480	6 visits
Home-Based	0	NA	22	23 visits	--	--
Outpatient	1,145	**	84	**	301	NA

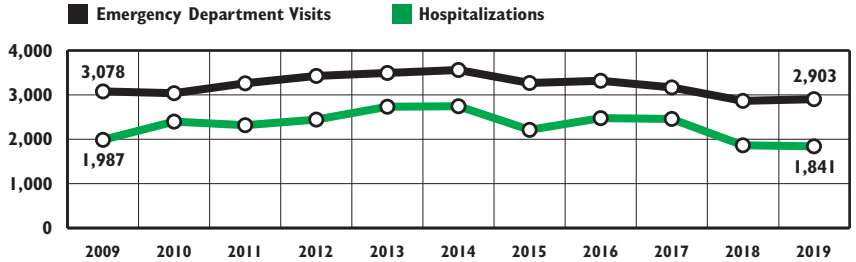
Source: Lifespan, 2019-2020 and Butler Hospital, 2019-2020. Programs can have overlapping enrollment. Number treated is based on the hospital census (i.e., the number of patients seen in any program during FFY 2020). The average length of stay is based on discharges. **Only total number treated with outpatient services by the Lifespan Physician Group is available.

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

◆ The two hospitals in Rhode Island that specialize in providing psychiatric care to children and youth are Bradley Hospital and Butler Hospital. Inpatient treatment at a psychiatric hospital is the most intensive type of mental health care. The most common diagnoses for youth treated at Butler or Bradley Hospitals in FFY 2020 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 highly specialized inpatient and residential services to children and adolescents who show signs of serious emotional and behavioral problems in addition to developmental disabilities. Lifespan School Solutions owns and operates six Bradley schools and seven community-based classrooms/public school partnerships for children with behavioral health problems and developmental disabilities. Together, the programs had an average daily enrollment of 381 students in FFY 2020.[26]

Emergency Care for Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2009-2019*



Source: Rhode Island Department of Health, Hospital Discharge Database, 2009-2019. *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.*

◆ In 2019, there were 2,903 emergency department visits and 1,841 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 2015 and 2019, there were 1,165 emergency department visits and 794 hospitalizations of youth ages 13-19 due to suicide attempts. Twenty children under age 20 died due to suicide in Rhode Island between 2015-2019.[30]

Kids' Link RI

◆ Kids' Link RI is a behavioral health triage service and referral network and is available 24 hours a day, seven days a week to help triage children and youth in need of mental health services and refer them to treatment providers. This program has been critical to addressing the mental and behavioral health needs of children during the COVID-19 pandemic. In 2020, there were 4,849 calls to Kids Link RI, up 22% from 3,796 in 2019.[31]

(References are on page 179)

Children with Special Needs

DEFINITION

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

SIGNIFICANCE

An estimated 19% of children in the U.S. and 21% of children in Rhode Island had at least one special health care need.[1] Children with special health care needs (CSHCN) can have impairments in physical, developmental, emotional, and/or behavioral functioning.[2] In 2019, 45% of parents with young children in Rhode Island and 38% of parents nationally reported completing a developmental screening.[3] In Rhode Island, 66% of CSHCN have two or more health conditions, compared to 70% of CSHCN in the U.S. Commonly reported health conditions among CSHCN include allergies, ADHD, behavioral challenges, 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 and were twice as likely to feel sad or hopeless and more than three times as likely to have made a suicide plan as their peers.[5]

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

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

In 2014, Congress passed the *Achieving a Better Life Experience Act (ABLE)*, which created tax-exempt saving accounts for people who become disabled before age 26. *ABLE* accounts 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, 2020, nine certified EI provider agencies served 2,224 children in Rhode Island. Sixty percent of those children receiving EI services were male and 40% were female. Of these children, 56% were white, 31% 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, 2020, in Rhode Island, there were 2,904 children ages three to five who received preschool special education services.[16]**

◆ **In Rhode Island as of June 30, 2020, 21,660 students in public schools ages six to 21 received special education services (15% of all students). Thirty-five 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 2020, 58% of the 1,062 children who reached age three while in EI were determined to be eligible for preschool special education, 16% were found not eligible, 17% were in the process of eligibility determination, 6% had successfully met all developmental goals, and 3% left the program for other reasons.[18]**

Medical Assistance for Children With Special Health Care Needs

◆ As of December 31, 2020, there were 4,457 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, 2020, there were 827 Rhode Island children enrolled through the Katie Beckett provision, a decline of 53% 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, 2020, 2,338 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 84% of all eligible former foster youth were enrolled in Medicaid coverage as of December 31, 2020, down from 99% in 2019.[30]

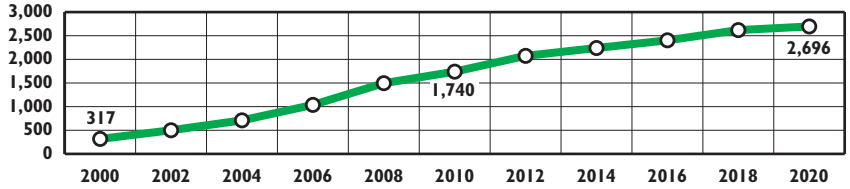
◆ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for Medical Assistance coverage.[31] As of December 31, 2020, 2,889 children were enrolled in Medical Assistance because of special needs adoptions.[32]

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 18.5 per 1,000 children. ASD prevalence is significantly higher among boys (29.7 per 1,000 boys) than girls (6.9 per 1,000 girls). ASD prevalence is higher among non-Hispanic white children, non-Hispanic Black children, and Asian/Pacific Islander children (18.5, 18.3, and 17.9 per 1,000 children, respectively) than Hispanic children (15.4 per 1,000 children).[34]

Children Ages Three to 21 With Autism Spectrum Disorder (ASD), Rhode Island, June 2000 – June 2020



Source: Rhode Island Department of Education, June 2000 – June 2020. Numbers include parentally placed students.

◆ In June 2020, there were 2,696 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]

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(continued on page 179)

Infants Born at Risk

DEFINITION

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

SIGNIFICANCE

The basic architecture of the human brain develops during the infant and toddler years. By age three, a child's brain has grown to 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 ages 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, 2020

CITY/TOWN	BIRTHS	# TO LOW-INCOME MOTHERS	# TO SINGLE MOTHERS	# TO MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA	# TO MOTHERS YOUNGER THAN 20
Central Falls	299	253	200	107	27
Pawtucket	830	556	492	118	28
Providence	2,264	1,672	1,310	529	130
Woonsocket	463	326	303	103	27
Rhode Island	*9,590*	*4,742*	*4,217*	*1,143*	*318*

Source: Rhode Island Department of Health, KIDSNET Database, 2020.

◆ **The U.S. birth rate reached a record low in 2019. The U.S. teen birth rate also reached a historic low in 2019. Rhode Island had the fourth lowest overall birth rate and the sixth lowest teen birth rate in the U.S. in 2019, with 9.6 births per 1,000 women ages 15 to 44 and 10 births per 1,000 teen girls ages 15 to 19.[12]**

◆ **The total number of babies born in Rhode Island to Rhode Island women declined 12% between 2010 and 2020, from 10,839 to 9,590 births. The proportion of Rhode Island births that were to mothers without a high school diploma fell from 15% to 12% and the proportion of all births that were to teen mothers fell from 8% 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 2020, there were 6,233 newborns (65%) who "screened positive," indicating the presence of one or more risk factors associated with poor developmental outcomes.[14]**

◆ **Of the 9,590 babies born in Rhode Island to Rhode Island women in 2020, nearly one-third (3,524) had a mother with a documented history of treatment for mental health conditions. Also, 764 (8%) had a mother with a documented history of substance abuse problems, and 220 (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, 2020

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	103	12	11	1	*
Bristol	137	46	47	6	*
Burrillville	123	37	51	5	*
Central Falls	299	253	200	107	27
Charlestown	52	15	17	1	0
Coventry	275	74	81	10	*
Cranston	729	331	286	59	22
Cumberland	287	65	67	9	*
East Greenwich	130	16	18	1	0
East Providence	401	157	156	25	11
Exeter	49	15	16	1	0
Foster	38	10	11	1	0
Glocester	57	14	20	0	0
Hopkinton	66	20	16	0	*
Jamestown	29	7	7	1	0
Johnston	251	96	97	17	*
Lincoln	185	57	57	6	*
Little Compton	11	4	4	0	0
Middletown	152	47	46	10	*
Narragansett	44	15	14	0	0
New Shoreham	7	3	2	0	0
Newport	199	106	91	32	8
North Kingstown	204	46	43	6	*
North Providence	308	141	123	23	5
North Smithfield	97	24	28	1	0
Pawtucket	830	556	492	118	28
Portsmouth	115	26	27	0	0
Providence	2,264	1,672	1,310	529	130
Richmond	51	13	15	0	0
Scituate	83	17	22	5	*
Smithfield	148	36	30	5	*
South Kingstown	152	33	34	3	0
Tiverton	83	32	30	4	*
Warren	73	33	30	5	*
Warwick	649	196	223	18	13
West Greenwich	41	13	15	1	*
West Warwick	258	126	128	28	14
Westerly	146	51	48	2	5
Woonsocket	463	326	303	103	27
Unknown	*1*	*1*	*1*	*0*	*0*
Four Core Cities	*3,856*	*2,807*	*2,305*	*857*	*212*
Remainder of State	*5,734*	*1,935*	*1,912*	*286*	*106*
Rhode Island	*9,590*	*4,742*	*4,217*	*1,143*	*318*

Source of Data for Table/Methodology

Rhode Island Department of Health, KIDSNET Database, 2020. Birth data from 2020 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 4,742 births to low-income families in 2020, 4,724 had Medicaid/RIte Care coverage and 18 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 180)

Evidence-Based Family Home Visiting

DEFINITION

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

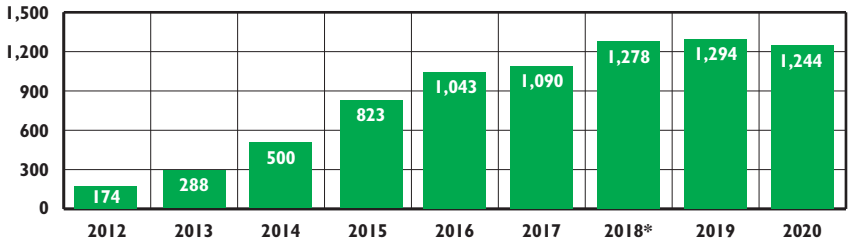
SIGNIFICANCE

Parents are the most important individuals in a child's life, particularly during infancy and early childhood. Infants and toddlers who receive responsive, nurturing care and are provided with opportunities to learn have a strong foundation for success. When parents face obstacles that impact their ability to meet the needs of their babies, 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 2020, 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.[8,9] In order to achieve improved outcomes for children, evidence-based programs must meet the needs of the community, follow national high-quality program standards, and focus on continuous program improvement.[10]

Families Enrolled in Evidence-Based Family Home Visiting Coordinated by the Rhode Island Department of Health, Rhode Island, 2012-2020



Source: Rhode Island Department of Health, Family Home Visiting, Family Visiting Database, October 2012-2020. *Beginning in 2018, enrolled families includes all families participating in Parents as Teachers programs, including those without MIECHV funding.

◆ **As of October 2020, of the 1,244 families participating in evidence-based home visiting programs 13% had mothers under age 20, 21% had mothers ages 20 to 24, and 66% had mothers age 25 or older at enrollment. At the time of enrollment, 45% of mothers were single, 44% were married or had a domestic partner, 6% were divorced, separated, or widowed, and 4% had an unknown marital status. Among the enrolled children, 10% were not born yet, 29% were under age one, 28% were age one, 17% were age two, 13% were age three, and 4% were age four. Forty-six percent of enrolled children were white, 20% were Black, 10% were Another race, 6% were Two or more races, 2% were Asian, 1% were Native American, and 16% were unknown or declined to answer. Within these race categories, 47% of enrolled children were Hispanic.[11]**

◆ **Home-based Early Head Start is also recognized as an evidence-based home visiting program that improves child outcomes.[12] As of October 2020 in Rhode Island, there were 324 children enrolled in home-based Early Head Start.[13]**

◆ **Early Intervention (EI) programs serve infants and toddlers with developmental delays and disabilities in Rhode Island and deliver nearly all (99%) services through home visits. As of June 2020, there were 2,224 children enrolled in EI in Rhode Island.[14,15]**

◆ **Rhode Island also operates First Connections, a statewide, short-term home visiting program designed to help families get connected to needed resources.[16] In 2020, 2,891 children received at least one First Connections home visit (56% lived in one of the four core cities and 44% in the remainder of the state).[17]**

Table 17.

Evidence Based Family Home Visiting, Rhode Island, 2020

CITY/TOWN	COMMUNITY CONTEXT, 2020			# RECEIVED FIRST CONNECTIONS VISIT IN 2020	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2020			
	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	103	34	12	5	1	0	3	4
Bristol	137	85	46	20	6	0	29	35
Burrillville	123	65	37	13	2	2	0	4
Central Falls	299	263	253	107	55	22	31	108
Charlestown	52	30	15	18	6	0	0	6
Coventry	275	137	74	64	14	0	4	18
Cranston	729	449	331	229	47	7	27	81
Cumberland	287	124	65	33	7	2	4	13
East Greenwich	130	50	16	18	1	2	2	5
East Providence	401	230	157	65	9	4	11	24
Exeter	49	26	15	17	2	1	1	4
Foster	38	27	10	9	2	0	0	2
Glocester	57	29	14	7	1	0	1	2
Hopkinton	66	30	20	13	2	1	2	5
Jamestown	29	10	7	6	0	0	0	0
Johnston	251	150	96	41	5	1	1	7
Lincoln	185	92	57	29	4	0	1	5
Little Compton	11	4	4	4	1	0	0	1
Middletown	152	76	47	40	5	0	7	12
Narragansett	44	25	15	16	1	0	0	1
New Shoreham	7	4	3	1	0	0	0	0
Newport	199	128	106	55	11	0	16	27
North Kingstown	204	98	46	59	10	2	7	19
North Providence	308	192	141	49	7	4	7	18
North Smithfield	97	55	24	8	0	0	1	1
Pawtucket	830	650	556	259	95	40	29	164
Portsmouth	115	57	26	22	4	0	2	6
Providence	2,264	1,789	1,672	1,105	267	77	80	424
Richmond	51	28	13	20	0	0	0	0
Scituate	83	45	17	10	0	0	0	0
Smithfield	148	60	36	10	0	1	1	2
South Kingstown	152	80	33	54	21	0	1	22
Tiverton	83	43	32	9	8	0	2	10
Warren	73	44	33	18	5	0	6	11
Warwick	649	361	196	162	29	0	18	47
West Greenwich	41	18	13	5	3	1	0	4
West Warwick	258	177	126	97	29	1	4	34
Westerly	146	84	51	55	8	0	40	48
Woonsocket	463	383	326	138	36	6	27	69
Unknown	*1*	*1*	*1*	*1*	*0*	*1*	*0*	*1*
Four Core Cities	*3,856*	*3,085*	*2,807*	*1,609*	*453*	*145*	*167*	*765*
Remainder of State	*5,733*	*3,147*	*1,934*	*1,281*	*251*	*29*	*198*	*478*
Rhode Island	*9,590*	*6,233*	*4,742*	*2,891*	*704*	*175*	*365*	*1,244*

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

References

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(continued on page 180)

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]

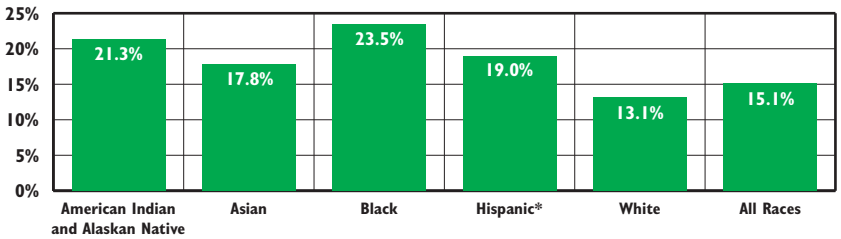
Early prenatal care is especially important for women who face multiple risks for poor birth outcomes, as is ensuring access to preconception health care services before pregnancy. Effective monitoring and treatment of chronic disease, education on preventive health practices, implementing and enhancing 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 financial constraints (including lack of insurance 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, 65% of women whose prenatal care was delayed had unintentional pregnancies.[8]

In Rhode Island between 2015 and 2019, 15.1% 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, 2015-2019



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019. * Race categories are non-Hispanic.

◆ **Between 2015 and 2019 in Rhode Island, Black women (23.5%), American Indian and Alaskan Native (21.3%), Hispanic women (19.0%), and Asian women (17.8%) were more likely to receive delayed prenatal care than white women (13.1%).[10]**

◆ **Between 2015 and 2019 in Rhode Island, women who did not graduate from high school were more likely to receive delayed prenatal care than women with more than a high school education (25.5% compared to 12.9%). One in five (20.5%) 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 2015 and 2019, pregnant women with health coverage through RIte Care (Rhode Island's Medicaid managed care health program) were much less likely (20.6%) to receive delayed prenatal care than women who were uninsured (40.3%). Pregnant women with private insurance coverage were the least likely to receive delayed prenatal care (11.6%) 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 2019, the Rhode Island severe maternal morbidity rate was 271 per 10,000 delivery hospitalizations up from 243 per 10,000 in 2018. Black (383 per 10,000) and Hispanic (333 per 10,000) women had higher rates of maternal morbidity than white women (225 per 10,000) in 2019.[23]

Table 18. **Delayed Prenatal Care, Rhode Island, 2015-2019**

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	527	76	14.4
Bristol	640	92	14.4
Burrillville	576	74	12.8
Central Falls	1,417	301	21.2
Charlestown	246	22	8.9^
Coventry	1,471	169	11.5
Cranston	3,726	584	15.7
Cumberland	1,588	199	12.5
East Greenwich	499	55	11.0
East Providence	2,131	324	15.2
Exeter	236	20	8.5^
Foster	172	20	11.6^
Glocester	335	55	16.4
Hopkinton	312	32	10.3^
Jamestown	120	9	*
Johnston	1,259	167	13.3
Lincoln	870	123	14.1
Little Compton	71	15	21.1^
Middletown	765	90	11.8
Narragansett	264	27	10.2
New Shoreham	37	8	*
Newport	1,129	160	14.2
North Kingstown	1,066	121	11.4
North Providence	1,471	217	14.8
North Smithfield	419	61	14.6
Pawtucket	4,278	829	19.4
Portsmouth	639	66	10.3
Providence	11,305	2,344	20.7
Richmond	267	32	12.0
Scituate	418	68	16.3
Smithfield	686	93	13.6
South Kingstown	848	88	10.4
Tiverton	544	83	15.3
Warren	386	58	15.0
Warwick	3,627	435	12.0
West Greenwich	217	25	11.5
West Warwick	1,558	211	13.5
Westerly	887	93	10.5
Woonsocket	2,503	531	21.2
*Unknown***	*139*	*18*	*12.9*
Four Core Cities	*19,503*	*4,005*	*20.5*
Remainder of State	*30,146*	*3,972*	*13.2*
Rhode Island	*49,649*	*7,995*	*16.1*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019.

The denominator is the total number of live births to Rhode Island residents from 2015-2019.

*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 year in the 2015-2019 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 and infections, weight, 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 preterm infants and their caregivers.[8,9]

The U.S. preterm birth rate rose between 2018 and 2019, from 10.02% to 10.23%. This is the fifth year of an increase after steady declines from 2007 and 2014. The preterm birth rate varies by race/ethnicity, with non-Hispanic Black women (14.4%) continuing to have the highest preterm birth rate in the U.S. in 2019. Hispanic women had a preterm birth rate of 10.0% in 2019 and non-Hispanic white women had a rate of 9.3%. The rate increased for each group between 2018 and 2019.[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]

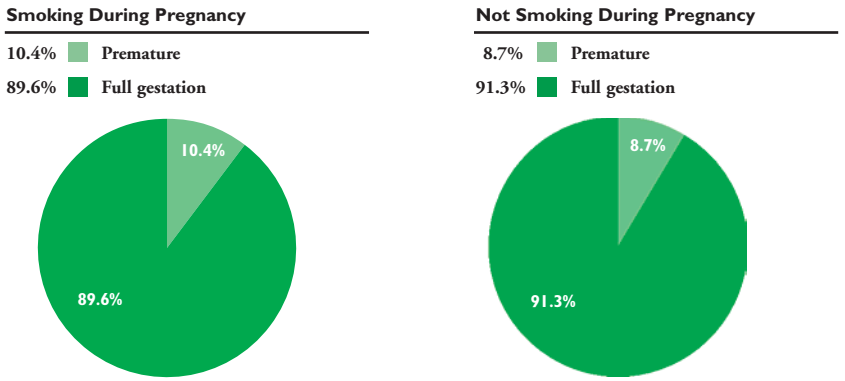
Preterm Births

	2009	2019
RI	11.4%	9.6%
US	12.2%	10.2%
National Rank*		*17th*
New England Rank**		*6th*

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

Sources: For 2009: Martin, J. A., et al. (2011). Measuring gestational age in vital statistics data: Transitioning to the obstetric estimate. *NVSR, 64*(5), 1-19. For 2019: Martin, J. A., et al. (2021). Births: Final data for 2019. *NVSR, 68*(13), 1-47.

Preterm Births by Smoking Status, Rhode Island, 2015-2019



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019. *See note regarding new methodology for calculating preterm births, starting with the 2016 Factbook.

◆ **Between 2015 and 2019, 71.4% of all preterm births in Rhode Island were late preterm births (34-36 weeks gestation), and 16.5% of all preterm births were very preterm (<32 weeks gestation).[13]**

◆ **Multiple births are more likely to be born preterm. In Rhode Island between 2015 and 2019, 58.6% of multiple births were preterm, compared with 7.0% of singleton births.[14]**

◆ **Between 2015 and 2019, 13.7% of births of Non-Hispanic Native American and 11.5% of births of Non-Hispanic Black infants in Rhode Island were preterm, compared with 7.7% of Non-Hispanic Asian and 8.2% of Non-Hispanic white infants. During this same time period, 9.6% of births to Hispanic women in Rhode Island were preterm.[15]**

◆ **In Rhode Island between 2015 and 2019, 9.7% of births to women with a high school degree or less were preterm, compared with 8.3% of those with higher education levels.[16]**

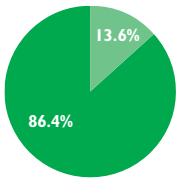
◆ **Social determinants of health, including poverty, racism, and access to care are important factors in the disparities in preterm births.[17]**

◆ **"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, 2015-2019

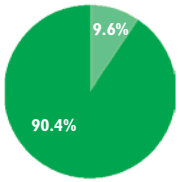
Uninsured

13.6% Preterm Births
86.4% Full-term Births



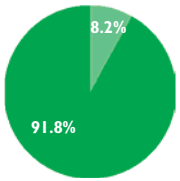
Public Insurance (RIte Care)

9.6% Preterm Births
90.4% Full-term Births



Private Insurance

8.2% Preterm Births
91.8% Full-term Births



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019.

Table 19. **Preterm Births, Rhode Island, 2015-2019**

CITY/TOWN	# BIRTHS	# PRETERM BIRTHS	% PRETERM BIRTHS
Barrington	558	41	7.3%
Bristol	672	54	8.0%
Burrillville	635	57	9.0%
Central Falls	1,567	173	11.0%
Charlestown	255	30	11.8%
Coventry	1,521	100	6.6%
Cranston	3,920	354	9.0%
Cumberland	1,708	139	8.1%
East Greenwich	529	45	8.5%
East Providence	2,284	178	7.8%
Exeter	244	25	10.2%
Foster	180	15	8.3%^
Glocester	350	24	6.9%
Hopkinton	332	23	6.9%^
Jamestown	126	6	*
Johnston	1,328	120	9.0%
Lincoln	923	73	7.9%
Little Compton	79	10	12.7%^
Middletown	815	65	8.0%
Narragansett	273	26	9.5%^
New Shoreham	38	8	*
Newport	1,226	99	8.1%
North Kingstown	1,106	92	8.3%
North Providence	1,567	152	9.7%
North Smithfield	457	35	7.7%
Pawtucket	4,680	455	9.7%
Portsmouth	664	42	6.3%
Providence	12,184	1,179	9.7%
Richmond	279	26	9.3%
Scituate	432	40	9.3%
Smithfield	713	45	6.3%
South Kingstown	880	70	8.0%
Tiverton	574	55	9.6%
Warren	414	31	7.5%
Warwick	3,785	323	8.5%
West Greenwich	229	14	6.1%^
West Warwick	1,645	128	7.8%
Westerly	979	70	7.2%
Woonsocket	2,765	277	10.0%
Unknown	*150*	*13*	*8.7%^*
Four Core Cities	*21,196*	*2,084*	*9.8%*
Remainder of State	*31,720*	*2,615*	*8.2%*
Rhode Island	*53,066*	*4,712*	*8.9%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019. Data for births in 2015 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 2015-2019.

*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 2015-2019 five-year preterm birth percentage and the single year average are measured by OE. Because of this change, preterm birth data reported prior to the 2016 Factbook are not comparable. National preterm birth data use the OE measurement as of the 2007 data year at the time of publication of this Factbook.

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

References

[1] Centers for Disease Control and Prevention. (2019). *Preterm birth.* Retrieved April 21, 2021, from cdc.gov

[2,5,6] Mayo Clinic. (2017). *Premature birth.* Retrieved April 21, 2021, from mayoclinic.org

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

[4] March of Dimes. (2018). *Preterm labor and premature birth: Are you at risk?* Retrieved April 21, 2021, from marchofdimes.org

[7] McCabe, E. R. B., Carrino, G. E., Russell, R. B., & Howse, J. L. (2014). Fighting for the next generation: U.S. prematurity in 2030. *Pediatrics, 134*(6), 1-7.

(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 between 2015 and 2019, 10.3% of births were to mothers who smoked during their pregnancy. During that time, Rhode Island smokers (10.8%) were more likely to deliver a low birthweight infant compared to women who did not smoke (7.3%).[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 issues than their peers.[8,9,10]

In the U.S. in 2019, 8.3% of infants were born at low birthweight, which was a slight increase from 8.2% in 2009. In Rhode Island in 2019, 7.8% of Rhode Island's infants were born at low birthweight, which was a slight increase from 7.4% in 2009.[11,12] The *Healthy People 2020* national target was 7.8%, which was not met.[13]

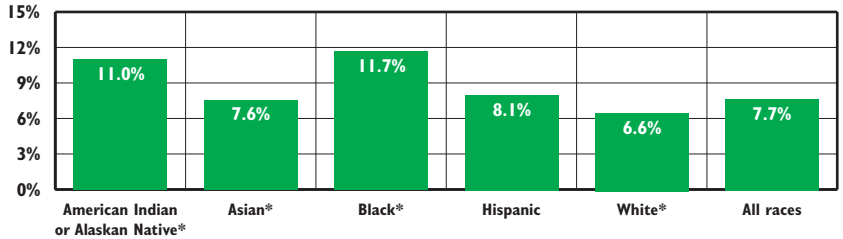
Low Birthweight Infants

	2009	2019
RI	7.4%	7.8%
US	8.2%	8.3%
National Rank*		*17th*
New England Rank**		*5th*

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

Source: For 2008: Martin, J. A., et al. (2011). Births: Final data for 2009. *National Vital Statistics Reports, 59*(1), 1-70. For 2019: Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Drake, P. (2020). Births: Final data for 2019. *National Vital Statistics Reports, 68*(13), 1-47.

Low Birthweight Infants by Race/Ethnicity, Rhode Island, 2015-2019*



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019. *Race categories are non-Hispanic. Data for births in 2019 are provisional.

◆ **There are racial and ethnic disparities in rates of low birthweight.[14] In Rhode Island between 2015 and 2019, 11% of American Indian and Alaskan Native infants, 7.6% of Asian infants, 11.7% of Black infants, and 8.1% of Hispanic 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 2015 and 2019 in Rhode Island, 9.7% of births among women under age 20 were low birthweight compared to 7.6% of those over age 20; 8.8% of infants born to women living in the four core cities were low birthweight compared to 6.9% in the remainder of the state; and 8.7% of infants born to women with a high school degree or less were low birthweight, compared to 6.9% of those born to women with higher education levels.[18]**

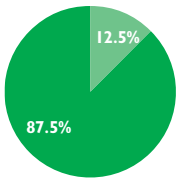
◆ **Rhode Island women who deliver a low birthweight infant are more likely to report smoking while pregnant, feeling unsafe in their neighborhood, delayed or no prenatal care, a depression diagnosis, and intimate partner violence as well as health issues during their pregnancy, such as high blood pressure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

◆ **Between 2015 and 2019 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, 2015-2019

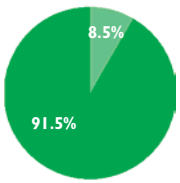
Uninsured

12.5% Low Birthweight
87.5% Normal Birthweight



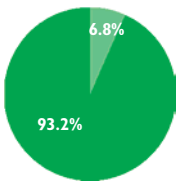
Public Insurance (RIte Care)

8.5% Low Birthweight
91.5% Normal Birthweight



Private Insurance

6.8% Low Birthweight
93.2% Normal Birthweight



Source: Rhode Island Department of Health, Center for Health Data and Analysis. Maternal and Child Health Database, 2015-2019. Data for births in 2017 are provisional.

Table 20. **Low Birthweight Infants, Rhode Island, 2015-2019**

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	558	32	5.7
Bristol	672	38	5.7
Burrillville	635	37	5.8
Central Falls	1,567	136	8.7
Charlestown	255	18	7.1^
Coventry	1,521	97	6.4
Cranston	3,920	292	7.4
Cumberland	1,708	111	6.5
East Greenwich	529	31	5.9
East Providence	2,284	171	7.5
Exeter	244	17	7.0^
Foster	180	14	7.8^
Glocester	350	20	5.7^
Hopkinton	332	21	6.3^
Jamestown	126	6	*
Johnston	1,328	109	8.2
Lincoln	923	55	6.0
Little Compton	79	6	*
Middletown	815	55	6.7
Narragansett	273	25	9.2
New Shoreham	38	6	*
Newport	1,226	95	7.7
North Kingstown	1,106	73	6.6
North Providence	1,567	140	8.9
North Smithfield	457	28	6.1
Pawtucket	4,680	413	8.8
Portsmouth	664	43	6.5
Providence	12,184	1,061	8.7
Richmond	279	16	5.7^
Scituate	432	27	6.3
Smithfield	713	37	5.2
South Kingstown	880	51	5.8
Tiverton	574	46	8.0
Warren	414	25	6.0
Warwick	3,785	253	6.7
West Greenwich	229	14	6.1^
West Warwick	1,645	107	6.5
Westerly	979	72	7.4
Woonsocket	2,765	254	9.2
Unknown	*150*	*10*	*
Four Core Cities	*21,196*	*1,864*	*8.8*
Remainder of State	*31,870*	*2,198*	*6.9*
Rhode Island	*53,066*	*4,062*	*7.7*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019. Data for births in 2019 are provisional. 2015 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 2015 and 2019.

*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 April 20, 2021, from marchofdimes.org

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

[9] Ely, D. M. & Driscoll, A. K. (2019). Infant mortality in the United States, 2017: Data from the period linked birth/infant death file. *National Vital Statistics Reports, 68*(10), 1-19.

(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.[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 2018, the non-Hispanic Black infant mortality rate was 10.8 deaths per 1,000 births, the Native Hawaiian or other Pacific Islander rate was 9.4, American Indian/Alaska Native rate was 8.2, the Hispanic rate was 4.9, the non-Hispanic white rate was 4.6, 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 5.6 deaths per 1,000 live births in 2019 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 2015 and 2019 was 5.4 deaths per 1,000 live births. The infant mortality rate was 7.4 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 (6.0 per 1,000 live births) than mothers with higher educational attainment (3.6 per 1,000 live births) between 2015 and 2019.[10]

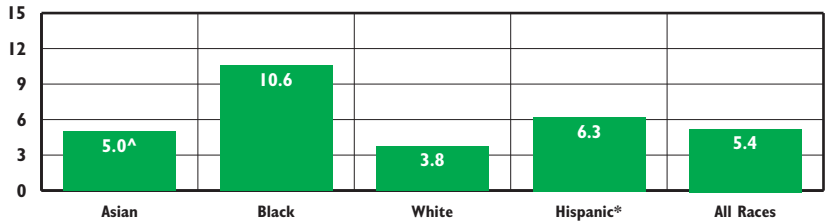
Infant Mortality Rate
(rate per 1,000 live births)

	2009	2019
RI	6.2	6.0
US	6.4	5.6
National Rank*		*30th*
New England Rank**		*5th*

**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, 2015-2019



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019. ^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 2015 and 2019, the Black infant mortality rate was 10.6 deaths per 1,000 live births, which is nearly three times the white infant mortality rate of 3.8 deaths per 1,000 live births.[12]**

◆ **Between 2015 and 2019, 288 infants died in Rhode Island before their first birthday, a rate of 5.4 per 1,000 live births. Between 2015 and 2019, 62% of infants who died were low birthweight (less than 2,500 grams) and 36% were born at normal weights.[13]**

◆ **Preterm birth is the leading cause of infant death in Rhode Island.[14] Between 2015 and 2019, 62% (178) of all infant deaths were preterm (born before the 37th week of pregnancy).[15]**

◆ **Of the 288 infant deaths between 2015 and 2019 in Rhode Island, 77% (221) 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, malformations at birth, and/or conditions occurring in the perinatal period.[17] Between 2015 and 2019, 23% (67) of the 288 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 2020, there were 1,244 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, 2015-2019**

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
Barrington	558	0	0.0
Bristol	672	1	*
Burrillville	635	1	*
Central Falls	1,567	9	*
Charlestown	255	2	*
Coventry	1,521	6	*
Cranston	3,920	19	4.8
Cumberland	1,708	8	*
East Greenwich	529	3	*
East Providence	2,284	11	*
Exeter	244	0	0.0
Foster	180	0	0.0
Glocester	350	0	0.0
Hopkinton	332	5	*
Jamestown	126	0	0.0
Johnston	1,328	5	*
Lincoln	923	3	*
Little Compton	79	0	0.0
Middletown	815	7	*
Narragansett	273	1	*
New Shoreham	38	0	0.0
Newport	1,226	5	*
North Kingstown	1,106	1	*
North Providence	1,567	9	*
North Smithfield	457	2	*
Pawtucket	4,680	35	7.5
Portsmouth	664	4	*
Providence	12,184	94	7.7
Richmond	279	2	*
Scituate	432	5	*
Smithfield	713	1	*
South Kingstown	880	3	*
Tiverton	574	1	*
Warren	414	1	*
Warwick	3,785	16	4.2^
West Greenwich	229	0	0.0
West Warwick	1,645	5	*
Westerly	979	2	*
Woonsocket	2,765	18	6.5^
*Unknown***	*150*	*0*	*0.0*
Four Core Cities	*21,196*	*156*	*5.4*
Remainder of State	*31,870*	*129*	*7.4*
Rhode Island	*53,066*	*285*	*4.1*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019.

The denominator is the total number of live births to residents between 2015 and 2019.

^ 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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(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]

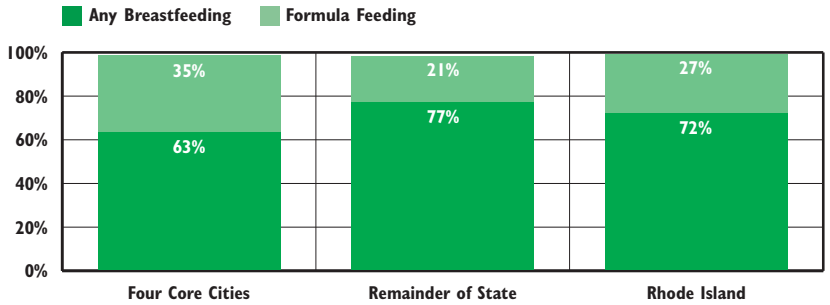
Breastfeeding decreases infant mortality and morbidity. Infant benefits include optimal nutrition and reduced risk for Sudden Infant Death Syndrome, infectious disease, and chronic conditions such as childhood obesity, type 1 and 2 diabetes, and otitis media. Breastfeeding benefits mothers by creating 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] There are now four Baby-Friendly hospitals in Rhode Island: Kent Hospital, Newport Hospital, South County Hospital, and Women & Infants Hospital.[9]

Breastfeeding rates generally increase with 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 2018-2019, 7% of babies from intended pregnancies were not breastfed at all, compared with 15% of babies from unintended pregnancies.[11]

Healthy People 2030 sets target breastfeeding rates of 42% of infants breastfed exclusively through 6 months of age and 54% at one year of age.[12] Among babies born in the U.S. in 2017, 84% were ever breastfed, 58% were breastfed at six months, and 35% were breastfed at 12 months. In 2017, Rhode Island reported rates of 83% of infants ever having been breastfed, 54% at six months, and 35% at one year of age.[13]

Breastfeeding and Formula Feeding at Birth, Rhode Island, 2015-2019*

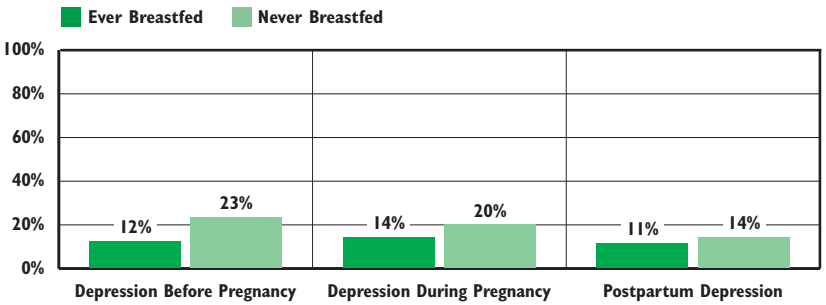


Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019. Breastfeeding and formula feeding are defined as intended feeding method at hospital discharge. Totals may not sum to 100% because data on feeding methods were not available 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 2015 and 2019, 72% of new mothers in Rhode Island indicated that they intended to breastfeed when discharged from the hospital and 27% 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, 2019



Source: Rhode Island Department of Health, Pregnancy Risk Assessment Monitoring System (PRAMS), 2019.

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 January 2021, Rhode Island had 62 licensed IBCLCs.[18,19]

◆ Rhode Island is one of nine 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, 2015-2019**

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER ANY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING
Barrington	538	485	90%
Bristol	614	480	78%
Burrillville	576	424	74%
Central Falls	1,541	921	60%
Charlestown	231	186	81%
Coventry	1,481	1,172	79%
Cranston	3,878	2,847	73%
Cumberland	1,618	1,284	79%
East Greenwich	578	496	86%
East Providence	2,213	1,558	70%
Exeter	240	204	85%
Foster	179	151	84%
Glocester	300	219	73%
Hopkinton	236	190	81%
Jamestown	117	110	94%
Johnston	1,303	928	71%
Lincoln	885	708	80%
Little Compton	50	40	80%
Middletown	763	634	83%
Narragansett	242	211	87%
New Shoreham	38	30	79%
Newport	1,120	872	78%
North Kingstown	1,108	958	86%
North Providence	1,540	1,080	70%
North Smithfield	388	302	78%
Pawtucket	4,411	2,876	65%
Portsmouth	567	482	85%
Providence	11,811	7,469	63%
Richmond	287	246	86%
Scituate	440	364	83%
Smithfield	673	547	81%
South Kingstown	859	758	88%
Tiverton	344	266	77%
Warren	377	275	73%
Warwick	3,659	2,796	76%
West Greenwich	221	183	83%
West Warwick	1,606	1,109	69%
Westerly	692	588	85%
Woonsocket	2,511	1,583	63%
Four Core Cities	*20,274*	*12,849*	*63%*
Remainder of State	*29,961*	*23,183*	*77%*
Rhode Island	*50,235*	*36,032*	*72%*

Sources of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019.

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] *CDC's work to support and promote breastfeeding.* (n.d.). Atlanta, GA: Centers for Disease Control and Prevention.

[6,21] The Center for Law and Social Policy. (2016). *Public policies to support breastfeeding: Paid family leave and workplace lactation accommodations.* Retrieved January 24, 2021, from www.clasp.org

(continued on page 181)

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, 2020.[1,2] These data are for children eligible to enter kindergarten in the fall of 2022 (i.e., children born between September 1, 2016 and August 31, 2017).

SIGNIFICANCE

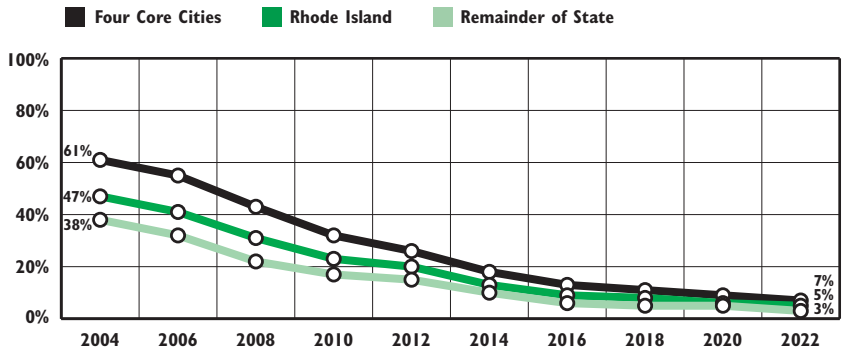
Lead poisoning is a preventable childhood disease. Infants, toddlers, and preschool-age children are most susceptible to the toxic effects of lead because they absorb lead more readily than adults and have inherent vulnerability due to developing central nervous systems.[3] Lead exposure, even at very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

There is no safe lead level in children. In 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 2020, 631 (3%) of the 19,722 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 (5%) were more likely than children in the remainder of the state (2%) to have confirmed elevated blood lead levels of ≥5 µg/dL. The number of lead screenings has declined due to the COVID-19 pandemic.[14]

Children Entering Kindergarten with History of Elevated* Blood Lead Level Screening (≥5 µg/dL), Rhode Island, Four Core Cities, and Remainder of State, 2004-2022



Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 2004 and 2022. *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. 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

◆ The number of children under age six in Rhode Island who had a confirmed venous blood test result of ≥15 µg/dL has decreased by 81% over the past 15 years, from 349 in 2005 to 66 in 2020.[21]

◆ An environmental inspection of a child's home is offered when a single venous test is ≥10 µg/dL. The Rhode Island Department of Health sends certified lead inspectors to determine whether lead hazards are present and works with owners to make the property lead-safe. In 2020, 94 environmental inspections were offered, of which 65 were performed, 11 were refused or had no response, five were pending, and 13 of the children had moved.[22,23]

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 (the most recent year data are available), 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.[24,25,26]

Table 23. **Lead Poisoning in Children Entering Kindergarten in the Fall of 2022, Rhode Island**

CITY/TOWN	NUMBER TESTED FOR LEAD POISONING	CONFIRMED WITH BLOOD LEAD LEVEL ≥5 µg/dL	
		NUMBER	PERCENT
Barrington	165	0	0.0%
Bristol	154	4	2.6%
Burrillville	120	4	3.3%
Central Falls	307	22	7.2%
Charlestown	46	1	2.2%
Coventry	274	3	1.1%
Cranston	718	20	2.8%
Cumberland	341	2	0.6%
East Greenwich	145	1	0.7%
East Providence	460	11	2.4%
Exeter	43	0	0.0%
Foster	27	0	0.0%
Glocester	56	2	3.6%
Hopkinton	67	1	1.5%
Jamestown	31	0	0.0%
Johnston	250	5	2.0%
Lincoln	164	1	0.6%
Little Compton	17	1	5.9%
Middletown	171	1	0.6%
Narragansett	42	1	2.4%
New Shoreham	10	1	10.0%
Newport	229	14	6.1%
North Kingstown	232	5	2.2%
North Providence	268	7	2.6%
North Smithfield	91	1	1.1%
Pawtucket	848	53	6.3%
Portsmouth	148	0	0.0%
Providence	2,477	167	6.7%
Richmond	51	1	2.0%
Scituate	80	2	2.5%
Smithfield	157	1	0.6%
South Kingstown	179	2	1.1%
Tiverton	124	3	2.4%
Warren	81	2	2.5%
Warwick	675	11	1.6%
West Greenwich	47	0	0.0%
West Warwick	278	11	4.0%
Westerly	153	4	2.6%
Woonsocket	561	27	4.8%
Unknown Residence	*1*	*NA*	*NA*
Four Core Cities	*4,193*	*269*	*6.4%*
Remainder of State	*6,094*	*123*	*2.0%*
Rhode Island	*10,288*	*392*	*3.8%*

Source of Data for Table/Methodology

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

Data reported in this year's Factbook 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 2022 reflect the number of Rhode Island children eligible to enter school in the fall of 2022 (i.e., born between 9/1/16 and 8/31/17).

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 2020. 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 2022 who were tested for lead poisoning. Data include both venous and confirmed capillary tests.

Of the 472 children entering kindergarten in 2022 who had an initial blood lead screen of ≥5 µg/dL, 29 did not receive a confirmatory second test. Their lead poisoning status is unknown.

^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.

See Methodology Section for more information.

References

[1,10] Centers for Disease Control and Prevention. (n.d.). *Blood lead levels in children.* Retrieved March 26, 2021, from www.cdc.gov

(continued on page 181)

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 when not controlled. 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]

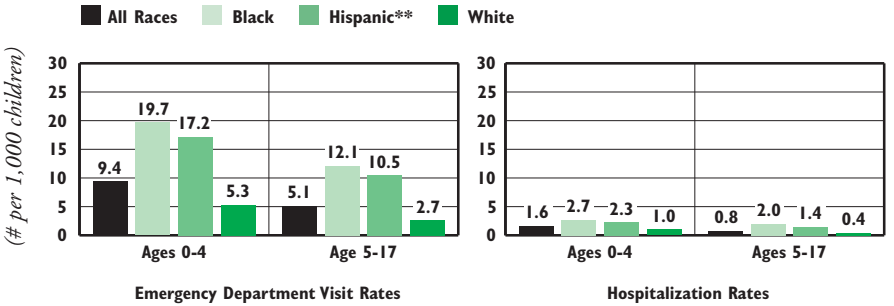
Nationally, asthma is the most common chronic condition among children.[5] After peaking at 9.6% in 2009, asthma prevalence among U.S. children fell to 7.5% in 2018. Rates of asthma are higher among males, Black children, Multiracial children, children living in poverty, and children ages 12 to 17.[6,7,8] Racial and ethnic differences in asthma prevalence are believed to be correlated with poverty, exposure to air pollution, stress, acute exposure to violence, and access to health care.[9,10]

Compared with adults, children have much higher rates of emergency department visits for asthma, slightly higher hospitalization rates, and lower death rates.[11,12] Asthma is the third leading cause of hospitalization for children under age 18 and is a leading cause of school absenteeism.[13]

Proper asthma management requires continued assessment and monitoring, patient education, adjusting environmental factors, 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 hospitalizations if adhered to and supported by enhanced care and community-based interventions.[14,15,16]

Rhode Island middle and high school staff provide information about and referrals for 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.[17]

Asthma* Emergency Department and Hospitalization Rates, by Age and Race/Ethnicity, Rhode Island Children, 2015-2019



Source: Rhode Island Department of Health, Hospital Discharge Database, 2015-2019; U.S. Census Bureau, Census 2010.
*Rates are for primary diagnosis of asthma. **Hispanic children can be of any race.

◆ **In Rhode Island between 2015 and 2019, 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.[18]**

◆ **In Rhode Island between 2015 and 2019, boys under age 18 had higher asthma emergency department visit and hospitalization rates (8.0 and 1.2 per 1,000 boys respectively) than girls under age 18 (5.1 and 0.9 per 1,000 girls respectively).[19]**

◆ **Among all children who had an emergency department visit for a primary diagnosis of asthma in Rhode Island between 2015 and 2019, 71% had RIte Care/Medicaid coverage, 24% 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, 62% had RIte Care/Medicaid coverage, 33% had private health insurance, 4% were self-pay, and 1% were unknown/other.[20]**

Child Hospitalization Rates for Asthma

◆ In 2018, Rhode Island parents reported rates of current asthma prevalence of their children (7.9%) that were slightly higher than the national average (7.5%). Rhode Island has the 10th highest self-reported child asthma prevalence among 30 ranked states.[21,22]

◆ In Rhode Island between 2015 and 2019, there were 1,075 hospitalizations with primary asthma diagnosis of children under age 18, a rate of 1.0 per 1,000 children. The rate of primary asthma hospitalizations was more than twice as high in the four core cities (1.6 per 1,000 children) than in the remainder of the state (0.7 per 1,000 children).[23]

◆ Primary asthma hospitalization rates for children were highest in Central Falls (1.7 per 1,000 children), Providence (1.7), Middletown (1.6), Barrington (1.5), and Pawtucket (1.5) between 2015 and 2019.[24]

Table 24. **Asthma Emergency Department Visits for Children Under Age 18, Rhode Island, 2015-2019**

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	100	4.4
Bristol	3,623	53	2.9
Burrillville	3,576	39	2.2
Central Falls	5,644	341	12.1
Charlestown	1,506	8	*
Coventry	7,770	149	3.8
Cranston	16,414	358	4.4
Cumberland	7,535	102	2.7
East Greenwich	3,436	30	1.7
East Providence	9,177	227	4.9
Exeter	1,334	24	3.6^
Foster	986	9	*
Glocester	2,098	20	1.9^
Hopkinton	1,845	25	2.7^
Jamestown	1,043	12	2.3^
Johnston	5,480	119	4.3
Lincoln	4,751	79	3.3
Little Compton	654	6	*
Middletown	3,652	105	5.8
Narragansett	2,269	23	2.0^
New Shoreham	163	1	*
Newport	4,083	191	9.4
North Kingstown	6,322	87	2.8
North Providence	5,514	191	6.9
North Smithfield	2,456	31	2.5
Pawtucket	16,575	714	8.6
Portsmouth	3,996	51	2.6
Providence	41,634	2,519	12.1
Richmond	1,849	16	1.7^
Scituate	2,272	12	1.1^
Smithfield	3,625	34	1.9
South Kingstown	5,416	66	2.4
Tiverton	2,998	24	1.6^
Warren	1,940	40	4.1
Warwick	15,825	308	3.9
West Greenwich	1,477	19	2.6^
West Warwick	5,746	187	6.5
Westerly	4,787	87	3.6
Woonsocket	9,888	506	10.2
Unknown	*0*	*6*	*NA*
Four Core Cities	*73,741*	*4,080*	*11.1*
Remainder State	*150,215*	*2,833*	*3.8*
Rhode Island	*223,956*	*6,919*	*6.2*

Source of Data for Table/Methodology

Rhode Island Department of Health, Hospital Discharge Database, 2015-2019.

The Rhode Island Department of Health defines emergency department visits with primary asthma diagnosis as those resulting in a home discharge or another facility, but not admitted to the hospital as an inpatient. As such, data are not comparable to *Factbooks* prior to 2017.

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

The data are event-level files. Children admitted to the hospital (ED or inpatient) more than once are counted as a new event for each admission.

The denominator used to compute the 2015-2019 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. Rates for Jamestown and Scituate should be interpreted with high levels of 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.

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(continued on page 181)

Housing and Health

DEFINITION

Housing and health is the percentage of children under age 18 who live in low-income families that reside in older housing, defined as housing built before 1980. Low-income families are those with incomes less than 200% of the federal poverty level.

SIGNIFICANCE

Homes that are dry, clean, pest-free, safe, contaminant-free, well-ventilated, well-maintained, and thermally-controlled can provide a healthy environment for children and residents.[1] Safe, affordable, and stable housing maintains the health and well-being of families and children, supporting mental and emotional health as well as physical safety. 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]

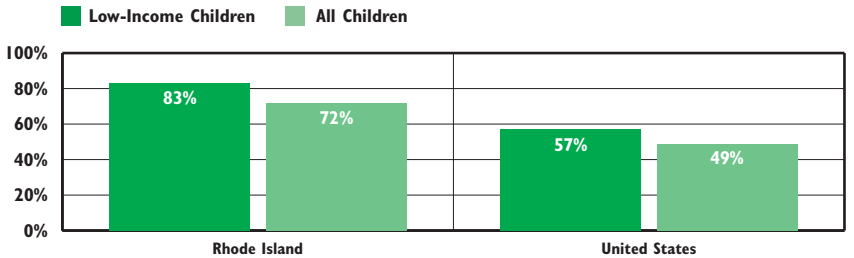
Unhealthy housing can cause or intensify many health conditions. Studies have connected poor quality construction, utility deficiencies, water intrusion, lead paint, radon, and pests to respiratory illnesses, asthma, unintentional injuries, lead poisoning, and cancer. Children under age five, low-income 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*, 2015-2019, Rhode Island and the United States



Source: Population Reference Bureau analysis of 2015-2019 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 2015 and 2019, Rhode Island had the highest percentage of low-income children (83%) 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 2020, 631 (3%) of Rhode Island children under age six who were screened had a confirmed blood lead level of ≥5 µg/dL.[12]**

◆ **Asthma: Asthma is the most common chronic condition in children and a leading cause of school absences and hospitalization for children under age 18 in the U.S.[13] Between 2015 and 2019, there were 3,783 emergency department visits of Rhode Island children ages six and under (9.3 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 2019, housing-related falls resulted in 1,254 emergency room visits by Rhode Island children ages 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 2020, 1,078 Rhode Island children under age 18 benefited from 839 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 2020			PRIMARY ASTHMA ED VISITS 2015-2019		HOUSING RELATED FALLS 2020	WEATHER-IZATION PROJECTS 2020	% HOUSING STOCK PRE-1980
		#	TESTED	%	#	RATE PER 1,000			
Barrington	1,213	3	438	*	54	8.9	22	8	81%
Bristol	1,316	3	291	*	31	4.7	9	3	67%
Burrillville	1,186	8	189	*	18	3.0^	10	19	63%
Central Falls	2,374	35	626	5.6%^	189	15.9	38	10	87%
Charlestown	493	0	73	0.0%	5	*	3	10	51%
Coventry	2,508	1	481	*	89	7.1	28	25	66%
Cranston	5,814	47	1,402	3.4%	186	6.4	95	101	77%
Cumberland	2,603	10	552	*	50	3.8	34	9	64%
East Greenwich	930	0	244	0.0%	17	3.7^	9	9	62%
East Providence	3,545	24	1,023	2.3%^	125	7.1	54	44	84%
Exeter	390	1	74	*	9	*	7	11	55%
Foster	315	0	55	0.0%	6	*	2	3	61%
Glocester	633	1	97	*	6	*	10	7	63%
Hopkinton	618	0	81	0.0%	13	4.2^	7	5	61%
Jamestown	287	0	46	0.0%	8	*	2	3	56%
Johnston	1,930	4	433	*	52	5.4	27	33	66%
Lincoln	1,490	5	333	*	40	5.4	22	4	70%
Little Compton	188	0	21	0.0%	5	*	2	1	64%
Middletown	1,331	2	266	*	57	8.6	25	4	65%
Narragansett	739	1	64	*	8	*	6	4	59%
New Shoreham	57	2	9	*	1	*	1	0	50%
Newport	1,792	17	329	5.2%^	105	11.7	36	4	82%
North Kingstown	1,965	1	419	*	45	4.6	24	20	63%
North Providence	2,040	5	570	*	104	10.2	32	27	68%
North Smithfield	752	3	149	*	7	*	11	5	68%
Pawtucket	6,835	72	1,664	4.3%	406	11.9	109	74	86%
Portsmouth	1,206	1	244	*	31	5.1	23	5	59%
Providence	16,934	305	5,649	5.4%	1,420	16.8	304	233	86%
Richmond	635	0	79	0.0%	11	*	7	1	50%
Scituate	608	1	162	*	8	*	10	5	65%
Smithfield	1,076	5	231	*	21	3.9^	17	8	62%
South Kingstown	1,707	3	290	*	28	3.3	20	11	55%
Tiverton	1,006	0	260	0.0%	10	*	12	17	60%
Warren	727	6	184	*	24	6.6^	10	5	77%
Warwick	5,561	18	1,133	1.6%^	179	6.4	85	56	80%
West Greenwich	446	0	66	0.0%	8	*	11	2	32%
West Warwick	2,351	10	471	*	99	8.4	43	18	70%
Westerly	1,735	5	206	*	34	3.9	16	5	60%
Woonsocket	4,212	32	818	3.9%	274	13.0	71	30	86%
Four Core Cities	*30,355*	*444*	*8,757*	*5.1%*	*2,289*	*15.1*	*522*	*347*	*86%*
Remainder of State	*51,193*	*187*	*10,965*	*1.7%*	*1,494*	*5.8*	*732*	*492*	*67%*
Rhode Island	*81,548*	*631*	*19,722*	*3.2%*	*3,783*	*9.3*	*1,254*	*839*	*73%*

Source of Data for Table/Methodology

Children Ages 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, 2020. The numerator is the number of Rhode Island children with a confirmed blood lead level ≥5 µg/dL in calendar year 2020. The denominator is the number of children who were tested in calendar year 2020. Data are for children under age six.

Children with Asthma: Rhode Island Department of Health, Hospital Discharge Database, 2015-2019. The Rhode Island Department of Health defines emergency department (ED) visits for children with a primary asthma diagnosis as those resulting in a home discharge or another facility, but not admitted to the hospital as an inpatient. Children with multiple ED visits are counted as a new event for each admission, so some children are counted more than once. For details, see Children with Asthma indicator. Data are for children ages six and under.

Housing Related Falls: Rhode Island Department of Health, Center for Health Data and Analysis, 2019. Data are for children ages six and under who are residents of Rhode Island.

Weatherization Projects: Rhode Island Department of Human Services, Weatherization Assistance Program data, 2020. Weatherization projects are defined as those receiving a final inspection by end of calendar year 2020.

Housing Stock Pre-1980: Population Reference Bureau analysis of 2015-2019 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.

(Continued with references on page 182)

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 80,192 de-identified records with clinical and related billing code data collected in 2019 found that 15% of Rhode Island children ages two to 17 are overweight and 16% are obese.[8]

The increased prevalence of childhood obesity is the result of complex interactions among many factors, including 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.

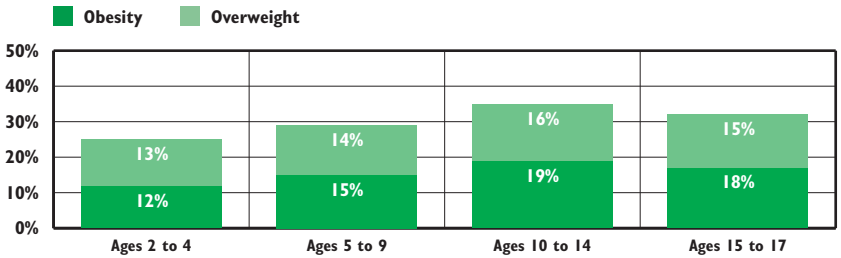
Overweight and Obesity Among Children Age 10-17
(Combined Overweight and Obesity)

	2018-2019
RI	33%
US	31%
National Rank*	*36th*
New England Rank**	*6th*

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

Source: Data Resource Center for Child and Adolescent Health, *2018-2019 National Survey of Children's Health,* childhealthdata.org

Rhode Island Childhood Overweight and Obesity by Age, 2019



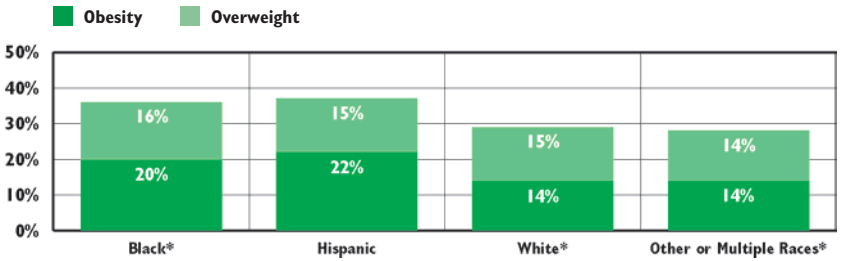
Source: Hassenfeld Child Health Innovation Institute analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Department of Health, 2020.

◆ **Fifteen percent of Rhode Island children age two to 17 are overweight and 16% are obese.[12]**

◆ **Older children are more likely to be overweight or obese. Nineteen percent of children ages 10 to 14 and 18% of children ages 15 to 17 are obese.[13]**

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

Rhode Island Childhood Overweight and Obesity by Race/Ethnicity, 2019



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, United Healthcare, and Tufts Health Plan collected by the Department of Health, 2019. **Non-Hispanic.*

◆ **Hispanic children (15% overweight and 22% obese) and Non-Hispanic Black children (16% overweight and 20% 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 2019, 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, 2019**

CITY/TOWN	% OVERWEIGHT	% OBESE	% OVERWEIGHT AND OBESE COMBINED
Barrington	13.8%	7.8%	22%
Bristol	14.1%	14.9%	29%
Burrillville	18.5%	14.4%	33%
Central Falls	19.8%	30.2%	50%
Charlestown	11.9%	10.7%	23%
Coventry	12.7%	11.9%	25%
Cranston	14.3%	15.3%	30%
Cumberland	15.8%	15.2%	31%
East Greenwich	12.3%	7.8%	20%
East Providence	16.5%	18.0%	34%
Exeter	12.0%	8.3%	20%
Foster	16.4%	12.0%	28%
Glocester	15.5%	9.5%	25%
Hopkinton	18.3%	9.9%	28%
Jamestown	9.1%^	9.1%^	18%
Johnston	16.4%	17.0%	33%
Lincoln	17.0%	14.7%	32%
Little Compton	14.8%^	9.6%^	24%
Middletown	9.2%	12.1%	21%
Narragansett	16.5%	12.8%	29%
New Shoreham	*	*	26%^
Newport	11.6%	13.6%	25%
North Kingstown	10.7%	9.2%	20%
North Providence	20.2%	15.9%	36%
North Smithfield	16.1%	14.4%	31%
Pawtucket	17.1%	22.3%	39%
Portsmouth	7.8%	8.2%	16%
Providence	13.8%	19.3%	33%
Richmond	16.6%	9.8%	26%
Scituate	14.6%	9.8%	24%
Smithfield	15.3%	9.5%	25%
South Kingstown	13.3%	9.2%	23%
Tiverton	11.6%	14.5%	26%
Warren	15.3%	15.1%	30%
Warwick	15.8%	13.7%	30%
West Greenwich	10.8%	11.7%	22%
West Warwick	15.9%	16.5%	32%
Westerly	14.3%	12.3%	27%
Woonsocket	16.9%	24.4%	41%
Four Core Cities	*15%*	*21%*	*37%*
Remainder of State	*15%*	*13%*	*28%*
Rhode Island	*15%*	*16%*	*31%*

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, United Healthcare, and Tufts Health Plan collected by the Department of Health, 2020.

^ 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. (2018). *About child and teen BMI.* Retrieved February 18, 2021, from www.cdc.gov

[2] Centers for Disease Control and Prevention. (2016). *Childhood obesity causes and consequences.* Retrieved February 18, 2021, 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, United Healthcare. and Tufts Health Plan collected by the Department of Health, 2020.

(continued on page 182)

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, worse 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 2019 in the U.S., the rate of teen births to Hispanic teens (25.3 births per 1,000) and non-Hispanic Black teens (25.8 per 1,000), were both more than twice the rate of births to non-Hispanic white teens (11.4 per 1,000).[7]

After peaking in 1991, the U.S. teen birth rate steadily declined and reached a historic low in 2019. 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 2019 at a rate of 10.0 births per 1,000 teen girls.[11,12] In 2019 in Rhode Island, 4% (358) 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]

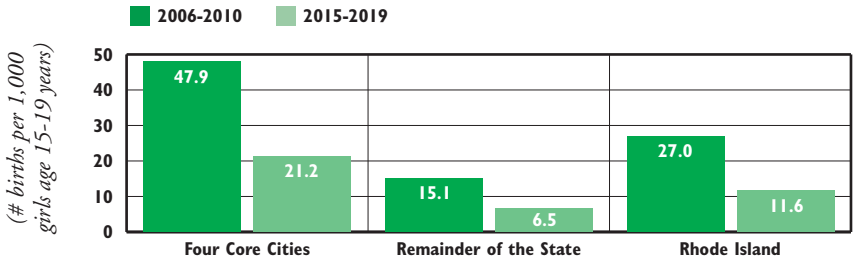
Teen Birth Rates
(rate per 1,000 girls ages 15-19)

	1991	2019
RI	44.7	10.0
US	61.8	16.7
National Rank*		*6th*
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 2019: Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Drake, P. (2021). Births: Final data for 2019. *National Vital Statistics Reports, 70*(2), 1-51.

Teen Birth Rates, Rhode Island, Five-Year Average Comparisons: 2006-2010, 2015-2019



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2006-2019.

◆ **In 2019, the birth rate for U.S. teens (16.7 births per 1,000 teen girls) was the lowest ever recorded. In Rhode Island, the teen birth rate was 10.0 births per 1,000 teen girls.[16]**

◆ **The statewide five-year average teen birth rate declined 57% between 2006-2010 and 2015-2019, from 27.0 births per 1,000 teen girls to 11.6. The teen birth rate in the four core cities declined 56% during that time but remains more than three times higher than the remainder of the state.[17]**

◆ **Despite declines among all racial and ethnic groups, disparities still exist in teen birth rates.[18] In Rhode Island between 2015 and 2019, the teen birth rates for Hispanic (29.5 per 1,000), Native American (27.9 per 1,000), and Black (14.9 per 1,000) teens were higher than the rates of their white (6.4 per 1,000) and Asian (3.3 per 1,000) peers.[19]**

Repeat Births to Teens, Rhode Island, 2015-2019

AGE	TOTAL NUMBER OF BIRTHS	NUMBER OF REPEAT BIRTHS	PERCENT REPEAT BIRTHS
15-17	528	32	6%
18-19	1,616	254	16%
TOTAL 15-19	*2,144*	*286*	*13%*

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 2015 and 2019, the rate of births to teens ages 15-19 in the core cities (21.2 per 1,000) was more than three times higher than the remainder of the state (6.5 per 1,000).[22]

- Ten percent of teen births in the core cities were repeat births, while 18% 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 2019, the rates of chlamydia have increased by 33% (1,388 to 1,848 per 100,000) and the rates of gonorrhea have increased by 118% (89 to 193 per 100,000).[26]

Table 27. **Births to Teens, Ages 15-19, Rhode Island, 2015-2019**

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	11	13	1.9^
Burrillville	5	16	21	7.3^
Central Falls	37	107	144	39.1
Charlestown	0	12	12	10.9^
Coventry	7	21	28	5.1
Cranston	30	81	111	10.6
Cumberland	2	23	25	5.0
East Greenwich	0	3	3	*
East Providence	16	44	60	13.6
Exeter	2	2	4	*
Foster	1	5	6	*
Glocester	0	3	3	*
Hopkinton	1	9	10	*
Jamestown	0	1	1	*
Johnston	5	24	29	7.3
Lincoln	2	17	19	6.3^
Little Compton	0	0	0	0.0
Middletown	4	11	15	10.6^
Narragansett	2	1	3	*
New Shoreham	0	0	0	0.0
Newport	14	37	51	8.8
North Kingstown	6	17	23	5.6^
North Providence	17	48	65	16.9
North Smithfield	2	5	7	*
Pawtucket	48	169	217	23.1
Portsmouth	1	3	4	*
Providence	225	572	797	17.5
Richmond	0	4	4	*
Scituate	3	9	12	7.6^
Smithfield	2	4	6	*
South Kingstown	2	20	22	1.4^
Tiverton	4	10	14	12.7^
Warren	3	13	16	12.9^
Warwick	18	73	91	10.0
West Greenwich	0	4	4	*
West Warwick	15	50	65	19.1
Westerly	2	24	26	8.0
Woonsocket	48	153	201	35.7
Unknown	*2*	*8*	*10*	*
Four Core Cities	*358*	*1,001*	*1,359*	*21.2*
Remainder of State	*170*	*615*	*785*	*6.5*
Rhode Island	*528*	*1,616*	*2,144*	*11.6*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019.

* 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 Census 2010 Summary File 1, which are then multiplied by five.

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

Factbooks published before 2007 reported only births to girls ages 15 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*.

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

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(continued on page 182)

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, which is responsible for decision-making and risk-assessment, and 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 2020, 20% of high school students reported current e-cigarette use, down from 28% in 2019.[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, 19 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 2002-2020, Rhode Island cigarette tax revenue increased from $79.4 million to $137.3 million and state tobacco control funding decreased from $3 million to $262,635. Only .19% of the cigarette tax in SFY 2020 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%) Rhode Island 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 2019, 108 newborns were diagnosed with NAS, at a rate of 100 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 2019 were born to white mothers, and 91% were born to mothers who were covered by Medicaid.[38]

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

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Safety

Majestic
celebrating Maya Angelou

by Kwame Alexander

Rise
into the wonder
of daybreak.

Be a rainbow in the cloud.
Be a free bird on the back of the night wind.
Shine on, honey!

Walk with joy in your golden feet
over crystal seas
and purpled mountains.

Know your beauty
is a thunder
your precious heart unsalable.

Be brave,
like a new seed bursting
with extraordinary promise.

Shine on, honey!
Know you
are phenomenal.

Child and Teen Deaths

DEFINITION

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

SIGNIFICANCE

The child and teen death rate is a reflection of access to health care, mental and physical health, community issues (such as environmental toxins and exposure to violence), access to and use of safety devices and practices (such as bicycle helmets, seat belts, and smoke alarms), a variety of risk behaviors including distracted driving and substance use, and the level of adult supervision children and teens receive.[1,2]

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 due to their size, development, inexperience, and natural curiosity.[5] Unintentional injuries are the leading cause of death for children ages one to 14 in Rhode Island and 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 fencing around pools and the use of helmets during sports), enforcing laws that promote safety (such as the mandatory use of seat belts and child passenger restraints), and through continued environmental and product design improvements (such as safety engineering on playgrounds).[9]

Factors that protect against teen deaths include parent and family involvement, access to mental health services and preventive health care, as well as violence and substance use prevention programs. Developmentally appropriate health education, access to integrated mental health services, and safe, supportive environments can support positive behavior changes and overall teen health.[10,11,12]

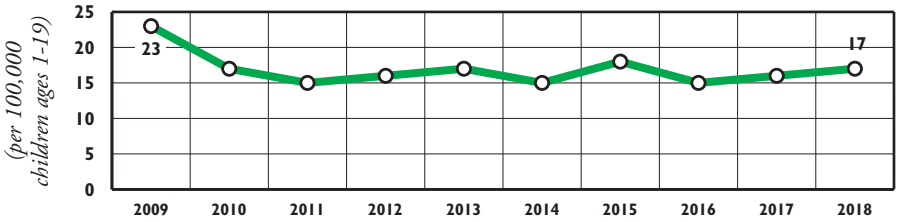
Child and Teen Death Rate
(per 100,000 Children Ages 1-19)

	2009	2018
RI	23	17
US	27	25
National Rank*		*2nd*
New England Rank**		*2nd*

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

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

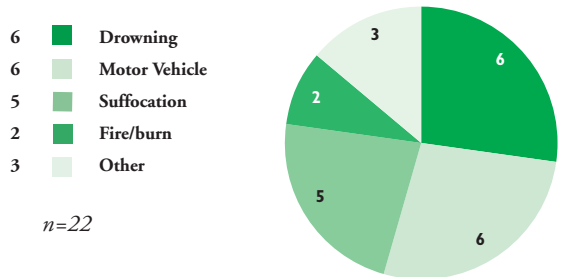
Child and Teen Death Rate per 100,000 Children Ages One to 19, Rhode Island, 2009-2018



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

◆ **In 2018, Rhode Island's child and teen death rate for children ages one to 19 was 17 per 100,000 children and teens, which was a small increase from 2017. Rhode Island's child and teen death rate is the second lowest in the nation. Only Massachusetts has a lower child and teen death rate.[13]**

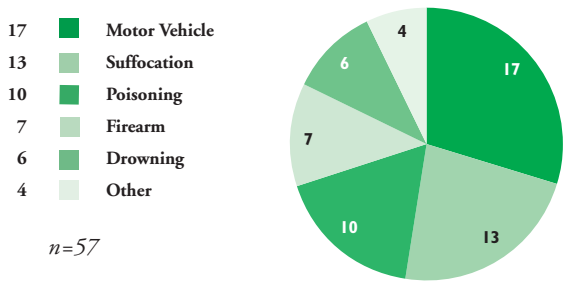
Child Deaths Due to Injury, by Cause, Rhode Island, 2015-2019



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2015-2019.

◆ **Between 2015 and 2019, 22 Rhode Island children ages one to 14 died as a result of injury. Drowning, motor vehicle crashes, and suffocation 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, 2015-2019



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2015-2019. 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 2015 and 2019 in Rhode Island, 58% of the 57 teen deaths caused by injury were unintentional. Thirty percent of all teen injury deaths involved motor vehicles.[15]**

◆ **Among the 21 teens ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2015 and 2019, nine were driving, seven were passengers in vehicles driven by others, four were pedestrians, and one was a bicyclist.[16]**

◆ **One (11%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2015 and 2019 had been drinking, and three teen fatalities occurred with adult drivers who had been drinking.[17]**

◆ **Six (50%) of the teen drivers and passengers killed in automobile accidents in Rhode Island between 2015 and 2019 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, and 6% reported that they never or rarely wore a seatbelt while riding in a car driven by someone else in the month prior.[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 18 youth ages 15 to 19 who died from suicide between 2015 and 2019 in Rhode Island, 17 were male and one was female.[21]**

◆ **In 2019 in Rhode Island, 294 teens ages 13 to 19 were admitted to the emergency department after a suicide attempt, nearly double the number in 2015 (156). Seventy-two percent of teens admitted were girls, and 28% were boys.[22]**

◆ **In 2019 in Rhode Island, 174 teens ages 13 to 19 were hospitalized after a suicide attempt, nearly double the number in 2014 (95). Seventy-eight percent of teens hospitalized were girls, and 22% were boys.[23]**

◆ **Nationally, even before the COVID-19 pandemic, mental health issues and suicide among adolescents had increased, with sharper increases among girls and young women than males.[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. Efforts to prevent youth violence should begin in early childhood and address a wide range of individual, family, and community factors. Effective violence prevention strategies include promoting nurturing family environments that support healthy development, providing high-quality early education, strengthening youth's interpersonal, emotional, and behavioral skills, connecting youth to caring adults in the community, and creating protective environments to reduce youth exposure to violence.[3,4]

Individual, family, and community factors often interact to put youth at risk for involvement in youth violence. Living in neighborhoods with high concentrations of poverty and less economic opportunity is a risk factor for becoming involved in youth violence as is having a history of substance use, association with delinquent peers, poor academic performance, and being a victim of child maltreatment.[5,6,7] Youth who are victims of violence are at increased risk for physical and mental health problems, academic difficulties, smoking, high-risk sexual behavior, and suicide.[8]

Nationally in 2019, 22% of students in grades nine through 12 reported being in a physical fight during the previous year, 20% reported being bullied on school property during the previous year, and 13% reported carrying a weapon during the previous month.[9]

In 2019, the juvenile arrest rate for violent crimes in the U.S. reached a historic low and juvenile arrests for violent crimes made up 6% of juvenile arrests in the U.S.[10,11] In 2019 in Rhode Island, there were 448 juvenile arrests for assault offenses and 74 juvenile arrests for weapons offense.[12,13] Violent crimes made up 5% (122) of the 2,536 juvenile offenses referred to Rhode Island Family Court.[14]

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.[15] In Rhode Island in 2019, 8% of high school students reported not going to school due to safety concerns.[16]**

◆ **Bullying adversely affects all children involved, including victims, perpetrators, and witnesses of bullying behaviors. Victims of bullying are at risk of emotional, behavioral, and mental health problems. Both victims and perpetrators of bullying are more likely to contemplate or attempt suicide.[17]**

◆ **Cyberbullying is bullying that takes place online or by digital communication through text messages, instant messengers, social media, and/or other digital applications.[18] 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.[19]**

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.[20]**

◆ **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.[21] In Rhode Island between 2015 and 2019, there were 97 emergency department visits, 27 hospitalizations, and seven deaths of children and youth ages 15 to 19 attributed to firearms.[22]**

Table 28.

Youth Violence, Rhode Island

CITY/TOWN	COMMUNITY CONTEXT: VIOLENT CRIME OFFENSES (ALL AGES) 2019	COMMUNITY CONTEXT: TOTAL POPULATION AGES 11-17 2010	VIOLENCE IN HIGH SCHOOLS, 2020: % OF STUDENTS WHO WORRY ABOUT VIOLENCE IN SCHOOL	VIOLENCE IN HIGH SCHOOLS, 2020: % OF STUDENTS WHO REPORT PHYSICAL FIGHTS IN SCHOOL	JUVENILE ARRESTS FOR VIOLENCE, 2019: # FOR ASSAULT OFFENSES	JUVENILE ARRESTS FOR VIOLENCE, 2019: # FOR WEAPONS OFFENSES	JUVENILE ARRESTS FOR VIOLENCE, 2019: TOTAL # FOR ASSAULT AND WEAPONS OFFENSES
Barrington	4	2,186	*	*	0	2	2
Bristol	16	1,545	14%	18%	1	0	1
Burrillville	9	1,526	13%	11%	10	3	13
Central Falls	82	2,089	24%	25%	5	2	7
Charlestown	6	659	13%	15%	1	0	1
Coventry	31	3,509	16%	18%	24	1	25
Cranston	127	6,984	15%	19%	24	2	26
Cumberland	25	3,271	7%	4%	5	0	5
East Greenwich	5	1,671	*	*	1	1	2
East Providence	62	3,730	28%	51%	18	1	19
Exeter	NA	673	10%	3%	NA	NA	NA
Foster	3	467	9%	4%	0	0	0
Glocester	4	1,000	9%	4%	2	2	4
Hopkinton	4	826	13%	15%	0	0	0
Jamestown	4	528	NA	NA	1	0	1
Johnston	32	2,376	11%	16%	9	3	12
Lincoln	25	2,189	10%	9%	5	5	10
Little Compton	2	284	NA	NA	0	0	0
Middletown	11	1,504	9%	4%	3	0	3
Narragansett	14	1,052	*	*	3	0	3
New Shoreham	3	64	6%	6%	0	0	0
Newport	68	1,484	18%	24%	23	2	25
North Kingstown	23	2,917	13%	21%	8	2	10
North Providence	44	2,303	16%	31%	15	1	16
North Smithfield	6	1,132	5%	1%	6	0	6
Pawtucket	293	6,268	25%	46%	75	11	86
Portsmouth	11	1,881	10%	4%	10	0	10
Providence	892	16,024	17%	18%	75	19	94
Richmond	3	759	13%	15%	2	0	2
Scituate	6	1,143	6%	7%	2	0	2
Smithfield	6	1,729	6%	5%	4	0	4
South Kingstown	19	2,498	5%	6%	4	0	4
Tiverton	11	1,318	11%	4%	0	0	0
Warren	18	777	14%	18%	6	0	6
Warwick	76	6,781	19%	31%	20	1	21
West Greenwich	4	678	10%	3%	1	0	1
West Warwick	54	2,139	8%	9%	26	3	29
Westerly	15	2,003	15%	15%	10	0	10
Woonsocket	237	3,649	29%	54%	34	13	47
State Police/Other	*NA*	*NA*	*NA*	*NA*	*15*	*0*	*15*
Four Core Cities	*1,504*	*28,030*	*21%*	*29%*	*189*	*45*	*234*
Remainder of State	*751*	*65,586*	*12%*	*15%*	*244*	*29*	*273*
Rhode Island	*2,255*	*93,616*	*15%*	*19%*	*448*	*74*	*522*

Sources of Data for Table/Methodology

Total violent crime offense data are from U.S. Department of Justice, Federal Bureau of Investigation. (2019). *Crime in the United States 2019: Rhode Island offenses known to law enforcement.* Retrieved December 14, 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 2019-2020 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. * Data are not reported because district response rate for students was <5%.

Juvenile arrests for assault and weapons offenses data are from Rhode Island Department of Public Safety, Unified Crime Reporting/National Incident Based Reporting, 2019. 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.

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(continued on page 183)

Gun Violence

DEFINITION

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

SIGNIFICANCE

Children and youth can experience gun violence as victims of firearm assaults, self-inflicted firearm injuries, or accidental shootings.[1] Gun violence also can impact children and youth when someone they know is the victim or perpetrator of a shooting. Exposure to violence at home, in schools, and in the community can lead to lasting psychological and emotional damage, including post-traumatic stress disorder, substance abuse, behavioral problems, depression, anxiety, cognitive and attention difficulties, delinquent acts like assault and property destruction, and adult criminal behavior.[2,3]

In the U.S. during 2019, 60% (2,023) of the 3,390 firearm deaths of children and youth under age 20 were the result of homicide, 34% (1,167) were the result of suicide, 3% (117) were the result of unintentional injuries, 2% (64) were the result of shootings with an undetermined intent, and less than 1% (19) 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 3,390 U.S. children and youth under age 20 killed by firearms during 2019, 85% (2,880) 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 and Native American children and teens are disproportionately more likely to be hurt or killed by gun violence, and gun violence is the leading cause of death for Black children and teens.[7] Nationally in 2019, 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 (67.8 per 100,000) was approximately four times the rate of both Hispanic males (17.4 per 100,000) and white males (15.1 per 100,000) in 2019.[8]

Preventing access to guns is an important measure in preventing firearm-related injuries and death in children and youth. The presence and availability of a gun is strongly associated with adolescent suicide risk. Keeping guns unloaded and locked, as well as storing and locking ammunition separately, reduces the risk of gun-related injury and death by suicide or homicide.[9,10]

Gun-Related Emergency Department (ED) Visits, Hospitalizations, and Deaths Among Children and Youth, Rhode Island, 2015-2019

AGE	# OF ED VISITS	# OF HOSPITALIZATIONS	# OF DEATHS
1 to 14	48	4	0
15 to 17	50	10	4
18 to 19	47	17	3
TOTAL	*145*	*31*	*7*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2015-2019.

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 2015 and 2019 in Rhode Island, seven (9%) of the 79 injury deaths of children and youth under age 20 were the result of firearms. Of these, three were youth ages 18 to 19, four were youth ages 15 to 17, and zero were children ages one to 14. Between 2015 and 2019 in Rhode Island, there were two youth under age 20 who committed suicide using a firearm.**[11]

◆ **In Rhode Island between 2015 and 2019, there were 145 emergency department visits and 31 hospitalizations of children and youth for gun-related injuries, down from 153 and 36 respectively, between 2014 and 2018.**[12,13]

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.**[14,15]

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(continued on page 183)

Youth and Young Adult Homelessness

DEFINITION

Youth and young adult homelessness is the number of unaccompanied youth under age 18 who accessed emergency shelter without their families and the number of young adults ages 18 to 24, including young parents, who accessed emergency shelter.

SIGNIFICANCE

There are three primary causes of homelessness among youth and young adults – family conflict, residential instability resulting from foster care and institutional placements, and economic problems. Many youth run away from home due to abuse, strained family relationships, substance abuse by a family member, and/or parental neglect. While data collection efforts such as the *Voices of Youth Count* have estimated there to be approximately 700,000 homeless and runaway youth ages 13 to 17 and 3.5 million homeless young adults ages 18 to 25 in the U.S., the exact number is not known.[1,2]

Youth may become homeless when they run away from or are discharged from the foster care system. National estimates find that one-third of young adults who had experienced homelessness had been in foster care. 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 than their heterosexual peers while on the streets and in shelters.[5,6]

It can be difficult for homeless youth to obtain needed food, clothing, and shelter. To meet these basic needs, some turn to prostitution and/or selling drugs which can result in exploitation, arrest, assault, and/or contracting sexually transmitted infections.[7,8]

Homelessness often has a negative impact on education, employment, and health outcomes for youth and young adults. Homeless youth are more likely than their peers to be chronically absent, face disciplinary actions, be held back, and drop out of school. They are more vulnerable to physical and sexual violence, substance abuse, mental health problems, bullying, and suicide than youth with stable housing. Homeless youth often have trouble accessing health services because they may lack health insurance, information about their coverage, and/or parental consent for treatment. Black youth are almost three times as likely and Hispanic youth are almost two times as likely to experience homelessness as white youth.[9,10,11,12]

Homeless Youth and Young Adults in Rhode Island

- **In 2018, Rhode Island conducted a *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 youth and 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.[13]**

- **During the 2019-2020 school year, Rhode Island public school personnel identified 11 unaccompanied homeless youth living in doubled up situations or in shelters.[14]**

- **In 2020, 150 young adults ages 18 to 24 stayed at an emergency shelter, domestic violence shelter, or transitional housing facility, including 42 parenting youth, 31 unaccompanied youth, and 77 youth who were sheltered with their parents.[15]**

- **An additional 95 youth ages 13 to 17 received emergency shelter services with their families in Rhode Island in 2020.[16]**

- **Family Service of Rhode Island operates a Basic Center Program that is designed to meet the immediate needs of homeless and runaway youth. The program provides emergency host homes, food, clothing, and counseling services to youth up to age 18.[17]**

- **On December 31, 2020, there were 40 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, 18 females and 22 males. These youth were absent from either foster care or juvenile justice placements.[18]**

References

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[2,3,8,10] Fernandes-Alcantara, A. L. (2019). *Runaway and homeless youth: Demographics and programs.* Washington, DC: Congressional Research Service.

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[5,11] *Student homelessness: Lessons from the Youth Risk Behavior Survey (YRBS).* (2019). Washington, DC: SchoolHouse Connection.

(continued on page 183)

Youth Referred to Family Court

DEFINITION

Youth referred to Family Court is the percentage of youth ages 10 to 17 referred to Rhode Island Family Court for wayward or delinquent offenses.

SIGNIFICANCE

Individual, family, peer, school, and community risk factors such as learning disabilities, substance use, child welfare involvement, access to firearms, poverty, and exposure to crime can increase a young person's risk of juvenile delinquency and involvement in the juvenile justice system. An increased number of risk factors and length of exposure can increase a young person's risk, but protective factors, treatment programs, and interventions can prevent involvement.[1]

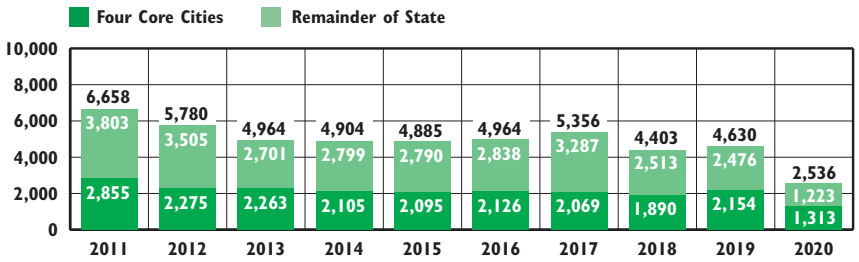
The Rhode Island Family Court has jurisdiction over children and youth under age 18 referred for wayward and delinquent offenses. When a police or school department refers a juvenile to Family Court, a petition is submitted accompanied by an incident report detailing the alleged violation of law.[2] During 2020 in Rhode Island, 1,477 youth (1% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court, down from 2,588 youth during 2019. The number of offenses referred during 2020 (2,536) decreased drastically from 2019 (4,630) due to the COVID-19 pandemic. Of the juvenile offenses in 2020, 122 (5%) involved violent crimes.[3,4]

In 2020 in Rhode Island, 26% of juvenile offenses referred to Family Court involved youth from Providence, 26% involved youth from the other three core cities, and 48% involved youth living in the remainder of the state.[5]

Using risk and needs assessments can reduce racial and ethnic bias in juvenile justice sanctions and 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 Family Court in 2020, 62% were referred for the first time, 17% had been referred once before, and 21% had been referred at least twice before.[7]

Research shows that incarcerating youth is costly and leads to worse public safety outcomes and higher recidivism rates than community-based alternatives.[8] Community-based programs that involve youth and their families and connect youth to role models, education, and resources prevent entry into the juvenile justice system and recidivism better than those that emphasize punishment, discipline, and consequences. Programming must balance adolescents' burgeoning independence, connection to positive peer relationships, and ongoing need for parental guidance.[9]

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2011-2020



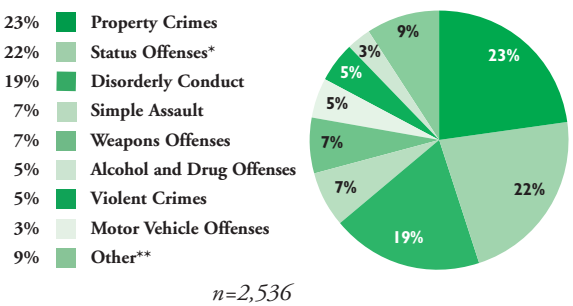
Source: Rhode Island Family Court, *2011-2020 Juvenile Offense Reports.*

◆ **The number of juvenile offenses has been falling steadily since 2011 and fell by 45% from 4,630 offenses in 2019 to 2,536 in 2020, primarily due to the COVID-19 pandemic.[10]**

◆ **Youth of Color are disproportionately referred to the Family Court compared to their representation in the youth population. In 2020, 1% of offenses referred to Family Court involved Asian youth, 23% involved Black youth, 16% involved Hispanic youth, 43% involved white youth, and 16% involved youth of some other race or unknown race.[11]**

◆ **In 2020, 74% of offenses referred to the Family Court involved males and 26% females. In 2020, 16% of offenses referred to Family Court involved youth ages 13 or younger, 30% youth ages 14 to 15, 50% youth ages 16 to 17, and 4% youth of other or unknown age.[12]**

Juvenile Offenses, By Type of Offense, Rhode Island, 2020



n=2,536

**Status offenses are age-related acts that would not be punishable if the offender were an adult, such as truancy and disobedient conduct.*

***Other includes offenses such as conspiracy, sex offenses, escape from custody, computer crimes, etc. Probation violations, contempt of court, and other violations of court orders are not included in the offenses above.*

Source: Rhode Island Family Court, *2020 Juvenile Offense Report.*

Alternatives to Incarceration for Juvenile Offenders in Rhode Island

◆ Juvenile courts have a wide range of options for handling juvenile offenders, including restitution, community service, revocation of driving privileges, counseling, substance abuse treatment, and probation.[13] In 2020 in Rhode Island, 55% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing, up from 45% in 2019.[14]

◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2020, 375 juveniles were referred to the Truancy Court by schools, down from 1,350 in 2019. In 2020, 57 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication, down from 150 in 2019. The numbers of referrals to Truancy Court and Drug Court were down due to the COVID-19 pandemic.[15]

◆ In 2020, 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 lower level offenses, including status offenses and misdemeanors. Youth who complete sanctions, such as community service, restitution, and counseling, are often able to avoid having a court record following this process. Rhode Island Juvenile Hearing Boards reported hearing 165 cases in 2020.[16,17]

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 be victims of assault while in custody. Instituting protective policies and training for adults working in the juvenile justice system about the social, familial, and developmental challenges faced by LGBT youth could help keep LGBT youth safe and support positive outcomes while they are in the community, in detention, or in correctional settings.[18,19]

Age of Jurisdiction for Family Court

◆ Developmentally, young children are unable to understand court proceedings and participate meaningfully in their defense. They are also more likely to experience trauma through the court process and physical harm if sentenced to custody. Rhode Island is one of 28 states that currently has no minimum age of jurisdiction for Family Court. In New England, Connecticut, Massachusetts, and Vermont have laws that set a minimum age for children to be tried in juvenile court. Research suggests that setting a minimum age of jurisdiction at age 14 would be developmentally appropriate and in the best interest of children, especially Children of Color.[20]

◆ Behavioral research shows that adolescents are less able than adults to weigh risks and consequences and to resist peer pressure, and their judgment and decision-making skills are still developing. As the adolescent brain continues to develop, most youth offenders will stop breaking the law. Michigan, New York, and Vermont have now raised the age of jurisdiction for juvenile court to include young people who are age 18, and Vermont's law will continue to raise the age so that in 2024 all young people up to age 20 will be referred to juvenile court with exceptions for certain violent offenses.[21,22]

◆ The Rhode Island Family Court is responsible for all referrals for wayward and delinquent offenses committed by youth under age 18. Unless discharged previously, these youth will remain under the jurisdiction of the Family Court until they reach age 19.[23]

◆ Because the developmental needs of youth are different than adults, youth involved in the adult court and justice system are at risk for abuse, suicide, and prolonged experiences in solitary confinement. In Rhode Island, youth interact with the adult correctional system in two ways—when they are "waived" to adult court at the request of the Rhode Island Attorney General or when they are "certified" resulting in sentencing beyond age 19 and transfer from the Training School to the Adult Correctional Institutions upon reaching age 19. In 2020, two motions to waive jurisdiction to try juveniles as adults and five certification motions were filed. All waiver and certification motions were pending at the end of 2020.[24,25,26]

References

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Youth in the Juvenile Justice System

DEFINITION

Youth in the Juvenile Justice System is the number of youth age 18 or under who were on probation in Rhode Island and the number of youth age 18 or under who were at the Rhode Island Training School at any time during the calendar year.

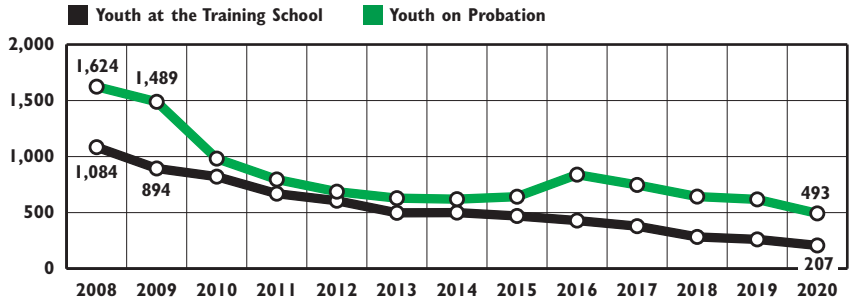
SIGNIFICANCE

The juvenile justice system is responsible for ensuring community safety by promoting positive youth development, recognizing that the needs of children and adolescents in the justice system are different than adults.[1] During adolescence, the frontal cortex – the part of the brain that controls reasoning, weighs consequences, and helps youth consider the implications of their behavior – is still developing, and it can be delayed when alcohol or drug use are present. This ongoing brain development means that adolescents make decisions and solve problems differently than adults. Adolescents are more likely to be impulsive, misread social and emotional situations, get into accidents and fights, and engage in risk-taking behaviors. With guidance and support from parents and caring adults, most adolescents will grow out of these behaviors as their brain develops.[2,3]

Juvenile justice systems have a range of options for monitoring and rehabilitating youth, including restorative justice programs, evidence-based treatment programs, probation, and incarceration. Alternatives to incarceration have been shown to be 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.[4,5,6,7]

The Rhode Island Department of Children, Youth and Families (DCYF) Division of Youth Development (formerly Division of Juvenile Corrections) implements a continuum of programs to promote positive development for youth in its care and custody and to reduce recidivism. As part of this continuum, DCYF operates the Rhode Island Training School, the state's secure facility for adjudicated youth and youth in secure detention awaiting trial. On December 31, 2020, 15 youth were physically at the Training School, down 63% from 40 youth on December 31, 2019. The Office of Juvenile Probation provides supervision and supports to maintain youth safely in the community, including youth living at home, in foster care, and in residential treatment programs (temporary community placements). On January 5, 2021, there were 293 youth on probation, down 23% from 380 youth on January 2, 2020.[8,9,10,11,12]

Youth in the Juvenile Justice System, 2008-2020



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2020. Some youth may have spent time at the Training School and on probation during any calendar year.

◆ **Between 2008 and 2020, the annual total number of youth at the Training School at any point during the year declined by 81% from 1,084 to 207. The steady decline of youth at the Training School began after a cap of 148 boys and 12 girls on any given day was placed on the Training School population in July 2008.[13,14]**

◆ **A total of 207 youth were at the Training School during 2020, down 21% from 261 during 2019.[15,16]**

◆ **Between 2008 and 2020, the annual total number of youth on probation during the year has declined by 70% from 1,624 to 493. A total of 493 youth were on probation during 2020, down 20% from 618 in 2019. Of the 493 youth on probation, 83% (408) were on probation at home, and 17% (85) were on probation in out-of-home placements.[17,18,19,20]**

◆ **Some of the decreases in youth at the Training School and on probation from 2019 to 2020 were due to decreases in the number of offenses referred to Family Court, but the Department of Children, Youth and Families and Family Court also instituted procedures to reduce counts because of risks related to the COVID-19 pandemic.**

Racial and Ethnic Disparities in the Juvenile Justice System

◆ Despite drastic decreases in the number of youth involved in juvenile justice nationally, Youth of Color continue to be disproportionately represented at every stage of the juvenile justice system. Nationally, Black youth are five times as likely and American Indian youth are three times as likely to be incarcerated as their white peers.[21]

Racial and Ethnic Disparities in Rhode Island

	% OF TOTAL CHILD POPULATION, 2010	% OF YOUTH AT THE RITS, 2020	% OF YOUTH ON PROBATION, 2020
American Indian	<1%	<1%	1%
Asian	3%	0%	<1%
Black	6%	28%	23%
Hispanic	21%	35%	30%
Multiracial	5%	6%	6%
White	64%	27%	32%
Unknown	NA	3%	7%
TOTAL	*223,956*	*207*	*493*

Sources: Child Population data by race are from the U.S. Census Bureau, 2010 Census. Youth at the Training School and on probation data are from the Rhode Island Department of Children, Youth and Families, RICHIST, 2020. Hispanic children may be of any of the race categories. Race categories are non-Hispanic. Percentages may not sum to 100% due to rounding.

◆ During 2020, non-Hispanic Black youth made up 28% of youth at the Training School and 23% of youth on probation, while making up only 6% of the total child population. Hispanic youth made up 35% of youth at the Training School and 30% of youth on probation, while making up 21% of the total child population.[22,23]

Juvenile Detention Alternatives Initiative (JDAI)

◆ The Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) works in jurisdictions across the U.S. to promote policies and practices that reduce inappropriate and unnecessary secure detention, reduce racial and ethnic disparities, and maintain public safety. JDAI focuses on creating opportunities for positive youth development through proven, family-focused interventions. For most youth in the juvenile justice system, JDAI recommends using high-quality community-based programs that provide supervision, accountability, and therapeutic services. Since 2009, Rhode Island juvenile justice stakeholders have contributed to a statewide JDAI effort that has created a coordinated reform effort to decrease the number and racial disproportionality of youth at the Training School and to increase the use of community-based alternatives to detention.[24]

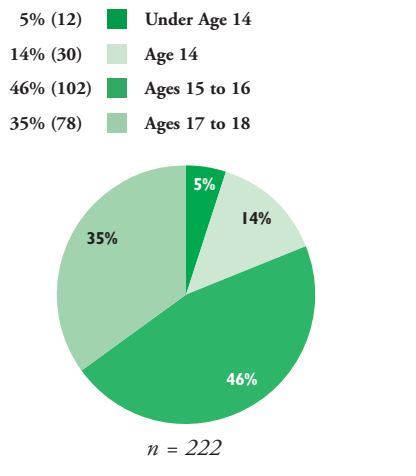
Youth in the Juvenile Justice System by Gender

◆ During 2020, 16% of the 207 youth at the Training School were girls and 84% were boys. Similarly, 14% of the 493 youth on probation were girls and 86% were boys.[25,26]

◆ Nationally, girls have represented a growing share of youth involved in juvenile justice. Girls enter the system with different personal and offense histories and needs than boys. Girls are often detained for non-violent offenses, meaning that they may not pose a public safety threat. Girls in juvenile justice are more likely to have histories of trauma, including physical and sexual abuse, than their peers. Effective programs for girls use a developmental approach that considers trauma history, gender, and culture.[27]

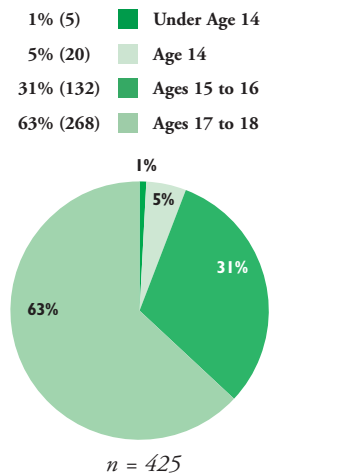
Youth in the Juvenile Justice System by Age, Rhode Island, 2020

Youth at the Training School by Age, 2020



n = 222

Youth on Probation by Age, 2020

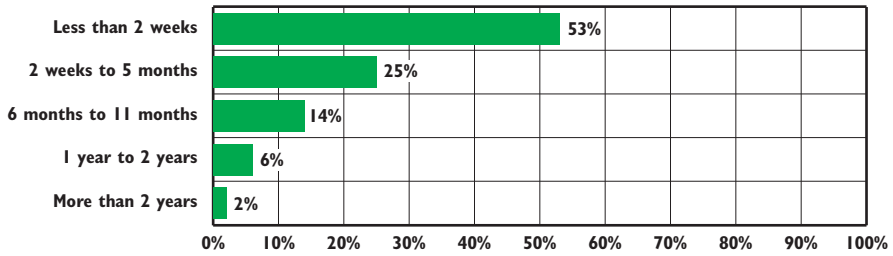


n = 425

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2020.

Youth in the Juvenile Justice System

Discharges From the Rhode Island Training School, by Length of Time in Custody, 2020



n=245

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2020. Total number of discharges (245) is larger than the total number of youth who passed through the Training School (207) due to some youth being discharged from the Training School more than once in 2020.

Promoting Rehabilitation and Preventing Recidivism

◆ The Division of Youth Development is a resource for rehabilitating youth who have committed serious offenses. Youth who pose a danger to the community can be confined in the Training School, but a growing body of research suggests that youth incarceration may increase criminal behavior and recidivism among youth with less serious offenses.[28,29] Of the 207 youth at the Training School during 2020, 81% (167) were admitted once, 17% (35) were admitted twice, and 2% (5) were admitted three or more times.[30]

◆ Objective admissions screening tools help 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 the Risk Assessment Instrument (RAI) for youth being considered for secure detention. The RAI has been piloted but has not yet been fully implemented.[31,32,33]

Supporting Youth Development at the Training School

History of Child Abuse and Neglect

◆ Children who experience child abuse or neglect are at increased risk for developing behavior problems and becoming involved in the juvenile justice system.[34] In 2020, 13% (27) of the 207 youth at the Training School had at some point in their childhood been victims of documented child neglect or abuse.[35]

Behavioral Health Services

◆ In 2020, 94 youth (45%) of the 207 youth at the Training School received mental health services at the Training School for psychiatric diagnoses other than conduct and adjustment disorders, including 50% percent (17) of female youth and 45% (77) of male youth. During 2020, 62 youth (30%) of the 207 youth at the Training School received substance abuse treatment services, including 47% (16) of female youth and 27% (46) of male youth. Of these, 17 (all males) received residential substance abuse treatment.[36,37]

Educational Services

◆ While the average age of youth at the Training School in 2020 was 16 years, students' math and reading skills were on average at the sixth-grade and fifth-grade levels, respectively, at entry to the Training School. Average grade levels for math and reading increased by one year at the time of departure.[38,39]

Special Educational Services

◆ Of the 109 youth ages 14 to 19 who received educational services at the Training School during the 2019-2020 academic year, 65% (71) received special education services based on Individualized Education Programs (IEPs).[40]

Educational Achievements

◆ During 2019-2020, eight youth completed high school at the Training School (five graduated with a high school diploma and three earned a GED). Seven youth received post-secondary education services, and eight youth completed certifications in retail customer service and safe food handling.[41]

Driving

◆ During 2019-2020, five youth completed their driver's education certification.[42]

Youth in Detention in Rhode Island

◆ In Rhode Island, the term "detention" is used to describe the temporary custody of a youth, who is accused of a wayward or delinquent offense, at the Training School pending a hearing in Family Court. The only two legal reasons for pre-trial detention include cases where a youth poses a threat to public safety or is at risk for not attending his or her next court hearing.[43,44]

◆ Some youth are detained for short periods of time and released at their first court appearance (usually the following business day). Of the 245 discharges from the Training School during 2020, 28% resulted in stays of two days or less, 25% resulted in stays of three days to two weeks, and 47% resulted in stays of more than two weeks.[45]

Table 29. **Youth in the Juvenile Justice System, Rhode Island, 2020**

CITY/TOWN	TOTAL POPULATION AGES 13-18 2010	# YOUTH ON PROBATION	# OF PRE-ADJUDICATED YOUTH AT THE RITS	# OF ADJUDICATED YOUTH AT THE RITS	TOTAL # OF YOUTH AT THE RITS
Barrington	1,802	4	0	0	0
Bristol	1,780	4	0	0	0
Burrillville	1,319	9	3	1	4
Central Falls	1,859	24	9	2	11
Charlestown	554	2	1	0	1
Coventry	3,010	9	1	1	1
Cranston	6,184	19	3	1	3
Cumberland	2,746	4	1	0	1
East Greenwich	1,362	3	0	1	0
East Providence	3,243	9	3	1	4
Exeter	642	0	0	0	0
Foster	430	2	1	0	1
Glocester	878	2	0	0	0
Hopkinton	693	5	1	1	1
Jamestown	436	2	0	0	0
Johnston	2,025	7	1	2	2
Lincoln	1,851	8	2	1	4
Little Compton	228	0	0	0	0
Middletown	1,229	5	3	0	3
Narragansett	948	2	0	0	0
New Shoreham	50	0	0	0	0
Newport	1,604	12	4	0	5
North Kingstown	2,407	8	2	0	3
North Providence	2,027	4	2	0	2
North Smithfield	970	1	0	0	0
Pawtucket	5,514	69	23	11	31
Portsmouth	1,596	3	0	0	0
Providence	16,515	133	59	34	82
Richmond	637	1	0	0	0
Scituate	963	0	0	0	0
Smithfield	1,856	1	0	0	0
South Kingstown	3,540	5	3	2	3
Tiverton	1,115	0	0	0	0
Warren	675	2	1	0	1
Warwick	5,883	15	4	1	5
West Greenwich	568	1	0	0	0
West Warwick	1,891	12	4	1	5
Westerly	1,705	8	0	1	1
Woonsocket	3,112	48	11	8	17
Out-of-State	*NA*	*28*	*13*	*7*	*16*
Four Core Cities	*27,000*	*274*	*102*	*55*	*141*
Remainder of State	*58,847*	*169*	*40*	*14*	*50*
Rhode Island	*85,847*	*443*	*142*	*69*	*191*

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2020; and the U.S. Census Bureau, Census 2010.

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

Total number of youth includes adjudicated and detained youth who were at the Rhode Island Training School during calendar year 2020 (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. The total number of youth at the Training School may not equal the sum of adjudicated and detained youth because some youth may have spent time at the Training School both before and after sentencing.

There is no statutory minimum age limit for sentencing, however adjudicated children under age 13 typically do not serve sentences at the Training School.

An "out-of-state" designation is given to youth whose parent(s) have an address on file that is outside of Rhode Island or to youth who live in other states but have committed crimes in Rhode Island and have been sentenced to serve time at the Training School. They are not included in the Rhode Island total.

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(continued on page 184)

Children of Incarcerated Parents

DEFINITION

Children of incarcerated parents is the number of children with parents serving sentences at the Rhode Island Department of Corrections per 1,000 children under age 18. The data are reported by the place of the parent's last residence before entering prison and do not include Rhode Island children who have parents incarcerated at other locations.

SIGNIFICANCE

More than five million children in the U.S. have had a parent incarcerated at some point in their lives.[1] Parental incarceration can contribute to children's insecure attachment to their parent, which can lead to poor developmental outcomes. Children of incarcerated parents experience high rates of physical and mental health problems (including asthma, obesity, and depression) and educational challenges (including grade retention, placement in special education, and suspension). Parental incarceration increases children's risk for learning disabilities, ADHD, conduct problems, developmental delays, and speech problems.[2,3,4,5]

Nationally, most children of incarcerated parents live with their other parent, a grandparent, or other relatives.[6] Of the 1,299 parents incarcerated in Rhode Island on September 30, 2020 (including those awaiting trial), 94% (1,224) were fathers and 6% (75) 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. Placing children with family members, providing family counseling and access to mental health care, mentoring, peer support services, and prison transition supports can alleviate the worst effects of parents' imprisonment on children and improve the family reunification process.[11,12]

Nationally and in Rhode Island, the criminal justice system disproportionately affects People of Color. In the U.S., 24% of Black children and 11% of Hispanic children will experience parental incarceration compared to 4% of white children.[13] Of the 1,299 parents incarcerated in Rhode Island on September 30, 2020, 40% were white, 29% Hispanic, 28% Black, and 3% another race.[14]

Parents at the Rhode Island Adult Correctional Institutions (ACI), September 30, 2020

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	562	371	66%	899
Serving a Sentence	1,594	928	58%	2,140
TOTAL	*2,156*	*1,299*	*60%*	*3,039*

Source: Rhode Island Department of Corrections, September 30, 2020. **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 2,156 inmates awaiting trial or serving a sentence at the ACI on September 30, 2020 who answered the question on number of children, 1,299 inmates reported having 3,039 children. Thirty percent of sentenced mothers and 9% of sentenced fathers had sentences that were six months or less. Parents of Color were overrepresented compared to their proportion in the general population.[15]**

◆ **Of the 44 sentenced mothers on September 30, 2020, 45% were serving a sentence for a nonviolent offense, 43% for a violent offense, 5% for a drug-related offense, 5% for breaking and entering, and 2% for a sex-related offense. Of the 884 sentenced fathers, 53% were serving sentences for a violent offense, 17% for a sex-related offense, 13% for a nonviolent offense,11% for a drug-related offense, and 6% for breaking and entering.[16]**

◆ **Thirty-seven percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2020 had less than a high school diploma, 49% had a high school diploma or a GED, and 13% had at least some college education.[17]**

◆ **A supportive family, safe and secure housing, assistance obtaining employment, medical and mental health services, and substance abuse treatment are critical to parents' successful transition to the community after incarceration and to support the well-being of their children.[18,19]**

◆ **Families with parents with a criminal record can experience significant challenges even if the parent has never been incarcerated. A parent's criminal record is often a barrier to housing eligibility, employment opportunities, maintaining parental rights, and access to public benefits. For immigrants a conviction can lead to deportation.[20]**

Table 30.

Children of Incarcerated Parents, Rhode Island, September 30, 2020

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	5	12	3,623	3.3
Burrillville	7	15	3,576	4.2
Central Falls	40	113	5,644	20.0
Charlestown	2	2	1,506	1.3
Coventry	12	19	7,770	2.4
Cranston	54	119	16,414	7.2
Cumberland	15	37	7,535	4.9
East Greenwich	5	19	3,436	5.5
East Providence	21	37	9,177	4.0
Exeter	2	3	1,334	2.2
Foster	1	1	986	1.0
Glocester	3	7	2,098	3.3
Hopkinton	2	4	1,845	2.2
Jamestown	0	0	1,043	0.0
Johnston	15	35	5,480	6.4
Lincoln	5	9	4,751	1.9
Little Compton	0	0	654	0.0
Middletown	4	11	3,652	3.0
Narragansett	2	6	2,269	2.6
New Shoreham	3	6	163	36.8
Newport	22	43	4,083	10.5
North Kingstown	4	11	6,322	1.7
North Providence	18	43	5,514	7.8
North Smithfield	2	3	2,456	1.2
Pawtucket	89	191	16,575	11.5
Portsmouth	0	0	3,996	0.0
Providence	294	685	41,634	16.5
Richmond	1	3	1,849	1.6
Scituate	2	4	2,272	1.8
Smithfield	5	10	3,625	2.8
South Kingstown	5	14	5,416	2.6
Tiverton	6	17	2,998	5.7
Warren	7	13	1,940	6.7
Warwick	41	72	15,825	4.5
West Greenwich	0	0	1,477	0.0
West Warwick	26	59	5,746	10.3
Westerly	11	22	4,787	4.6
Woonsocket	73	162	9,888	16.4
Unknown Residence	*71*	*207*	*NA*	*NA*
*Out-of-State Residence***	*53*	*126*	*NA*	*NA*
Four Core Cities	*496*	*1,151*	*73,741*	*15.6*
Remainder of State	*308*	*656*	*150,215*	*4.4*
Rhode Island	*804*	*1,807*	*223,956*	*8.1*

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2020. 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 2018 (the most recent year for which full data are available), police reports indicate that children were present at 25% of domestic violence incidents resulting in arrests.[3]

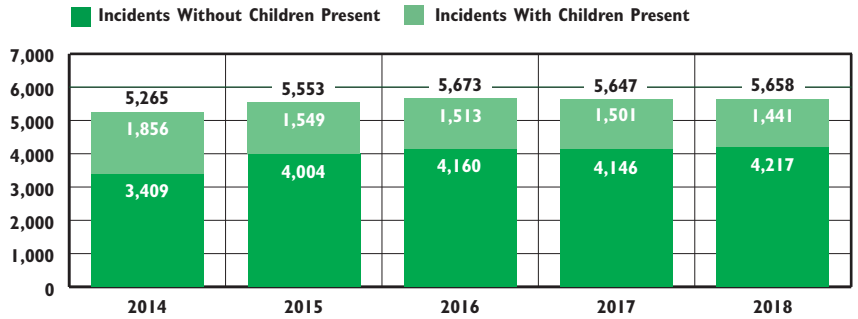
Children can be exposed to domestic violence in a number of ways. They may witness it directly (by seeing and/or hearing violent incidents), have their lives disrupted by moving or being separated from a parent, and/or may be used by the abusive parent to manipulate or gain control over the victim. Children exposed to domestic violence may also lose a parent to domestic homicide.[4,5,6] Children who are exposed to domestic violence are often victims of physical abuse, and they are at an increased risk of entering into abusive relationships or becoming an abuser themselves.[7,8]

Exposure to domestic violence is distressing to children and can lead to mental health problems, including post-traumatic stress, depression, and anxiety, in childhood and later in life. Children who witness domestic violence are more likely to experience physical, emotional, health, and learning challenges throughout their childhood and adulthood. They are more likely to have concentration and memory problems, and to have difficulty with school performance than children who have not witnessed domestic violence.[9,10,11]

While many children who have witnessed domestic violence show resilience, exposure to violence may impair a child's capacity for partnering and parenting later in life. 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, 2014-2018



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2014-2018. Includes domestic violence reports resulting in an arrest by local police and Rhode Island State Police.

◆ **In Rhode Island in 2018, there were 5,658 domestic violence incidents that resulted in arrests, up less than 1% from 5,647 incidents in 2017. Children were reported present in 25% (1,441) of incidents in 2018.[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 2018, police reported that children saw the domestic violence incident in 1,082 arrests and children heard the incident in 1,223 arrests. These incidents were not mutually exclusive, and more than one child may have witnessed each incident.[17]**

◆ **Rhode Island's statewide network of domestic violence shelters and advocacy programs provides emergency and support services to victims of domestic violence, dating violence, sexual violence, and stalking.[18] During 2020, the network provided services to 9,259 individuals, including 486 children. In 2020, 147 children and 186 adults spent a total of 20,649 nights in domestic violence shelters, 73 children and 54 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence) for a total of 26,616 nights, 10 families moved into permanent supportive housing, and 42 families accessed Rapid Re-housing.[19,20] Due to the COVID-19 pandemic stay-at-home orders, an increase in domestic violence was expected. However, nationally, there was a significant decrease in hotline calls, as victims trapped at home were unable to safely access resources.[21]**

Children Witnessing Domestic Violence

Support for Children Witnessing Domestic Violence

◆ With the help of caring adults, children who have witnessed domestic violence can develop resilience and thrive. Effective therapeutic interventions often focus on supporting parents, and can include increasing parenting skills, assisting parents in addressing mental health issues, and supporting parents' efforts to live in safe environments. Other strategies include connecting children to adult mentors, identifying and nurturing areas of strength, and encouraging children to contribute to their families or communities in a positive way.[22]

Domestic Homicide and Guns

◆ When firearms are present in domestic violence situations, victims are six times more likely to die.[23]

◆ 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.[24]

Table 31. **Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2018**

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # OF INCIDENTS WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	24	8	33%
Bristol	69	15	22%
Burrillville	60	17	28%
Central Falls	174	46	26%
Charlestown	28	11	39%
Coventry	157	37	24%
Cranston	329	87	26%
Cumberland	102	27	26%
East Greenwich	16	3	19%
East Providence	257	67	26%
Exeter*	NA	NA	NA
Foster	25	10	40%
Glocester	21	3	14%
Hopkinton	29	11	38%
Jamestown	8	1	13%
Johnston	117	18	15%
Lincoln	73	22	30%
Little Compton	8	3	38%
Middletown	86	27	31%
Narragansett	65	14	22%
New Shoreham	3	0	0%
Newport	159	30	19%
North Kingstown	127	26	20%
North Providence	177	46	26%
North Smithfield	93	19	20%
Pawtucket	875	221	25%
Portsmouth	67	19	28%
Providence	1,031	297	29%
Richmond	25	11	44%
Scituate	12	6	50%
Smithfield	43	13	30%
South Kingstown	87	18	21%
Tiverton	36	8	22%
Warren	56	14	25%
Warwick	308	80	26%
West Greenwich	12	2	17%
West Warwick	267	69	26%
Westerly	155	37	24%
Woonsocket	403	87	22%
Rhode Island State Police	*74*	*11*	*15%*
Four Core Cities	*2,483*	*651*	*26%*
Remainder of State	*3,175*	*790*	*25%*
Rhode Island	*5,658*	*1,441*	*25%*

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, 2018 and December 31, 2018.

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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(continued on page 184)

Child Neglect and Abuse

DEFINITION

Child neglect and abuse is the total unduplicated number of victims of child neglect and abuse per 1,000 children. Child neglect includes emotional, educational, physical, and medical neglect, as well as a failure to provide for basic needs. Child abuse includes physical, sexual, and emotional abuse.

SIGNIFICANCE

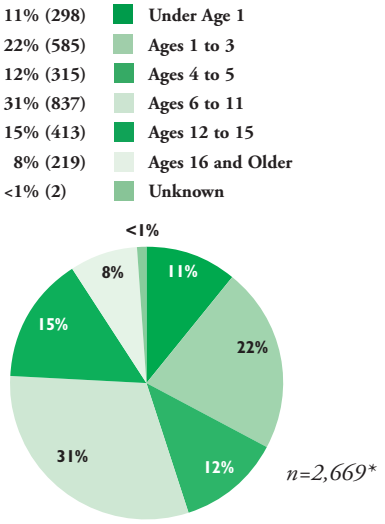
Children need love, affection, and nurturing from their parents and caregivers for healthy physical and emotional development from birth through adolescence. Experiencing child neglect or abuse can have lifelong consequences for a child's health, well-being, and relationships with others. Parents and caregivers are at increased risk for maltreating children if they are overwhelmed by multiple risk factors such as poverty, substance abuse, intergenerational trauma, isolation, or unstable housing.[1] Children who have been maltreated often face long-term consequences including chronic health and psychological problems. They are at increased risk for delinquency, substance abuse, mental health problems, teen pregnancy, impaired cognition, and low academic achievement.[2,3]

Responding to reports of child neglect and abuse 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 Partnership (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]

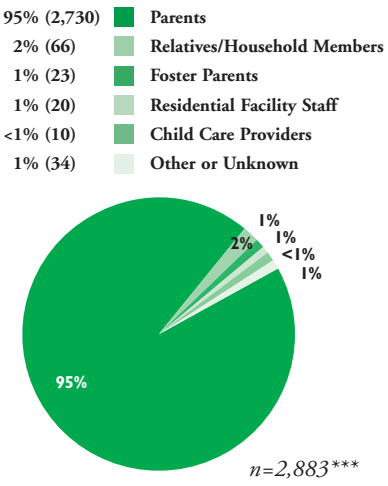
In 2020 in Rhode Island, there were 1,862 indicated investigations of child neglect and abuse involving 2,681 Rhode Island children. The rate of child neglect and abuse per 1,000 children under age 18 was two times higher in the four core cities (18.2 victims per 1,000 children) than in the remainder of the state (8.9 victims per 1,000 children). About half (45%) of the victims of child neglect and abuse in 2020 were young children under age six and one-third (33%) were ages three and younger.[5]

Child Neglect and Abuse, Rhode Island, 2020

By Age of Victim*

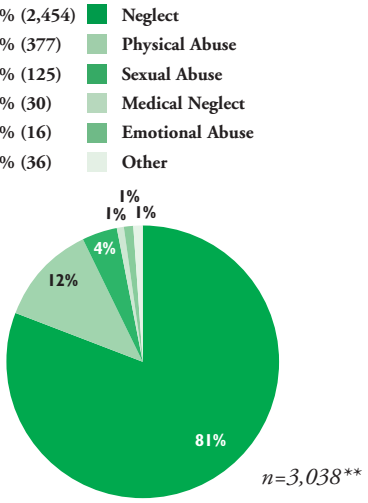


By Relationship of Perpetrator to Victims***



Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST), 2020. Percentages may not sum to 100% due to rounding.

By Type of Neglect/Abuse**



Notes on Pie Charts

**These data reflect an unduplicated count of child victims which includes out-of-state child victims. The number of victims is higher than the number of indicated investigations. One indicated investigation can involve more than one child victim.*

***This number is greater than the unduplicated count of child victims because children often experience more than one maltreatment event and/or more than one type of abuse. Within each type of abuse, the number of child victims is unduplicated.*

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

DCYF Child Protective Services (CPS) Hotline Calls for Reports of Neglect and/or Abuse, Investigations,* and Indicated Investigations, Rhode Island, 2010-2020

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
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
2020	16,195	35% (5,661)	1,861

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2010-2020.

**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 2019 and 2020 in Rhode Island, the number of unduplicated child maltreatment reports decreased by 17%, the number of completed investigations decreased by 22%, and the number of indicated investigations decreased by 17%. In 2020, 33% of completed investigations were indicated investigations in which there is a "preponderance of evidence" that a child has been abused and/or neglected." Some of the 2020 decrease in reports is the result of a sharp decrease in reports at the onset of the COVID-19 pandemic when school buildings were closed.[6,7]**

◆ **Of the 16,195 maltreatment reports in 2020, 55% (8,855) 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 neglect or abuse 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 do not meet criteria for investigation should be referred for family assessment. When essential criteria for investigation are not present, the family 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 Neglect and/or Abuse, Rhode Island, 2015-2019

YEAR	# OF EMERGENCY DEPARTMENT VISITS*	# OF HOSPITALIZATIONS*	# OF DEATHS**
2015	94	28	0
2016	79	8	1
2017	107	18	2
2018	102	13	1
2019	72	14	2
TOTAL	*454*	*81*	*6*

Source: Rhode Island Department of Health, 2015-2019.

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

**The number of Emergency Department visits and the number of hospitalizations include both suspected and confirmed assessments of child neglect and abuse.*

***Due to a change in data source, data for child deaths due to child neglect and/or abuse are only comparable with Factbooks since 2013.*

◆ **Between 2015 and 2019, there were 454 emergency department visits, 81 hospitalizations, and 6 deaths of Rhode Island children under age 18 due to child neglect and/or abuse.[10] Nationally in 2019, 73% of child maltreatment deaths involved neglect and 44% involved physical abuse (because a victim may have suffered more than one type of maltreatment, these categories are not mutually exclusive).[11]**

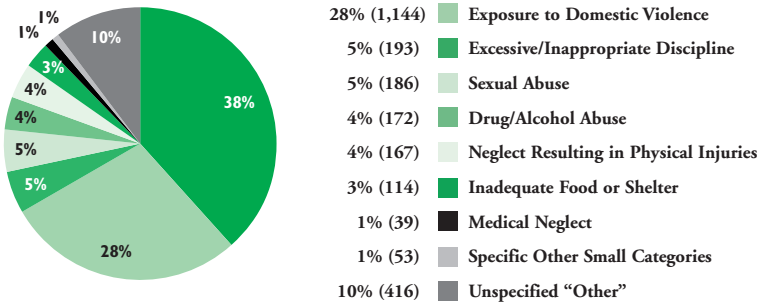
Child Neglect and Abuse in Rhode Island Communities

◆ **Many parents at risk of child neglect and abuse 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 economic resources, housing, health care, child care, early childhood learning programs, and evidence-based home visiting programs to families with multiple risk factors can prevent the occurrence and recurrence of child neglect and abuse.[13,14]**

◆ **In 2020, Rhode Island had 12.0 child victims of neglect and abuse per 1,000 children, which is lower than the rate (13.9) in 2019. Woonsocket (27.6 victims per 1,000 children) had the highest rate of child victims of neglect and abuse in the state. Other cities and towns with rates higher than 20 victims per 1,000 children were Central Falls (25.7), Newport (20.1), and West Warwick (25.1).[15]**

Child Neglect and Abuse

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2020



38% (1,545)	Lack of Supervision
28% (1,144)	Exposure to Domestic Violence
5% (193)	Excessive/Inappropriate Discipline
5% (186)	Sexual Abuse
4% (172)	Drug/Alcohol Abuse
4% (167)	Neglect Resulting in Physical Injuries
3% (114)	Inadequate Food or Shelter
1% (39)	Medical Neglect
1% (53)	Specific Other Small Categories
10% (416)	Unspecified "Other"

*n=4,029**

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2020.

**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 4,029 indicated allegations (confirmed claims) of neglect of children under age 18 in Rhode Island in 2020, 38% 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 (28%) 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: emotional neglect (18), educational neglect (10), abandonment (10), inappropriate restraint (9), corporal punishment (3), and emotional abuse (3).[18]

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2020

◆ In Rhode Island in 2020, there were 186 indicated allegations (confirmed claims) of child sexual abuse. Some children were victims of sexual abuse more than once. There were 152 (82%) female victims and 34 (18%) male victims with confirmed allegations. Thirty-eight percent of the female victims were under age 12, while 74% of the male victims were under age 12.[19]

◆ In the majority of child sexual abuse cases, the perpetrator is a relative or person known to the victim. Sexual abuse by a stranger is less likely.[20]

Services & Supports for Young Children in the Child Welfare System

◆ In Rhode Island in State Fiscal Year 2020 (FY 2020), 848 children under age three were victims of child neglect or abuse. The federal *Child Abuse Prevention and Treatment Act* requires states to screen and/or refer infants and toddlers who have experienced neglect or abuse to Early Intervention for eligibility determination and services. In Rhode Island infants and toddlers who have experienced trauma, neglect or abuse are eligible for Early Intervention under "informed clinical opinion - family circumstances" even if the child does not have a measurable developmental delay or diagnosed condition.[21,22,23]

◆ Of the 848 young victims of maltreatment identified in FY 2020, 142 were referred to Early Intervention for an evaluation, 600 were referred to First Connections for a developmental screening, 42 were already enrolled in Early Intervention or had already been screened, and 64 were not referred.[24]

◆ Of the 142 young victims of maltreatment referred directly to Early Intervention for an evaluation, 117 (82%) had an evaluation completed. Of the 600 children referred to First Connections for an initial developmental screening, 254 (42%) received a screening.[25]

◆ In total, of the 848 infants and toddlers who were victims of child maltreatment in FY 2020, 210 (25%) were determined eligible for Early Intervention.[26]

◆ Of the 848 young victims of maltreatment, 87 (10%) were enrolled in an evidence-based family home visiting program in Rhode Island. Children may be enrolled in both Early Intervention and Family Home Visiting.[27]

Table 32. **Indicated Investigations of Child Neglect and Abuse, Rhode Island, 2020**

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	VICTIMS OF CHILD NEGLECT/ABUSE PER 1,000 CHILDREN
Barrington	4,597	3	0.7	8	1.7
Bristol	3,623	27	7.5	29	8.0
Burrillville	3,576	23	6.4	45	12.6
Central Falls	5,644	87	15.4	145	25.7
Charlestown	1,506	12	8.0	18	12.0
Coventry	7,770	66	8.5	97	12.5
Cranston	16,414	96	5.8	132	8.0
Cumberland	7,535	23	3.1	41	5.4
East Greenwich	3,436	10	2.9	15	4.4
East Providence	9,177	78	8.5	97	10.6
Exeter	1,334	4	3.0	3	2.2
Foster	986	5	5.1	4	4.1
Glocester	2,098	17	8.1	23	11.0
Hopkinton	1,845	14	7.6	18	9.8
Jamestown	1,043	1	1.0	1	1.0
Johnston	5,480	35	6.4	39	7.1
Lincoln	4,751	21	4.4	23	4.8
Little Compton	654	1	1.5	0	0.0
Middletown	3,652	17	4.7	24	6.6
Narragansett	2,269	12	5.3	22	9.7
New Shoreham	163	0	0.0	0	0.0
Newport	4,083	62	15.2	82	20.1
North Kingstown	6,322	30	4.7	35	5.5
North Providence	5,514	53	9.6	84	15.2
North Smithfield	2,456	9	3.7	9	3.7
Pawtucket	16,575	203	12.2	300	18.1
Portsmouth	3,996	17	4.3	25	6.3
Providence	41,634	403	9.7	623	15.0
Richmond	1,849	4	2.2	4	2.2
Scituate	2,272	8	3.5	9	4.0
Smithfield	3,625	11	3.0	14	3.9
South Kingstown	5,416	15	2.8	31	5.7
Tiverton	2,998	15	5.0	21	7.0
Warren	1,940	16	8.2	29	14.9
Warwick	15,825	91	5.8	154	9.7
West Greenwich	1,477	6	4.1	11	7.4
West Warwick	5,746	97	16.9	144	25.1
Westerly	4,787	45	9.4	48	10.0
Woonsocket	9,888	173	17.5	273	27.6
Unknown Residence	*NA*	*16*	*NA*	*1*	*NA*
Out of State	*NA*	*36*	*NA*	*NA*	*NA*
Four Core Cities	*73,741*	*866*	*11.7*	*1,341*	*18.2*
Remainder of State	*150,215*	*996*	*6.6*	*1,340*	*8.9*
Rhode Island	*223,956*	*1,862*	*8.3*	*2,681*	*12.0*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), Calendar Year 2020. These data include child victims living out-of-state and in unknown residences.

Victims of child neglect/abuse are unduplicated counts of victims with substantiated allegations of child neglect and/or abuse. More than one victim can be involved in an investigation.

An indicated investigation is an investigated report of child neglect and/or abuse for which a preponderance of evidence exists that child neglect and/or abuse occurred. An indicated investigation can involve more than one child and multiple allegations.

Data cannot be compared to Factbooks prior to 2009. The denominator is the number of children under age 18 according to the U.S. Census 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.

References

[1,12,13] U.S. Department of Health and Human Services, Administration for Children and Families. (2019). *Strong and thriving families: 2019 prevention resource guide.* Retrieved April 2, 2021, from www.childwelfare.gov

[2] Child Welfare Information Gateway. (2019). *Long-term consequences of child abuse and neglect.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

[3] 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, 2018.

(continued on page 185)

Children in Out-of-Home Placement

DEFINITION

Children in out-of-home placement is the number of children who have been removed from their families and are in the care of the Rhode Island Department of Children, Youth and Families (DCYF) while awaiting permanency. Out-of-home placements include foster care homes, group homes, assessment and stabilization centers, residential facilities, and medical facilities. Permanency can be achieved through reunification with the family, adoption, or guardianship.

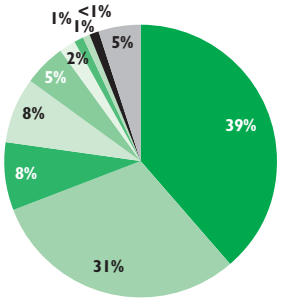
SIGNIFICANCE

Children need stability, permanency, and safety for healthy development. Whenever possible, it is best for children and families to remain together at home in their community. 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 siblings, and may have overlooked educational, physical, and mental health needs.[4] Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than their peers.[5,6] Long-term stays in care can cause emotional, behavioral, or educational problems that can negatively impact children's long-term well-being and success.[7] Children in foster care are about twice as likely as their peers to be absent from school or to be suspended, and are nearly three times more likely than their peers to be expelled from school. Appropriate supports and services can help youth in care maximize their potential and ensure that they are prepared for higher education and work.[8] For the first time in Rhode Island, data on reading and math proficiency and high school graduation is publicly available for students in foster care.[9]

Children of Color are overrepresented at many points in the child welfare system, including reporting, screening, investigation, and assessment, and child welfare systems often fail to find and retain foster and adoptive Families of Color.[10] Children of Color in child welfare systems are more likely to be removed from their homes, are less likely to receive preservation services, remain 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, 2020



n=2,109

39%	(817)	Foster Care Home (relative)
31%	(654)	Foster Care Home (non-relative, private agency)
8%	(171)	Residential Facility
8%	(165)	Independent Living/Supervised Apartment
5%	(103)	Group Home
2%	(38)	Psychiatric or Medical Facilities*
1%	(15)	Rhode Island Training School for Youth
1%	(26)	Relatives Caring for Children**
<1%	(9)	Assessment and Stabilization Center***
5%	(111)	Other****

***Medical facilities data include medical hospitals (11), psychiatric hospitals (27), and substance abuse treatment facilities (0).*

***Relatives caring for children are classified as an out-of-home placement by DCYF, despite the fact that these relatives did not receive monetary payments from DCYF to care for the children and the children were never removed and never needed to be removed from the relatives' homes. In these cases, the relative caring for the child contacted DCYF to receive assistance from the agency.*

****Assessment and Stabilization Centers are described as an emergency placement.*

*****The placement category "Other" includes: out-of-state/other agency (61), runaway youth in DCYF care or those with unauthorized absences (40), prison (1), Job Corps (1), pre-adoptive homes (1), and other (7).*

Source: RI Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2020.
Percentages may not sum to 100% due to rounding..

◆ **As of December 31, 2020, there were 2,109 children under age 21 in the care of DCYF who were in out-of-home placements.**[12]

◆ **The total DCYF caseload on December 31, 2020 was 6,620, including 2,016 children living in their homes under DCYF supervision and 2,495 children living in adoption settings.**[13]

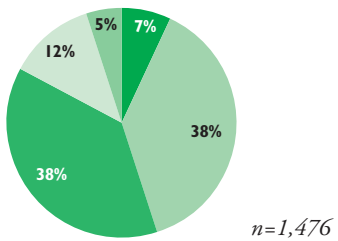
◆ **The total DCYF caseload also included 61 children in out-of-state placements/other agency custody, three children receiving respite care services, one youth in Job Corps, and seven children in other placements.**[14]

◆ **On December 31, 2020, 274 children were living in a residential facility or group home, a decrease of 11% from 309 children on December 31, 2019. Some of this reduction may be attributable to safety practices during the COVID-19 pandemic. The percentage of children in out-of-home placement who were in a relative foster care home increased from 36% (786) on December 31, 2019 to 39% (817) on December 31, 2020.**[15,16]

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

In Foster Care Homes by Age

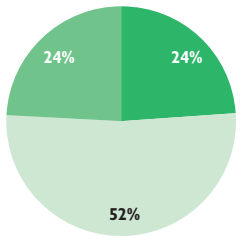
7% (109)	Under Age 1
38% (554)	Ages 1 to 5
38% (559)	Ages 6 to 13
12% (181)	Ages 14 to 17
5% (73)	Ages 18 and Over



n=1,476

In Group Homes and Residential Facilities by Age

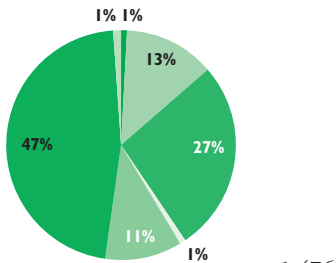
0% (0)	Under Age 1
0% (0)	Ages 1 to 5
24% (67)	Ages 6 to 13
52% (142)	Ages 14 to 17
24% (65)	Ages 18 and Over



n=274

In Foster Care Homes by Race and Ethnicity

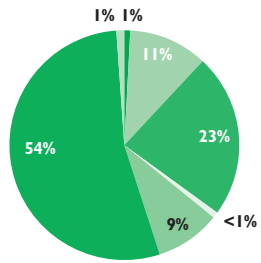
1% (8)	Asian
13% (190)	Black
27% (403)	Hispanic*
<1% (2)	Native American
11% (163)	Multiracial
47% (691)	White
1% (19)	Other or Unknown



n=1,476

In Group Homes and Residential Facilities by Race and Ethnicity

1% (2)	Asian
11% (31)	Black
23% (63)	Hispanic*
<1% (1)	Native American
9% (26)	Multiracial
54% (149)	White
1% (2)	Other or Unknown



n=274

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2020-2021. Pie charts show data for a single point-in-time: Foster Care Homes on January 5, 2021 and Group Homes and Residential Facilities on December 31,2020. Residential facilities do not include psychiatric hospitals, medical hospitals, the Rhode Island Training School, or out-of-state/other agency custody. Percentages may not sum to 100% due to rounding. *Hispanic children may be of any of the race categories.

Ensuring Children Grow Up in Families

◆ Whenever safely possible, it is important to support families so that children can remain at home with their parents. *The Family First Prevention Services Act (FFPSA) of 2018* enables states to use funds from the entitlement of Title IV-E of the *Social Security Act* that pays for child welfare, for time-limited services aimed at preventing the use of foster care in cases of maltreatment. States can spend money on services to address mental health issues, in-home parent skill-based programs, and substance abuse treatment for parents and relatives caring for children.[17,18]

◆ If children cannot remain safely at home with family supports, out-of-home placement with a kinship foster family may be the best option. Children in kinship foster families have been shown to have fewer mental health and behavioral issues, as well as increased educational and placement stability. The *Fostering Connections Act* promotes kinship care and family connections by requiring states to notify relatives when a child is placed in foster care and providing funding for states offering kinship guardianship assistance payments. Rhode Island defines kin broadly and includes any adult who has a close and caring relationship with the child. On December 31, 2020, of the 1,471 children in foster care placements in Rhode Island, 56% (817) were in kinship foster families.[19,20,21,22]

◆ Except in cases where time-limited residential therapeutic treatment is required, research has shown that children in foster families experience better outcomes related to placement stability, education, and delinquency compared to children in congregate care settings.[23]

◆ Adolescents are more likely to be placed in congregate care settings such as group homes and residential facilities than younger children. In Rhode Island on December 31, 2020, of the 274 children placed in groups homes and residential facilities, 76% (207) were ages 14 and older.[24]

◆ Black and Multiracial children in Rhode Island are twice as likely to be in both foster care and congregate care placements as you would expect based on their representation in the general child population. Hispanic children are slightly more likely to be in foster care and congregate care placements than you would expect based on their representation in the general child population.[25,26]

(References are on page 185)

Permanency for Children in DCYF Care

DEFINITION

Permanency for children in DCYF care is the percentage of children in out-of-home care who transition to a permanent living arrangement through reunification, adoption, or guardianship. Data are for all children 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. To promote permanency through placements with family members, federal law requires states to notify relatives when a child is placed in foster care, provides funding for states offering kinship guardianship assistance, provides incentive payments for adoptions of older children and children with special needs, and requires that states inform families about the availability of the federal adoption tax credit.[10,11]

Older youth who age out of foster care 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 Within 12 Months, by Discharge Reason, Rhode Island, Entry Cohort FY 2019*

DISCHARGE REASON	NUMBER	PERCENTAGE	MEDIAN DAYS IN PLACEMENT
Reunification with Parents	202	91%	221
Guardianship	11	5%	315
Adoption – Direct Consent	4	2%	303
Living with Relative(s)	2	1%	133
Adoption	2	1%	348
Total Number	*221*	*100%*	*235*

Source: *Permanency analytic report FY20 (n.d.)* Rhode Island Department of Children, Youth and Families. *Data cannot be compared to Factbooks prior to 2018 because of differences in reporting methodology.

◆ **Of the 1,122 Rhode Island children in the FY 2019 entry cohort, 20% (221) 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. The COVID-19 pandemic contributed to lower permanency numbers during 2020 as DCYF and Family Court procedures were adjusted to ensure safety.[14,15]**

◆ **Of the 221 children in the FY 2019 entry cohort who achieved permanency within 12 months, 44% were under age six, 24% were ages six to 11, and 32% were ages 12 and older. Seventeen percent of these children were Black, 30% of children were Hispanic (of any race), 9% were Multiracial or other, 42% were white, and 1% were of unknown race.[16]**

◆ **Of the 221 children in the FY 2019 cohort who achieved permanency within 12 months, 91% achieved permanency through reunification with their family of origin. Child welfare agencies can promote reunification through comprehensive family assessment, active case management, and reunification and post-reunification services tailored to families' needs.[17,18]**

◆ **Rhode Island's guardianship assistance program defines kin as any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy. Among the 221 children in the FY 2019 cohort who achieved permanency within 12 months, 5% achieved permanency through guardianship.[19,20]**

◆ **Of the 1,381 Rhode Island children in the FY 2018 entry cohort, 34% (469) exited foster care to permanency within 12 months of removal, and 21% (295) exited foster care to permanency in 13 to 24 months.[21,22]**

Voluntary Extension of Care (VEC)

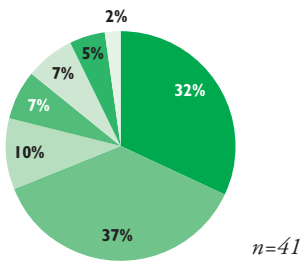
◆ In 2018, Rhode Island established the VEC program, allowing youth ages 18 to 21 who were in foster care on their eighteenth birthday the option of continuing to receive services until age 21. VEC helps older youth in care transition to adulthood by supporting them in making life decisions about housing, education, employment, health care, social services, and social activities while providing guidance in decision-making when challenges arise. To remain enrolled, youth must meet education or employment requirements.[23]

◆ On December 20, 2020, 41 youth ages 18 to 21 were enrolled in VEC. Of these 41 youth, 59% were female, 39% were male, and 2% were non-binary. Seventeen percent were age 18, 61% were age 19, and 22% were age 20. Two percent were Black, 30% were Hispanic (of any race), 12% were Multiracial/Other, and 56% were white.[24]

Youth in the VEC Program, Rhode Island, December 20, 2020

Housing for Youth in VEC

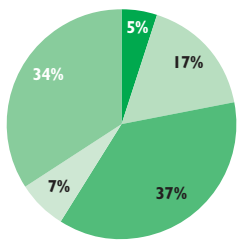
32% (13)	With Relative/Kin
37% (15)	Apartment Alone
10% (4)	Apartment with Others
7% (3)	Dormitory
7% (3)	Paid Independent Living
5% (2)	Out of State
2% (1)	Homeless/Couchsurfing



n=41

Education for Youth in VEC

5% (2)	Enrolled in High School
17% (7)	Enrolled in GED
37% (15)	Full-time Post-Secondary
7% (7)	Part-time Post-Secondary
34% (14)	Not Currently Enrolled



n=41

Source: Rhode Island Department of Children , Youth and Families, point-in-time as of December 20, 2020.

Effects of COVID-19 on Youth in VEC

◆ During the COVID-19 pandemic, youth in extended foster care are navigating the transition to adulthood with record unemployment, housing instability, and educational disruption. To support older youth, Governor Gina Raimondo issued executive orders that allowed youth in extended foster care to remain in care beyond age 21 and waived work and education requirements during the pandemic. These executive orders lapsed on August 28, 2020. The *Consolidated Appropriations Act* passed in December 2020 increased federal funding for extended foster care, education and training, and housing to support older youth in foster care as the pandemic resolves. It also requires states to engage youth who aged out during the pandemic to determine if they want to re-enroll.[26,27,28]

Adoptions for Children in DCYF Care

◆ During 2020, 127 children in the care of DCYF were adopted in Rhode Island, down 30% from 2019. Of these children, 61% were under age six, 27% were ages six to 13, and 12% were age 14 or older. Six percent were Black, 30% were Hispanic (of any race), 17% were Multiracial, 46% were white, and 1% were of unknown race.[29,30]

◆ On January 5, 2021, there were 291 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these children, 41% were under age six, 25% were ages six to 10, 28% were ages 11 to 15, and 6% were ages 16 and older. Fifteen percent were Black, 31% were Hispanic (of any race), 12% were Multiracial or other, 42% were white, and 1% were of unknown race/ethnicity.[31]

◆ Of the 291 children waiting to be adopted, 20% (57) were children of parents whose parental rights had been legally terminated.[32]

◆ Of the 295 Rhode Island children in the FY 2018 entry cohort who achieved permanency in 13 to 24 months, 20% were adopted.[33]

References

[1,3,5] Casey Family Programs. (2018). *Strong Families strategy brief: What impacts placement stability?* Retrieved April 14, 2021, from www.casey.org

[2] Wedeles, J. (n.d.). *Placement stability in child welfare.* Retrieved April 14, 2021, from www.oacas.org

(continued on page 185)

Education

Los libros

by Francisco Alarcón

pasaportes
de talla mayor

que nos permiten
viajar

a dondequiera
cuandoquiera

y no dejar
de sonar

Books

oversized
passports

that let us
travel

anywhere
anytime

and keep on
dreaming


2021 Rhode Island Kids Count Factbook

Children Enrolled in Early Intervention

DEFINITION

Children enrolled in Early Intervention is the number and percentage of children under age three who have an active Individual Family Service Plan through a Rhode Island Early Intervention provider.

SIGNIFICANCE

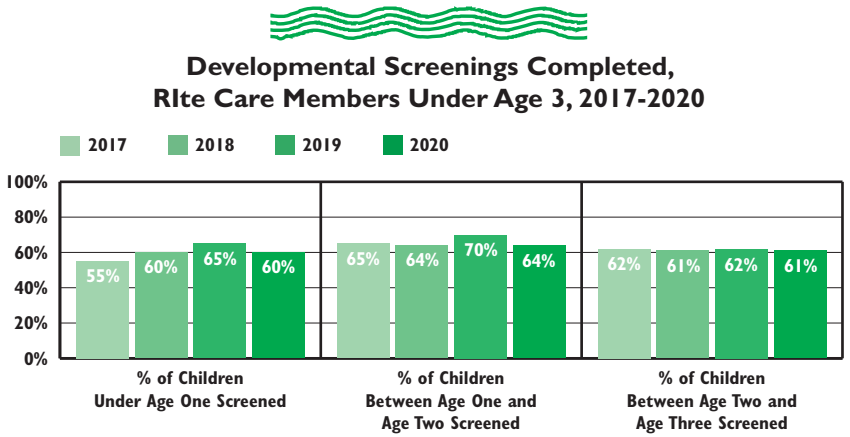
During the first few years of life, children develop the basic brain architecture and social-emotional health that serves as a foundation for all future development and learning. Infants and toddlers with developmental delays and disabilities and those who face significant family circumstances need extra help and should receive high-quality Early Intervention services to develop essential language, social-emotional, and motor skills to reduce the need for services when they are older.[1]

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

In Rhode Island, children under age three are eligible for Early Intervention if they have a "single established condition" known to lead to developmental delay (e.g., very low birth weight, Down Syndrome, etc.) or if they have a significant developmental delay in one or more areas of development (cognitive, physical, communication, social-emotional, and adaptive). Current eligibility criteria allow children with "significant circumstances" (e.g., significant trauma, history of neglect/abuse, parental substance abuse, significant parental health/mental health issues, etc.) to qualify through informed clinical opinion under the developmental delay category, if the circumstances impact child or family functioning.[3]

Experts estimate that as many as 13% of infants and toddlers in the U.S. could benefit from Early Intervention.[4] 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.[5]

Pediatric health care professionals should use standardized developmental screening tools at the 9-,18-, and 30-month well-child visits and Autism Spectrum Disorder screening tools at the 24- and 30-month visits to identify children who may be eligible for Early Intervention.[6] 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.[7]



Source: Rhode Island Executive Office of Health and Human Services, Performance Years 2017-2020.

◆ **As of June 30, 2020, there were 2,224 infants and toddlers receiving Early Intervention (EI) services, 7% of the population under age three. Of these, 45% percent were eligible due to a measured significant developmental delay, 34% due to significant circumstances impacting child or family functioning, 19% due to a single established condition, and 1% were eligible due to an unspecified developmental delay. Of the children receiving EI services on June 30, 2020, 43% began receiving services before age one, 41% began at age one, and 17% began at age two.[8]**

◆ **In Calendar Year 2020 in Rhode Island, 4,155 children received EI services, down 10% from, 4,601 in 2020. In 2020, 1,062 children were discharged from EI upon reaching age three. Of these, 58% were found eligible and 16% were found not eligible for preschool special education. Seventeen percent were in the process of eligibility determination, 6% had successfully met all developmental goals, and 3% left the program for other reasons.[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, 2020 in Rhode Island, 1,310 children (59%) received services through public insurance (RIte Care and Medicaid), 870 children (39%) received services through a private health insurance provider, and 44 children (2%) 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, 2020**

		CALENDAR YEAR 2020 ENROLLMENT		JUNE 30, 2020 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	SIGNIFICANT CIRCUMSTANCES IMPACTING CHILD/FAMILY FUNCTION	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED IN EI
Barrington	366	66	18%	10	10	15	35	10%
Bristol	507	43	8%	3	10	12	25	5%
Burrillville	460	50	11%	7	14	5	26	6%
Central Falls	1,028	134	13%	10	41	12	63	6%
Charlestown	186	28	15%	3	4	9	16	9%
Coventry	940	101	11%	10	18	18	46	5%
Cranston	2,318	286	12%	26	65	50	141	6%
Cumberland	970	158	16%	13	45	31	89	9%
East Greenwich	299	53	18%	4	5	13	22	7%
East Providence	1,560	136	9%	16	23	29	68	4%
Exeter	166	16	10%	4	1	4	9	5%
Foster	113	11	10%	1	4	1	6	5%
Glocester	247	22	9%	3	7	5	15	6%
Hopkinton	258	29	11%	1	3	8	12	5%
Jamestown	85	7	8%	0	0	2	2	2%
Johnston	816	103	13%	13	20	19	52	6%
Lincoln	587	72	12%	5	22	15	42	7%
Little Compton	68	2	3%	0	0	0	0	0%
Middletown	502	65	13%	6	17	6	29	6%
Narragansett	271	17	6%	2	2	6	10	4%
New Shoreham	21	2	10%	1	0	0	1	5%
Newport	820	72	9%	10	20	12	42	5%
North Kingstown	728	86	12%	11	8	18	37	5%
North Providence	851	112	13%	11	37	14	62	7%
North Smithfield	290	51	18%	3	16	9	28	10%
Pawtucket	2,959	346	12%	38	107	71	216	7%
Portsmouth	429	66	15%	6	16	7	29	7%
Providence	7,609	1,030	14%	132	260	170	562	7%
Richmond	235	19	8%	0	4	4	8	3%
Scituate	193	42	22%	6	12	9	27	14%
Smithfield	402	60	15%	5	11	18	34	8%
South Kingstown	640	66	10%	6	11	17	34	5%
Tiverton	398	40	10%	2	6	9	17	4%
Warren	296	38	13%	3	10	3	16	5%
Warwick	2,322	269	12%	23	70	60	153	7%
West Greenwich	178	23	13%	5	3	6	14	8%
West Warwick	1,044	117	11%	10	24	27	61	6%
Westerly	726	77	11%	10	16	16	42	6%
Woonsocket	1,900	240	13%	12	95	26	133	7%
Four Core Cities	*13,496*	*1,750*	*13%*	*192*	*503*	*279*	*974*	*7%*
Remainder of State	*20,292*	*2,405*	*12%*	*239*	*534*	*477*	*1,250*	*6%*
Rhode Island	*33,788*	*4,155*	*12%*	*431*	*1,037*	*756*	*2,224*	*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 2020 and June 30, 2020 enrollment (point-in-time). On June 30, 2020, there were 28 children who were eligible for Early Intervention under the developmental delay category but didn't have specific information about measured delay or significant circumstances. We count them in the "measured delay category".

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

[1,2,4] Ullrich, R., Cole, P., Gebhard, B., & Schmit, S. (2017). *Early Intervention: A critical support for infants, toddlers, and families.* Washington, DC: Zero to Three and CLASP.

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[5] Zablotsky, B., et al., (2019). Prevalence and trends of developmental disabilities among children in the United States: 2009–2017. *Pediatrics, 144*(4): e20190811.

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[7] *Early and Periodic Screening, Diagnostic, and Treatment.* (n.d.). Retrieved March 20, 2021 from www.medicaid.gov

[8,9,11] Rhode Island Executive Office of Health and Human Services, 2019 - 2020.

[10] *Rhode Island Executive Office of Health and Human Services Early Intervention Program SFY2019.* Cranston, RI: Rhode Island Executive Office of Health and Human Services.

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 ($21,960 for a family of three in 2021).[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, health and developmental screenings and referrals, and fostering the development of healthy family relationships.[4]

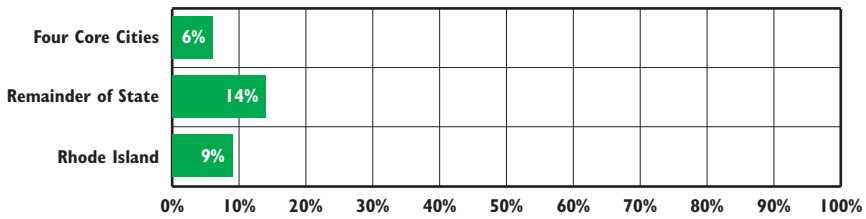
Pregnant women enrolled in Early Head Start are assessed for risks to a successful pregnancy. Individualized plans are developed to support prenatal health, promote healthy behaviors, and prepare for the baby's arrival.[5] After the baby is born, families participate by enrolling in either a center-based 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 2020, of the 537 children and pregnant women enrolled in Early Head Start, 324 (60%) were enrolled in home-based services and 213 (40%) were in center-based programs.[7] Federal funding for Early Head Start-Child Care partnerships layers Early Head Start resources on top of the child care subsidy program to provide comprehensive and continuous services to low-income infants, toddlers, and their families.[8]

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.[9,10]

As of October 2020, there were 526 infants and toddlers and 11 pregnant women receiving Early Head Start in Rhode Island.[11]

Estimated Percentage of Eligible Infants and Toddlers Enrolled in Early Head Start, 2020



Source: Rhode Island KIDS COUNT calculations using Early Head Start program enrollment October 2020 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 2015-2019 American Community Survey data as the denominator.

◆ **As of October 2020 in Rhode Island, there were 537 children and pregnant women enrolled in Early Head Start, 9% of the population in poverty and 3% of the population in low-income families, a decline from 678 children and pregnant women in 2019. There were 281 children and pregnant women from the four core cities (6% of the population in poverty and 3% of the population in low-income families) and 256 children and pregnant women from the remainder of the state (14% of the population in poverty and 4% of the population in low-income families).[12,13,14]**

◆ **As of October 2020, 2% of Early Head Start clients were pregnant women, 20% were infants under age one, 36% were age one, 36% were toddlers age two, and 6% were age three.[15]**

◆ **Rhode Island Early Head Start programs served significant numbers of children with high needs including: 84 infants and toddlers with developmental delays or disabilities (16% of all children enrolled), 41 children who were in foster care, and 21 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 2020, 25% 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, 2020

SCHOOL DISTRICT	# OF CHILDREN UNDER <AGE 3	% LOW-INCOME CHILDREN IN DISTRICT	ESTIMATED # LOW-INCOME CHILDREN <AGE 3	# ENROLLED IN HOME-BASED EARLY HEAD START	# ENROLLED IN CENTER-BASED EARLY HEAD START	# ENROLLED IN EARLY HEAD START	ESTIMATED % OF LOW-INCOME INFANTS AND TODDLERS ENROLLED IN EARLY HEAD START
Barrington	366	4%	15	3	0	3	20%
Bristol	507	28%	142	2	0	2	1%
Burrillville	460	35%	161	2	7	9	6%
Central Falls	1,028	87%	894	19	24	43	5%
Charlestown	186	19%	35	2	0	2	6%
Coventry	940	29%	273	6	4	10	4%
Cranston	2,318	42%	974	0	21	21	2%
Cumberland	970	20%	194	6	0	6	3%
East Greenwich	299	5%	15	1	0	1	7%
East Providence	1,560	51%	796	9	13	22	3%
Exeter	166	11%	18	2	1	3	16%
Foster	113	25%	28	0	0	0	0%
Glocester	247	11%	27	0	1	1	4%
Hopkinton	258	19%	49	1	0	1	2%
Jamestown	85	5%	4	0	1	1	24%
Johnston	816	42%	343	6	2	8	2%
Lincoln	587	27%	158	0	0	0	0%
Little Compton	68	14%	10	0	0	0	0%
Middletown	502	27%	136	7	7	14	10%
Narragansett	271	16%	43	2	1	3	7%
New Shoreham	21	17%	4	0	0	0	0%
Newport	820	70%	574	8	27	35	6%
North Kingstown	728	20%	146	2	2	4	3%
North Providence	851	45%	383	17	9	26	7%
North Smithfield	290	18%	52	0	0	0	0%
Pawtucket	2,959	71%	2,101	31	16	47	2%
Portsmouth	429	14%	60	3	0	3	5%
Providence	7,609	84%	6,392	155	25	180	3%
Richmond	235	19%	45	0	1	1	2%
Scituate	193	11%	21	0	0	0	0%
Smithfield	402	9%	36	2	2	4	11%
South Kingstown	640	19%	122	3	2	5	4%
Tiverton	398	24%	96	0	0	0	0%
Warren	296	28%	83	1	2	3	4%
Warwick	2,322	31%	720	19	22	41	6%
West Greenwich	178	11%	20	0	0	0	0%
West Warwick	1,044	52%	543	9	11	20	4%
Westerly	726	34%	247	6	1	7	3%
Woonsocket	1,900	76%	1,444	0	11	11	1%
Four Core Cities	*13,496*	*80%*	*10,797*	*205*	*76*	*281*	*3%*
Remainder of State	*20,292*	*29%*	*5,885*	*119*	*137*	*256*	*4%*
Rhode Island	*33,788*	*46%*	*15,542*	*324*	*213*	*537*	*3%*

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled as of October 2020. Children enrolled are listed by residence of child, not location of the Head Start program.

The estimated number of low-income children under age three is based on the number of children under age 3 according to Census 2010, Summary File 1 multiplied by the percentage of students who qualified for free or reduced-price lunch (at or below 185% of the federal poverty level) in each city or town's school district. Free and reduced-price lunch data are from Rhode Island Department of Education, October 2020.

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

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

References

[1] Vogel, C. A., et al. (2015). *Toddlers in Early Head Start: A portrait of 2-year-olds, their families, and the programs serving them.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

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[3] U.S. Department of Health and Human Services. (2021). Annual update of the HHS poverty guidelines. *Federal Register, 86*(19), 7732-7734.

[4] Gebhard, B., Ullrich, R., Cole, P., Matthews, H., & Schmit, S. (2017). *Early Head Start: A critical support for infants, toddlers, and families.* Washington, DC: Zero to Three and CLASP.

[5] U.S. Department of Health and Human Services, Administration for Children and Families, Early Childhood Learning & Knowledge Center. (2018). *Services to pregnant women and expectant families in Early Head Start.* Retrieved March 31, 2021, from https://eclkc.ohs.acf.hhs.gov

(continued on page 186)

Licensed Capacity of Early Learning Programs

DEFINITION

Licensed capacity of early learning programs is the number of child care and early learning programs and slots licensed by the Rhode Island Department of Human Services for children under age six. Licensed centers include child care programs, preschools, nursery schools, and center-based Head Start and Early Head Start programs.

SIGNIFICANCE

Nationally, more than half of children under age five regularly attend a child care or early learning program. Research shows that when children attend child care and early learning programs that are high-quality, there are lasting benefits including improved math, language, and social skills.[1]

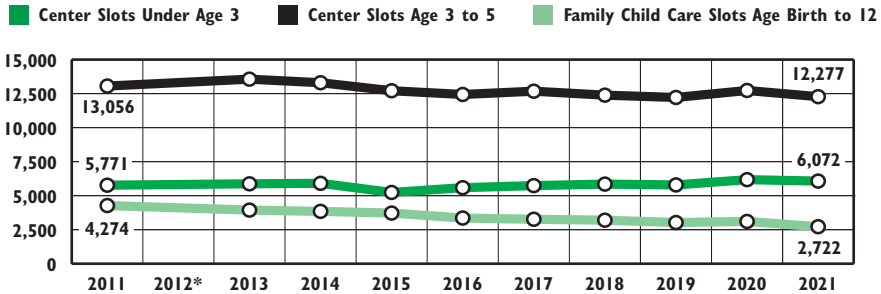
However, for many families, high-quality child care is not affordable or available. Nationally, 83% of parents report that finding quality, affordable child care in their area is a serious problem, and nearly three in four parents report that child care issues negatively impacted their career. Families that have infants and toddlers, parents of children with disabilities, immigrant families, and parents working nonstandard hours face limited options for licensed child care.[2]

Access to stable, affordable, quality child care is a basic need for many working families and is critical for Rhode Island's economy. When parents have difficulty finding and keeping child care, they are more likely to be absent from work and to leave their jobs.[3] Between 2015 and 2019, 74% of Rhode Island children under age six had all parents in the workforce, higher than the U.S. rate of 66%.[4]

Tuition and public funding for child care are not adequate to pay reasonable wages needed to attract and retain qualified and effective educators. Staff turnover is not ideal for young children, especially infants and toddlers, who need consistent, stable, nurturing relationships with caregivers to support healthy brain development.[5]

In 2019 in Rhode Island, the average wage was $12.01/hour for a child care educator and $13.80 for a preschool teacher. Early educators with a bachelor's degree were paid 31% less than their colleagues in K-8 public schools. The poverty rate for early educators was 26%, 11 times higher than the rate for public school teachers.[6]

Early Learning Program Capacity, Rhode Island, 2011-2021



Source: Rhode Island Department of Children, Youth and Families, 2011-2019 and Rhode Island Department of Human Services, 2020-2021. 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 2021, there were 106 fewer slots for infants and toddlers and 453 fewer slots for preschoolers in licensed centers, and there were 384 fewer slots in licensed family child care homes than in January 2020. Since 2011, the number of infant/toddler slots is up 5% and the number of preschool slots is down 6% in centers. The number of family child care slots is down 36%.**[7]

◆ **As of January 2021, 88% of family child care providers and 74% of early learning centers in Rhode Island accept children participating in the Child Care Assistance Program (CCAP), which covers all or part of the cost of child care for low-income working families.**[8]

◆ **In addition to licensed programs operated by community-based agencies and family child care providers, there are 52 traditional public schools in Rhode Island, one public charter school and one state-operated school that have preschool classrooms.**[9]

Impact of COVID-19 Pandemic on Child Care

◆ **Financially unstable before the pandemic due to inadequate public investments and services that cost more than most parents can afford, child care programs across the U.S. have faced tremendous financial difficulties as enrollment has dropped markedly. Significant support is needed to prevent the permanent closure and collapse of the child care system.**[10]

Licensed Capacity of Early Learning Programs

Table 35. **Capacity of Licensed Early Learning Programs, Rhode Island, January 2021**

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	61	68	5	32	161
Burrillville	2	27	36	1	6	69
Central Falls	3	98	187	15	101	386
Charlestown	3	0	74	1	8	82
Coventry	7	131	233	3	20	384
Cranston	30	551	1,125	37	250	1,926
Cumberland	7	112	332	7	58	502
East Greenwich	16	375	623	0	0	998
East Providence	14	221	432	2	14	667
Exeter	2	24	20	0	0	44
Foster	1	19	18	0	0	37
Glocester	3	55	100	1	12	167
Hopkinton	3	8	60	1	8	76
Jamestown	1	30	34	1	8	72
Johnston	20	394	477	9	64	935
Lincoln	5	98	201	5	30	329
Little Compton	1	0	20	0	0	20
Middletown	11	228	383	0	0	611
Narragansett	2	12	60	1	6	78
New Shoreham	1	12	26	0	0	38
Newport	4	73	163	1	8	244
North Kingstown	7	104	322	3	14	440
North Providence	10	144	238	7	47	429
North Smithfield	2	85	121	3	26	232
Pawtucket	13	324	761	30	193	1,278
Portsmouth	4	92	133	0	0	225
Providence	53	801	2,309	241	1,614	4,724
Richmond	0	0	0	1	12	12
Scituate	1	11	36	0	0	47
Smithfield	8	330	403	1	5	738
South Kingstown	13	273	410	3	22	705
Tiverton	3	24	124	1	8	156
Warren	5	80	203	1	6	289
Warwick	23	753	1,062	7	46	1,861
West Greenwich	3	46	89	0	0	135
West Warwick	6	151	289	3	20	460
Westerly	7	95	300	2	12	407
Woonsocket	11	126	505	6	46	677
Four Core Cities	*80*	*1,349*	*3,762*	*292*	*1,954*	*7,065*
Remainder of State	*237*	*4,723*	*8,515*	*111*	*768*	*14,006*
Rhode Island	*317*	*6,072*	*12,277*	*403*	*2,722*	*21,071*

Source of Data for Table/Methodology

Rhode Island Department of Human Services, number of licensed child care center slots and programs for children under age six and number of licensed family child care homes and slots, January 2021.

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

[1,5] Donoghue, E. A. & AAP Council on Early Childhood. (2017). Quality early education and child care from birth to kindergarten. *Pediatrics, 140*(2): e20171488.

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[3] Glynn, S. J., Farrell, J., & Wu, N. (2013). *The importance of preschool and child care for working mothers.* Retrieved February 10, 2017, from: www.americanprogress.org

[4] U.S. Census Bureau, American Community Survey, 2015-2019. Table DP03.

[6] *Early childhood workforce index 2020: Rhode Island.* (2021). Berkeley, CA: Center for the Study of the Child Care Workforce.

[7,8] Rhode Island Department of Children, Youth and Families, 2010-2019 and Rhode Island Department of Human Services, 2020-2021. RI Early Care and Education Data System (ECEDS), 2016-2020.

[9] Rhode Island Department of Education, public schools operating preschool classrooms, 2021.

[10] Payment practices to stabilize child care. (2021). Washington, DC: Bipartisan Policy Center.

Children Receiving Child Care Subsidies

DEFINITION

Children receiving child care subsidies is the number of children receiving child care that is either fully or partially paid for with a child care subsidy through the Rhode Island Department of Human Services' Child Care Assistance Program (CCAP). Child care subsidies can be used for care in a licensed child care center, a licensed family child care home, or by a license-exempt provider (family, friend, or neighbor).

SIGNIFICANCE

Families rely on child care to enable them to work and to provide the early education experiences needed to prepare their children for school. Yet the high cost of child care puts quality care out of reach for many low-income families. State child care subsidy programs help low-income families access child care.[1]

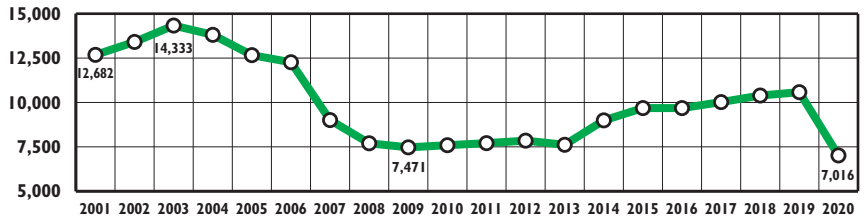
Child care is often the biggest living expense in family budgets. For families with two children enrolled in a child care center, child care costs exceed median rent payments in all 50 states and median mortgage payments in 40 states.[2] A 2019 Rhode Island study of families with children under age six found that affordable child care was consistently reported as the highest family need.[3] Using the federal child care affordability guideline (no more than 7% of family income should be spent on child care), a Rhode Island family would need to earn at least $155,757 annually to afford the average yearly cost for a three-year-old at a licensed center in 2018 ($10,903).[4,5]

Subsidy payment rates for child care providers should meet or exceed the federal benchmark established to ensure low-income families have equal access to the child care market and to promote access to quality care.[6] Child care programs across the U.S. have faced significant financial challenges during the COVID-19 pandemic as enrollment is down and costs have gone up as much as 60% due to the need to maintain small, stable groups of children and staff and pay for professional cleaning and sanitation.[7,8]

Child care teachers, almost all of whom are women and often are Women of Color, are responsible for the safety, health, learning, and development of our youngest children yet make very low wages and many are not able to meet their basic needs.[9] At least 15 states fund wage supplements designed to improve qualifications and retention of child care teachers.[10]

In Rhode Island in 2019, the median wage was $12.01/hour for a child care educator and $13.80 for a preschool educator.[11]

Child Care Subsidies, Rhode Island, 2001-2020



Source: Rhode Island Department of Human Services, December 2001–December 2015, September 2016, December 2017-December 2020. Data for December 2016 were not available.

◆ **In December 2020, there were 7,016 child care subsidies in Rhode Island, down 34% from December 2019 (pre-pandemic) and down 51% from the 2003 peak. In December 2020 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, and 1% were for care by a license-exempt provider, similar to the choices parents made pre-pandemic.[12]**

◆ **As of December 2020, 21% 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 16% in 2019 and 10% in December 2018. Preschool-age children were more likely to be enrolled in a high-quality program (23%) than infants and toddlers (20%) or school-age children (19%).[13]**

◆ **In December 2020, 82% of all children receiving child care subsidies were in low-income working families not receiving cash assistance and 8% were in low-income families receiving cash assistance. Another 10% of child care subsidies were used for children in the care of the Rhode Island Department of Children, Youth and Families.[14]**

Average Annual Cost for Full-Time Child Care, Rhode Island, 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.

Table 36.

Child Care Subsidies, Rhode Island, December 2020

CITY/TOWN	SUBSIDY USE BY CHILD RESIDENCE: UNDER AGE 3	AGES 3-5	AGES 6-12	TOTAL CHILD CARE SUBSIDIES	SUBSIDY USE BY PROGRAM LOCATION: CENTER	FAMILY CHILD CARE	LICENSE EXEMPT	TOTAL CHILD CARE SUBSIDIES
Barrington	7	16	13	36	32	1	0	33
Bristol	4	9	7	20	19	0	0	19
Burrillville	12	19	21	52	53	0	0	53
Central Falls	56	93	112	261	166	58	1	225
Charlestown	3	7	1	11	2	1	3	6
Coventry	21	42	34	97	116	0	0	116
Cranston	78	126	149	353	461	145	0	606
Cumberland	13	24	48	85	101	5	0	106
East Greenwich	3	3	4	10	41	0	0	41
East Providence	53	69	90	212	262	8	7	277
Exeter	3	5	5	13	15	0	0	15
Foster	0	3	2	5	5	0	0	5
Glocester	0	4	1	5	20	0	0	20
Hopkinton	3	5	1	9	5	0	0	5
Jamestown	0	1	0	1	4	0	0	4
Johnston	26	39	47	112	275	36	0	311
Lincoln	15	28	46	89	2	0	0	2
Little Compton	1	0	0	1	97	10	0	107
Middletown	15	16	9	40	63	0	0	63
Narragansett	4	0	3	7	5	0	0	5
New Shoreham	0	0	0	0	0	0	0	0
Newport	31	44	72	147	155	0	6	161
North Kingstown	16	22	19	57	65	0	0	65
North Providence	32	50	36	118	103	14	0	117
North Smithfield	2	6	3	11	1	0	0	1
Pawtucket	157	292	387	836	725	76	0	801
Portsmouth	3	7	0	10	2	0	0	2
Providence	532	819	1,153	2,504	1,271	1,161	27	2,459
Richmond	2	2	2	6	0	0	0	0
Scituate	4	4	2	10	6	0	0	6
Smithfield	6	12	9	27	93	0	0	93
South Kingstown	14	17	35	66	64	12	0	76
Tiverton	3	9	6	18	19	3	0	22
Warren	9	8	8	25	39	2	0	41
Warwick	60	118	133	311	486	0	0	486
West Greenwich	2	1	0	3	12	0	0	12
West Warwick	40	84	77	201	160	0	0	160
Westerly	17	19	17	53	68	5	0	73
Woonsocket	99	174	202	475	383	27	0	410
DCYF	*230*	*319*	*156*	*705*	*NA*	*NA*	*NA*	*NA*
Undetermined Address	*2*	*4*	*8*	*14*	*NA*	*NA*	*NA*	*NA*
Out-Of-State	*NA*	*NA*	*NA*	*NA*	*12*	*0*	*0*	*12*
Four Core Cities	*844*	*1,378*	*1,854*	*4,076*	*2,545*	*1,322*	*28*	*3,895*
Remainder of State	*502*	*819*	*900*	*2,221*	*2,851*	*242*	*16*	*3,109*
Rhode Island	*1,578*	*2,520*	*2,918*	*7,016*	*5,408*	*1,564*	*44*	*7,016*

Source of Data for Table/Methodology

Rhode Island Department of Human Services, December 2020.

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.

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(continued on page 186)

High-Quality Early Learning Programs

DEFINITION

High-quality early learning programs is the percentage of licensed early learning centers, family child care homes, and public schools with preschool classrooms that have a high-quality rating from BrightStars, Rhode Island's Quality Rating and Improvement System for child care and early learning programs.

SIGNIFICANCE

Decades of research show that high-quality early care and education programs can improve children's cognitive and social-emotional development, enabling them to perform better in school. Programs across the U.S. and in Rhode Island vary markedly in quality and can range from rich learning experiences that promote children's development to lower quality settings that can lead to developmental and behavioral setbacks.[1,2]

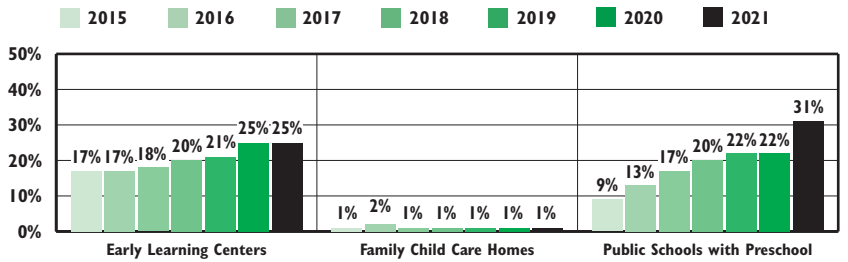
Parents strongly prefer high-quality programs and value teachers' educational achievement, however many families cannot afford the cost of higher quality programs and/or don't have enough information about which programs meet recommended quality standards.[3]

High-quality early care and education programs have qualified educators and low staff turnover, strong staff-child ratios, small class/group sizes, and research-based health, safety, nutrition, and curriculum practices. Consistent caring, supportive, and educational interactions between early childhood educators and children support children's learning and development. The development and retention of a highly qualified and appropriately compensated workforce for early childhood programs is critical to improve program quality.[4,5,6,7]

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 program quality indicators (e.g., staff qualifications, learning environment, and staff-child interactions) and create an index rating. QRIS ratings are shared with parents and are often connected to financial incentives and supports (e.g., enhanced reimbursement rates or quality bonuses for higher quality programs).[8,9]

BrightStars is Rhode Island's QRIS and conducts program quality assessments for early care and education centers, family child care homes, and public schools. Programs participating in BrightStars receive a star rating and support to set and achieve quality improvement goals. All programs serving children participating in the Child Care Assistance Program and in 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.[10,11]

Percentage of Early Learning Centers, Family Child Care Programs, and Public Schools with a High-Quality BrightStars Rating (4 or 5 Stars), Rhode Island, 2015-2021



Source: RI Association for the Education of Young Children and RI Early Care and Education Data System (ECEDS), January 2015 – January 2021.

◆ **As of January 2021, 243 (77%) licensed child care centers, 340 (84%) licensed family child care homes, and 28 (52)% public schools with preschool classrooms had a BrightStars rating. Eighty (25%) licensed early learning centers, four (1%) licensed family child care homes, and 17 (31%) public schools had met the benchmarks for a high-quality rating of four or five stars.[12]**

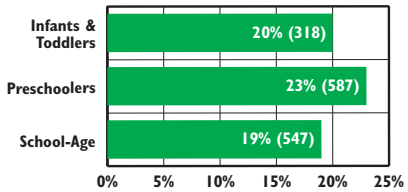
◆ **Since 2015, the percentage of early learning centers with a high-quality rating has grown from 17% to 25% and the percentage of public schools serving preschoolers that have a high-quality rating has increased from 9% to 31%.[13]**

◆ **Early learning centers in the core cities are more likely to have a high-quality BrightStars rating than those in the remainder of the state (33% vs. 23%). In contrast, public schools in the remainder of the state are more likely to have a high-quality rating than those in the core cities (33% vs. 25%).[14]**

◆ **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.[15]**

High-Quality Early Learning Programs

CCAP Children Enrolled in High-Quality Programs (4 or 5 Stars) by Age, December 2020



Source: Rhode Island Rhode Island Department of Human Services, December 2020.

◆ **Preschool-age children enrolled in the Child Care Assistance Program (CCAP) are more likely to be enrolled in a high-quality program (23%) than infants and toddlers (20%) or school-age children (19%).**[16]

Teacher Median Hourly Wages, Rhode Island, 2019

Source: *Early childhood workforce index 2020: Rhode Island.* (2021). Berkeley, CA: Center for the Study of the Child Care Workforce.

◆ **Early childhood teachers and program directors in Rhode Island earn significantly lower wages than kindergarten teachers.**[17]

Table 37.

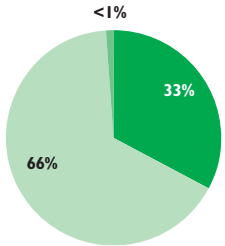
Licensed Child Care Centers and Preschools Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2021

CITY/TOWN	LICENSED PROGRAMS	PROGRAMS THAT ACCEPT CCAP	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY 4 STARS	HIGH-QUALITY 5 STARS	% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
Barrington	8	3	5	1	1	0	1	0	38%	13%
Bristol	4	3	1	3	0	0	0	0	75%	0%
Burrillville	2	2	0	1	0	0	0	1	100%	50%
Central Falls	3	3	0	0	1	1	1	0	100%	33%
Charlestown	3	2	0	0	0	0	1	2	100%	100%
Coventry	7	7	0	3	1	0	3	0	100%	43%
Cranston	30	21	8	8	8	2	3	1	73%	13%
Cumberland	7	5	2	1	2	0	2	0	71%	29%
East Greenwich	16	10	6	3	3	1	3	0	63%	19%
East Providence	14	9	2	5	4	0	2	1	86%	21%
Exeter	2	2	1	0	0	0	1	0	50%	50%
Foster	1	1	0	0	0	1	0	0	100%	0%
Glocester	3	3	0	1	1	0	0	1	100%	33%
Hopkinton	3	1	0	2	1	0	0	0	100%	0%
Jamestown	1	1	0	0	0	1	0	0	100%	0%
Johnston	20	18	5	4	8	1	2	0	75%	10%
Lincoln	5	5	0	2	1	0	1	1	100%	40%
Little Compton	1	0	1	0	0	0	0	0	0%	0%
Middletown	11	6	6	1	0	1	3	0	45%	27%
Narragansett	2	1	1	0	1	0	0	0	50%	0%
New Shoreham	1	1	1	0	0	0	0	0	0%	0%
Newport	4	3	1	0	2	0	1	0	75%	25%
North Kingstown	7	4	1	0	2	1	3	0	86%	43%
North Providence	10	7	2	3	2	0	3	0	80%	30%
North Smithfield	2	1	1	1	0	0	0	0	50%	0%
Pawtucket	13	12	0	4	4	0	4	1	100%	38%
Portsmouth	4	2	3	1	0	0	0	0	25%	0%
Providence	53	40	13	9	12	5	9	5	75%	26%
Richmond	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Scituate	1	1	0	0	1	0	0	0	100%	0%
Smithfield	8	6	2	1	3	1	1	0	75%	13%
South Kingstown	13	8	4	2	2	2	2	1	69%	23%
Tiverton	3	2	0	1	1	0	1	0	100%	33%
Warren	5	2	2	1	0	0	2	0	60%	40%
Warwick	23	21	2	5	5	5	6	0	91%	26%
West Greenwich	3	2	0	1	2	0	0	0	100%	0%
West Warwick	6	5	1	0	2	1	1	1	83%	33%
Westerly	7	4	2	0	2	0	3	0	71%	43%
Woonsocket	11	11	1	1	2	1	4	2	91%	55%
Four Core Cities	*80*	*66*	*14*	*14*	*19*	*7*	*18*	*8*	*83%*	*33%*
Remainder of State	*237*	*169*	*60*	*51*	*55*	*17*	*45*	*9*	*75%*	*23%*
Rhode Island	*317*	*235*	*74*	*65*	*74*	*24*	*63*	*17*	*77%*	*25%*

High-Quality Early Learning Programs

Licensed Family Child Care Programs by Preferred Language, Rhode Island, 2021

33% (135) English Only
66% (267) Spanish Only
<1% (1) Bilingual in English and Spanish



n=403

Source: Rhode Island Department of Human Services, Licensed family child care providers, 2021.

◆ **In 2021, Of the 403 licensed family child care providers in Rhode Island, 33% preferred English communication, 66% preferred Spanish communication, and <1% preferred another language for communication. Information about providers who spoke more than one language was not available.[18]**

◆ **As of December 2020, of the children in the CCAP program with reported Hispanic ethnicity, 59% were enrolled in a center, 40% were enrolled in family child care, and 1% were enrolled in license-exempt care. In comparison, of all children in the CCAP program, 77% were enrolled in a center, 22% were enrolled in family child care, and 1% were enrolled in license-exempt care.[19]**

Table 38.

Licensed Family Child Care Homes Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2021

CITY/TOWN	LICENSED PROGRAMS	PROGRAMS THAT ACCEPT CCAP	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY 4 STARS	HIGH-QUALITY 5 STARS	% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
Barrington	4	1	2	2	0	0	0	0	50%	0%
Bristol	5	1	3	2	0	0	0	0	40%	0%
Burrillville	1	1	0	1	0	0	0	0	100%	0%
Central Falls	15	15	0	12	3	0	0	0	100%	0%
Charlestown	1	0	1	0	0	0	0	0	0%	0%
Coventry	3	1	2	1	0	0	0	0	33%	0%
Cranston	37	35	5	18	14	0	0	0	86%	0%
Cumberland	7	2	6	1	0	0	0	0	14%	0%
East Greenwich	0	0	NA	NA	NA	NA	NA	NA	NA	NA
East Providence	2	1	1	1	0	0	0	0	50%	0%
Exeter	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Foster	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Glocester	1	0	1	0	0	0	0	0	0%	0%
Hopkinton	1	1	0	1	0	0	0	0	100%	0%
Jamestown	1	0	1	0	0	0	0	0	0%	0%
Johnston	9	8	0	6	3	0	0	0	100%	0%
Lincoln	5	1	4	1	0	0	0	0	20%	0%
Little Compton	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Middletown	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Narragansett	1	0	1	0	0	0	0	0	0%	0%
New Shoreham	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Newport	1	0	1	0	0	0	0	0	0%	0%
North Kingstown	3	0	2	1	0	0	0	0	33%	0%
North Providence	7	6	1	6	0	0	0	0	86%	0%
North Smithfield	3	2	0	2	0	0	1	0	100%	33%
Pawtucket	30	27	5	14	10	1	0	0	83%	0%
Portsmouth	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Providence	241	235	16	129	91	2	3	0	93%	1%
Richmond	1	0	1	0	0	0	0	0	0%	0%
Scituate	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Smithfield	1	1	1	0	0	0	0	0	0%	0%
South Kingstown	3	3	1	1	1	0	0	0	67%	0%
Tiverton	1	1	0	1	0	0	0	0	100%	0%
Warren	1	1	0	1	0	0	0	0	100%	0%
Warwick	7	3	5	2	0	0	0	0	29%	0%
West Greenwich	0	0	NA	NA	NA	NA	NA	NA	NA	NA
West Warwick	3	2	2	1	0	0	0	0	33%	0%
Westerly	2	1	1	1	0	0	0	0	50%	0%
Woonsocket	6	6	0	5	1	0	0	0	100%	0%
Four Core Cities	*292*	*283*	*21*	*160*	*105*	*3*	*3*	*0*	*93%*	*1%*
Remainder of State	*111*	*72*	*42*	*50*	*18*	*0*	*1*	*0*	*62%*	*1%*
Rhode Island	*403*	*355*	*63*	*210*	*123*	*3*	*4*	*0*	*84%*	*1%*

Table 39.

Public Schools with Preschool Classrooms Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2021

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	2	0	0	0	0	0	0%	0%
Chariho	1	1	0	0	0	0	0	0%	0%
Coventry	1	0	0	0	0	0	1	100%	100%
Cranston	6	0	0	0	3	2	1	100%	50%
Cumberland	1	1	0	0	0	0	0	0%	0%
East Greenwich	1	0	0	0	1	0	0	100%	0%
East Providence	2	1	0	0	0	0	1	50%	50%
Exeter-West Greenwich	1	0	0	0	0	1	0	100%	100%
Foster	1	1	0	0	0	0	0	0%	0%
Glocester	1	1	0	0	0	0	0	0%	0%
Jamestown	1	0	0	0	0	1	0	100%	100%
Johnston	1	0	0	0	0	1	0	100%	100%
Lincoln	1	0	0	1	0	0	0	100%	0%
Little Compton	1	1	0	0	0	0	0	N/A	N/A
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	0	1	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	1	100%	67%
Portsmouth	1	0	0	0	0	1	0	100%	100%
Providence	5	1	0	0	3	1	0	80%	20%
Scituate	1	1	0	0	0	0	0	0%	0%
Smithfield	1	0	0	0	0	1	0	100%	100%
South Kingstown	1	1	0	0	0	0	0	0%	0%
Tiverton	2	2	0	0	0	0	0	0%	0%
Warwick	2	2	0	0	0	0	0	0%	0%
West Warwick	2	2	0	0	0	0	0	0%	0%
Westerly	1	0	0	0	0	1	0	100%	100%
Woonsocket	2	2	0	0	0	0	0	0%	0%
Charter Schools	*1*	*1*	*0*	*0*	*0*	*0*	*0*	*0%*	*0%*
RI School for the Deaf	*1*	*0*	*0*	*0*	*0*	*1*	*0*	*100%*	*100%*
Four Core Cities	*12*	*5*	*1*	*0*	*3*	*2*	*1*	*58%*	*25%*
Remainder of State	*42*	*21*	*0*	*3*	*4*	*5*	*3*	*54%*	*20%*
Rhode Island	*54*	*26*	*1*	*3*	*7*	*13*	*4*	*52%*	*31%*

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 2021. Data on public schools are from the Rhode Island Department of Education, January 2021. Data on BrightStars quality ratings are from the Rhode Island Association for the Education of Young Children, January 2021.

High-quality rating means a BrightStars rating of four or five stars.

NA=Not applicable.

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

References

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[7,8] Workman, S. & Ullrich, R. (2017). *Quality 101: Identifying the core components of a high-quality early childhood program.* Washington, DC: Center for American Progress.

[10] Rhode Island Association for the Education of Young Children. (n.d.). *Frequently asked questions about BrightStars Quality Rating & Improvement System.* Retrieved March 20, 2021, from www.brightstars.org

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

(continued on page 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

Learning disparities appear early and grow over time without access to enriching early learning experiences. Participation in high-quality early learning programs, including high-quality preschool, helps to ensure children enter school with the skills needed to succeed. Without government funding, children from low-income families and Black and Latino children would have less access to high-quality preschool than higher-income and white families.[1,2]

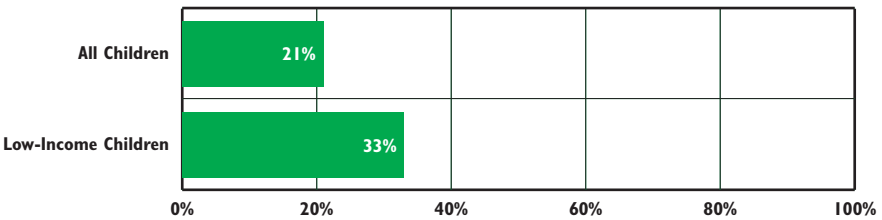
Decades of research have shown that high-quality preschool programs help children gain academic and social-emotional skills and knowledge prior to school entry and can produce positive outcomes that last well into the school years, including reduced need for special education services and improved high school graduation rates.[3,4]

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 provides 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]

As of 2020, 44 states and the District of Columbia operated state Pre-K programs, serving 34% of four-year-olds and 6% of three-year olds across the U.S. The RI Pre-K program was launched in 2009 and serves four-year-olds in public schools, Head Start agencies, and child care programs that meet the same quality standards.[7] *The Rhode Island Prekindergarten Education Act* establishes a state goal to provide access to publicly-funded, high-quality Pre-K for all three- and four-year-olds by building on existing early childhood education infrastructure.[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, 2020-2021



Source: Rhode Island KIDS COUNT calculations using October 2020 enrollment in Head Start and RI Pre-K as numerator and Census 2010 four-year-old population as denominator with low-income population estimated using the % of children receiving free or reduced-price lunch.

◆ **As of the 2020-2021 school year, there were 2,477 children enrolled in either Head Start or RI Pre-K during the year before kindergarten, down from 2,584 the previous year. This is approximately 21% of all children and 33% of low-income children. Of those enrolled, 629 (25%) were enrolled in Head Start, 176 (7%) were enrolled in both Head Start and RI Pre-K through braided funding, and 1,672 (68%) were enrolled in RI Pre-K.**[10,11,12]

◆ **Children in the four core cities were more likely to be enrolled in Head Start or RI Pre-K (33%) than children in the remainder of the state (13%).**[13,14]

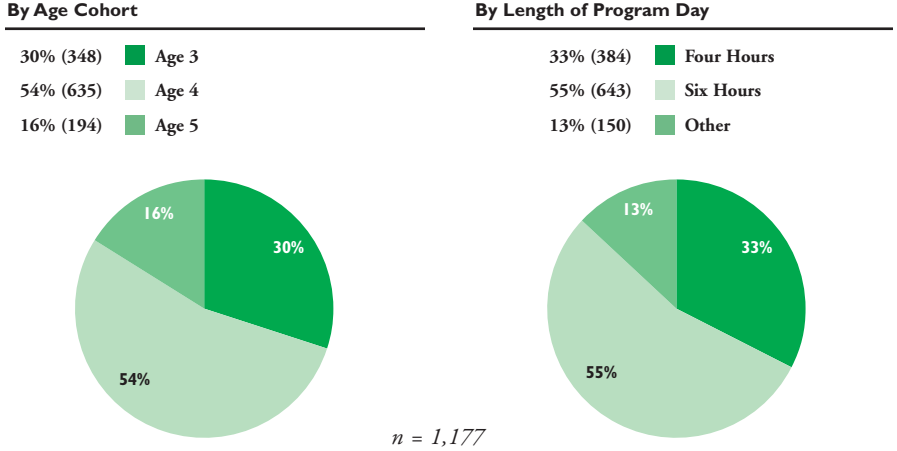
◆ **Also, in 2020, there were 935 three-year-olds and 879 four-year-olds enrolled in a child care program with a subsidy through the Child Care Assistance Program (CCAP) managed by the Rhode Island Department of Human Services. Children in RI Pre-K or Head Start may also participate in CCAP because Head Start and RI Pre-K do not cover the entire work day or work year for many families. In 2020, 9% 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.**[15,16]

◆ **In 2020, there were 2,904 three- and 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.**[17]

◆ **As of 2020, Rhode Island ranked 1st in the U.S. and DC (tied with five other states) for meeting research-based Pre-K quality benchmarks, but 32nd in the U.S. for enrollment of four-year-olds.**[18]

Children Enrolled in Head Start or RI Pre-K

Children Enrolled in Head Start, Rhode Island, 2020

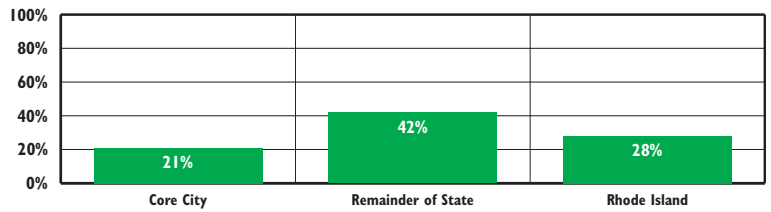


n = 1,177

Source: Rhode Island Head Start program data compiled by Rhode Island KIDS COUNT, October 2020.

◆ **In October 2020 in Rhode Island, there were 1,177 children ages 3-5 enrolled in Head Start, down 41% from the 2,010 children enrolled the previous year, prior to the pandemic.[19,20]**

Estimated Percentage of Eligible Children Enrolled in Head Start by Child's Residence, Rhode Island, 2020



Source: Rhode Island KIDS COUNT calculations. The numerator is Rhode Island Head Start program enrollment data, October 2020. 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 2015-2019 American Community Surveys.

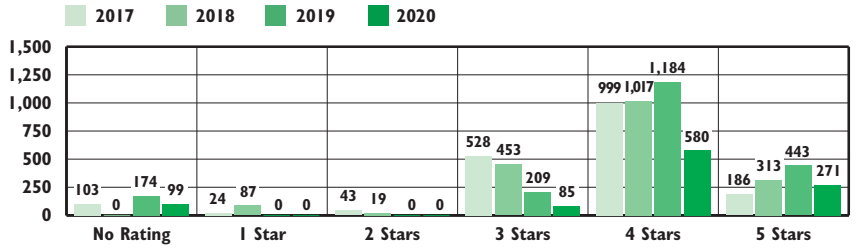
◆ **As of 2020, approximately 28% of Rhode Island preschool-age children living in poverty were enrolled in Head Start, down from 43% the previous year, prior to the pandemic.[21,22]**

Head Start Quality and 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.[23]**

◆ **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, attend college, and receive a post-secondary degree, license or cerition.[24,25]**

Children Enrolled in Head Start by BrightStars Rating of Site, Rhode Island, 2017-2020



Source: Rhode Island Head Start data compiled by Rhode Island KIDS COUNT, October 2017-2020.

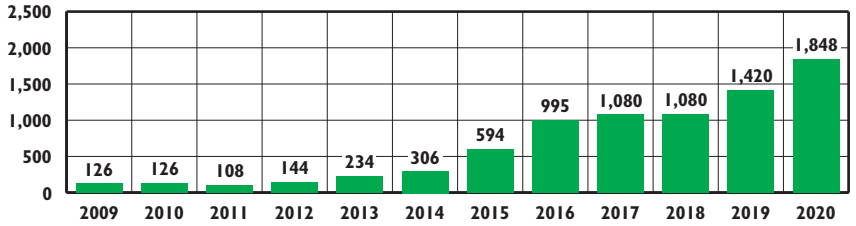
◆ **As of October 2020, 82% of children enrolled in Head Start were in a program that had achieved a high-quality BrightStars rating of four or five stars. In comparison, only 23% of preschoolers in the CCAP were enrolled in a program that had achieved a high-quality BrightStars rating.[26,27]**

Head Start and Children with High Needs

◆ **Rhode Island Head Start programs serve significant numbers of children with high needs. As of 2020, 121 (10%) children enrolled in Head Start had developmental delays or disabilities and received special education services through their local school districts. Also, in 2020, 30 (3%) of Head Start children were in foster care, and 12 (1%) were homeless.[28]**

Children Enrolled in Head Start or RI Pre-K

RI Pre-K Enrollment, 2009 through 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 program enrollment, October 2015 through 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.[29]

◆ As of the 2020-2021 school year, there were 101 RI Pre-K classrooms in Rhode Island with a total of 1,848 children enrolled, which is approximately 15% of all four-year-olds. As of the 2020-2021 school year, 39% of the classrooms were operated by Head Start agencies, 36% were operated by child care programs, and 26% were operated by public schools.[30]

◆ In 2020-2021, 135 very low-income children were enrolled in both Head Start and RI Pre-K with braided funding. These classrooms are economically integrated and meet both the Head Start and the RI Pre-K standards.[31,32]

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.[33]

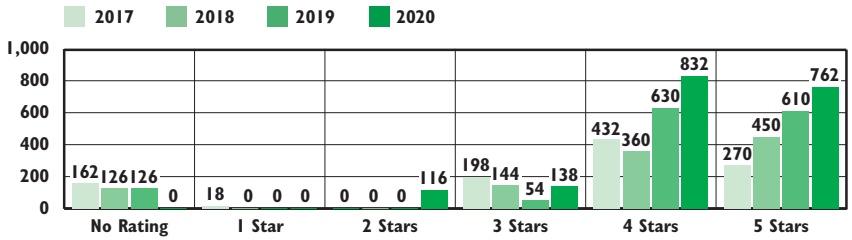
◆ In 2020-2021, 1,194 (65%) children enrolled in RI Pre-K were low-income and 654 (35%) were higher income.[34]

RI Pre-K Quality and Effectiveness

◆ In 2020, RI Pre-K was one of only six 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.[35]

◆ 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.[36]

Children Enrolled in RI Pre-K by BrightStars Rating of Site, Rhode Island, 2017-2020



Source: Rhode Island Department of Education, 2017-2020.

◆ As of 2020, 86% of children enrolled in RI Pre-K were in program sites with high-quality BrightStars ratings (four or five stars). In comparison, only 23% of preschoolers in CCAP were enrolled in programs with high-quality BrightStars ratings.[37,38]

RI Pre-K and Children with High Needs

◆ RI Pre-K classrooms serve significant numbers of children with high needs. As of October 2020, 210 (11%) children in RI Pre-K had a developmental delay or disability, 89 (5%) were in foster care, and 5 (< 1%) were homeless.[39]

◆ Race and ethnicity data was available for 1,820 children enrolled in RI Pre-K. Of these children, 2% were American Indian, 5% were Asian/Pacific Islander, 23% were Black, 29% were Hispanic/Latino, 12% were Two or More Races, 29% were white.[40]

Table 40. **Children Enrolled in Head Start or RI Pre-K, Rhode Island, 2020**

SCHOOL DISTRICT	CHILDREN AGE 3 ENROLLED IN HEAD START (ALL LOW-INCOME)	# CHILDREN AGE 4	% LOW-INCOME CHILDREN	ESTIMATED # LOW-INCOME CHILDREN AGE 4	AGE 4					
					ENROLLED IN HEAD START ONLY (ALL LOW-INCOME)	DUAL ENROLLED RI PRE-K/ HEAD START (ALL LOW-INCOME)	ENROLLED IN RI PRE-K ONLY LOW-INCOME	ENROLLED IN RI PRE-K ONLY 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	2	199	4%	8	1	0	0	0	13%	1%
Bristol	4	206	28%	58	14	0	0	0	24%	7%
Burrillville	6	173	35%	61	7	0	0	0	12%	4%
Central Falls	5	345	87%	300	9	0	101	9	37%	34%
Charlestown	2	81	19%	15	3	0	0	0	19%	4%
Coventry	12	366	29%	106	2	17	4	55	22%	21%
Cranston	50	862	42%	362	36	40	26	96	28%	23%
Cumberland	2	426	20%	85	3	0	0	0	4%	1%
East Greenwich	1	158	5%	8	0	0	0	0	0%	0%
East Providence	13	469	51%	239	30	0	96	102	53%	49%
Exeter	1	55	11%	6	2	0	0	0	33%	4%
Foster	0	53	25%	13	1	0	0	0	8%	2%
Glocester	0	106	11%	12	1	0	0	0	9%	1%
Hopkinton	0	87	19%	17	4	0	0	0	24%	5%
Jamestown	0	50	5%	3	0	0	0	0	0%	0%
Johnston	9	278	42%	117	8	0	17	21	21%	17%
Lincoln	1	211	27%	57	3	0	0	0	5%	1%
Little Compton	0	28	14%	4	0	0	0	0	0%	0%
Middletown	9	226	27%	61	6	5	7	24	29%	19%
Narragansett	0	117	16%	19	2	0	0	0	11%	2%
New Shoreham	0	7	17%	1	0	0	0	0	0%	0%
Newport	23	232	70%	162	13	0	25	11	23%	21%
North Kingstown	6	318	20%	64	6	0	4	14	16%	8%
North Providence	22	282	45%	127	22	0	18	18	32%	21%
North Smithfield	0	108	18%	19	0	0	0	0	0%	0%
Pawtucket	19	1,006	71%	714	54	0	106	42	22%	20%
Portsmouth	2	196	14%	27	0	0	0	0	0%	0%
Providence	38	2,382	84%	2,001	317	0	466	92	39%	37%
Richmond	0	102	19%	19	3	0	0	0	15%	3%
Scituate	1	94	11%	10	0	0	0	0	0%	0%
Smithfield	2	169	9%	15	2	0	0	0	13%	1%
South Kingstown	0	273	19%	52	1	0	0	0	2%	0%
Tiverton	6	143	24%	34	9	0	0	0	26%	6%
Warren	5	127	28%	36	8	0	7	11	42%	20%
Warwick	34	850	31%	264	14	45	0	63	22%	14%
West Greenwich	1	53	11%	6	0	0	0	0	0%	0%
West Warwick	23	354	52%	184	7	19	19	34	24%	22%
Westerly	5	244	34%	83	7	0	6	12	16%	10%
Woonsocket	68	584	76%	444	34	50	116	50	45%	43%
Four Core Cities	*130*	*4,317*	*80%*	*3,454*	*414*	*50*	*789*	*193*	*36%*	*33%*
Remainder of State	*242*	*7,703*	*29%*	*2,234*	*215*	*126*	*229*	*461*	*26%*	*13%*
Rhode Island	*372*	*12,020*	*46%*	*5,529*	*629*	*176*	*1,018*	*654*	*33%*	*21%*

Source of Data for Table/Methodology

Rhode Island Head Start Programs, children enrolled as of October 2020. 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 2020.

The estimated number of children age four is from Census 2010, Summary File 1. The percentage of low-income four-year-olds is estimated using the percentage of students who qualified for free or reduced-price lunch (at or below 185% of the federal poverty level) in the local public school district with regional school district data used for all communities in the region.

The city/town table was redesigned in 2021. Percentages should not be compared with prior Factbooks.

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

References

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[2,4] Meloy, B., Gardner, M., & Darling-Hammond, L. (2019). *Untangling the evidence on preschool effectiveness: Insights for policymakers.* Washington, DC: Learning Policy Institute.

[5,23,24] Barnett, W. S. & Friedman-Krauss, A. H. (2016). *State(s) of Head Start.* New Brunswick, NJ: National Institute for Early Education Research.

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(continued on page 186)

Children Receiving Preschool Special Education Services

DEFINITION

Children receiving preschool special education services is the percentage of children ages three to five who have an Individualized Education Program (IEP) and are receiving special education services in Rhode Island.

SIGNIFICANCE

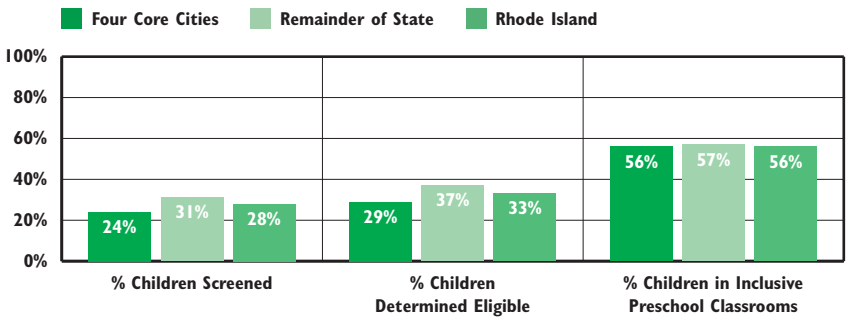
Preschool special education is an important component of the early care and education system, providing specially-designed instruction so each child can meet learning standards. The federal *Individuals with Disabilities Education Act (IDEA)* specifies that children ages three to five with developmental 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 2019-2020 school year in Rhode Island, districts completed developmental screenings for 28% of children ages three to five, down from 39% the previous year (pre-pandemic). Preschool-age children in the core cities were less likely to receive a developmental screening (24%) than children in the remainder of the state (31%). Of the children who were referred for evaluation based on positive screens, 33% 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 (37%).[6,7]

Approximately 17% of U.S. children ages three to 17 have a developmental disability, with higher prevalence among low-income children, children with low birthweight, and boys.[8] Under *IDEA*, each state sets its own criteria to determine eligibility for special education services, deciding which children are sufficiently delayed to need special education services.[9] In 2017, Rhode Island ranked in the top ten states for providing preschool special education services by serving 9.7% of children ages three to five compared with a U.S. average of 6.6%.[10]

Preschool Special Education Screening, Eligibility, and Inclusion Rates, Rhode Island, June 2020



Source: Rhode Island Department of Education, 2019-2020 Child Outreach Screening and Referral Rates and June 2020 Special Education Census. Percent children determined eligible is of those children referred for evaluation from Child Outreach screening.

◆ **In June 2020, there were 2,904 children ages three to five receiving preschool special education services (8% of all preschool children). Children in the four core cities were slightly less likely to receive preschool special education services (7%) than children in the remainder of the state (8%).[11,12]**

◆ **Preschool children with disabilities who attend high-quality preschool with typically developing children and receive special education services in inclusive settings have improved outcomes.[13] In June 2020 in Rhode Island, 56% of preschool-age children received special education services within inclusive early childhood classrooms, up from 52% the previous year.[14]**

◆ **More than four in 10 children receiving preschool special education services in Rhode Island received services outside of inclusive preschool programs, with 11% enrolled in a separate special education preschool class or school, 19% receiving services through "walk-in" visits to a service provider, 13% enrolled in a preschool setting but receiving special education services in another location, and less than 1% in a home or hospital.[15]**

◆ **In June 2020, 47% (1,364) of the 2,904 children receiving preschool special education services in Rhode Island qualified under the developmental delay category, 42% (1,228) had an identified speech/language disability, 7% (200) were diagnosed with autism, and 4% (112) had another diagnosed disability.[16]**

Children Receiving Preschool Special Education Services

Table 41. **Children Ages 3 to 5 Receiving Special Education Services, Rhode Island, 2020**

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	637	11%	45%	71%	45%	15	26%	42	57	9%
Bristol Warren	742	6%	36%	42%	28%	34	53%	30	64	9%
Burrillville	478	7%	38%	45%	30%	26	52%	24	50	10%
Central Falls	1,067	8%	44%	52%	35%	81	65%	44	125	12%
Chariho	644	9%	38%	39%	28%	35	48%	38	73	11%
Coventry	1,022	8%	34%	48%	30%	66	67%	32	98	10%
Cranston	2,746	7%	31%	47%	29%	93	48%	101	194	7%
Cumberland	1,274	3%	37%	49%	30%	51	57%	38	89	7%
East Greenwich	520	8%	37%	38%	29%	31	97%	*	32	6%
East Providence	1,493	5%	27%	48%	27%	76	77%	23	99	7%
Exeter-West Greenwich	357	8%	45%	36%	29%	*	28%	21	29	8%
Foster	108	8%	44%	48%	35%	*	80%	*	10	9%
Glocester	295	8%	44%	48%	35%	*	25%	21	28	9%
Jamestown	106	15%	58%	65%	45%	*	100%	0	*	6%
Johnston	885	8%	34%	54%	32%	55	80%	14	69	8%
Lincoln	798	10%	53%	58%	44%	57	71%	23	80	10%
Little Compton	67	5%	27%	30%	21%	*	50%	*	*	9%
Middletown	787	8%	35%	37%	27%	19	63%	11	30	4%
Narragansett	197	11%	67%	71%	51%	33	92%	*	36	18%
New Shoreham	34	0%	21%	71%	26%	*	100%	0	*	3%
Newport	1,000	9%	23%	26%	20%	34	72%	13	47	5%
North Kingstown	845	8%	47%	62%	40%	47	66%	24	71	8%
North Providence	1,028	5%	28%	42%	26%	37	43%	50	87	8%
North Smithfield	333	8%	54%	54%	38%	13	38%	21	34	10%
Pawtucket	2,925	5%	24%	40%	23%	127	51%	124	251	9%
Portsmouth	527	18%	51%	51%	39%	18	42%	25	43	8%
Providence	8,023	4%	26%	35%	22%	235	55%	193	428	5%
Scituate	302	8%	44%	48%	35%	11	46%	13	24	8%
Smithfield	503	16%	61%	67%	47%	27	52%	25	52	10%
South Kingstown	656	11%	50%	58%	41%	14	34%	27	41	6%
Tiverton	449	8%	30%	43%	27%	15	47%	17	32	7%
Warwick	2,524	4%	23%	32%	20%	104	56%	82	186	7%
West Warwick	1,071	8%	30%	45%	28%	56	79%	15	71	7%
Westerly	623	16%	52%	63%	43%	69	51%	65	134	22%
Woonsocket	1,726	4%	26%	54%	26%	126	59%	88	214	12%
Charter Schools	*NA*	*NA*	*NA*	*NA*	*NA*	*	*100%*	*0*	*	*NA*
RI School for the Deaf	*NA*	*NA*	*NA*	*NA*	*NA*	*0*	*0%*	*12*	*12*	*NA*
Four Core Cities	*13,741*	*5%*	*27%*	*39%*	*24%*	*569*	*56%*	*449*	*1,018*	*7%*
Remainder of State	*23,051*	*8%*	*36%*	*47%*	*31%*	*1,069*	*57%*	*804*	*1,873*	*8%*
Rhode Island	*36,792*	*7%*	*33%*	*44%*	*28%*	*1,639*	*56%*	*1,265*	*2,904*	*8%*

Sources of Data for Table/Methodology

Rhode Island Department of Education (RIDE), June 2020 Special Education Census.

2019-2020 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 2019-2020 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 and related services in a general early childhood class in a public school, a Head Start program, RI Pre-K, or a community-based child care program.

NA=Not applicable

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

References

[1,3,9,13] Hebbeler, K. & Spiker, D. (2016). Supporting young children with disabilities. *The Future of Children, 26*(2), 185-205.

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[4,5] *Rhode Island's guidelines for implementing Child Outreach screening.* (2018). Providence, RI: Rhode Island Department of Education.

[6] Rhode Island Department of Education, 2019-2020 Child Outreach Screening Rates and Referral Rates.

(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 opportunities to obtain a high-quality education have been well-documented throughout the country.[1]

On October 1, 2020, there were 139,184 students enrolled in Rhode Island public schools in preschool through grade 12, a decrease of 3% from 143,928 on October 1, 2010.[2] Of these students, 28% (39,412) were attending schools in the four core cities (communities with the highest child poverty rates), 63% (88,148) were attending schools in the remaining districts, and 8% (11,624) attended charter schools, state-operated schools, or the Urban Collaborative Accelerated Project (UCAP). There were an additional 8,673 Rhode Island students attending private and parochial schools (including out-of-state schools), and 3,335 students were home-schooled, an increase of 79% from the previous year.[3]

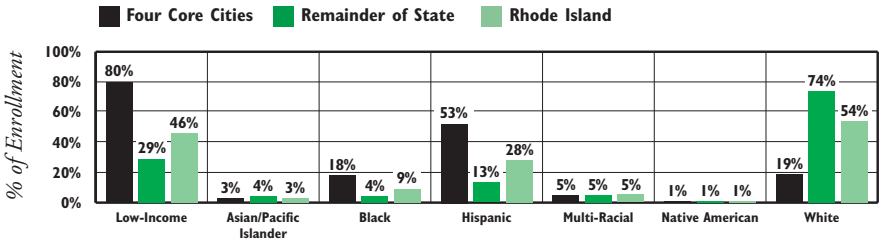
As of October 1, 2020, there were 59,280 students in grades K-5; 32,450 in grades 6-8; and 45,178 in grades 9-12. There were 2,276 children enrolled in preschool classrooms in Rhode Island public schools.[4] During the 2020-2021 school year, 1,848 children were enrolled in RI Pre-K in 25 public school classrooms and 76 community-based center classrooms.[5]

In October 2020, 54% of Rhode Island public school students were white, 28% were Hispanic, 9% were Black, 5% were Multi-Racial, 3% were Asian/Pacific Islander, and 1% were Native American. In October 2020, 46% 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. As of October 1, 2020, 15% of Rhode Island public school students were receiving special education services and 11% were Multilingual Learners/English Learners.[7]

Nationally and in Rhode Island, the COVID-19 pandemic is likely to exacerbate unacceptable and persistent inequities in education. Lost instruction time caused by school closures and the challenges of distance learning is expected to significantly delay academic progress.[8] As of October 14, 2020, 43% of Rhode Island public school students, 47% of low-income students, 45% of Students of Color, 40% of Multilingual Learners, and 38% of students with disabilities were enrolled in in-person learning.[9]

Rhode Island Public School Enrollment by Low-Income Status, Race and Ethnicity, October 1, 2020

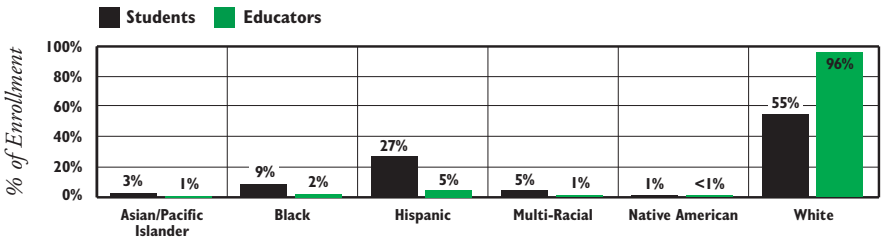


Source: Rhode Island Department of Education, October 1, 2020.

◆ **On October 1, 2020, 81% of students enrolled in the four core cities were Students of Color, compared with 26% in the remainder of state, and 80% of students enrolled in the four core cities were low-income, compared with 29% in the remainder of the state.[10]**

Rhode Island Educator Demographics

Rhode Island Public School Student Enrollment and Educator Demographics by Race and Ethnicity, October 1, 2019



Source: Rhode Island Department of Education, State Report Card, 2019-2020 school year. Hispanic educators may be included in any race category.

◆ **Educators of Color benefit all students, especially Students of Color. Students of Color demonstrate long-term academic achievement including higher reading and math test scores, decreased likelihood of dropping out of high school, increased likelihood of going to college, and increased social and emotional development in classes with Teachers of Color.[11]**

◆ **In October 2019, 96% (12,383) of Rhode Island public school educators identified as white, 5% (479) as Hispanic, 2% (272) as Black, 1% (127) as Asian/Pacific Islander, 1% (93) as Multi-Racial, and less than 1% (31) as Native American.[12]**

Table 42. **Rhode Island Public School Enrollment by Grade and Demographic Groups, October 1, 2020**

	ENROLLMENT BY GRADE LEVEL*				ENROLLMENT BY DEMOGRAPHIC GROUPS							
SCHOOL DISTRICT	PRE-SCHOOL	ELEMEN-TARY	MIDDLE	HIGH	% LOW-INCOME	% ASIAN PACIFIC ISLANDER+	% BLACK	% HISPANIC**	% MULTI-RACIAL	% NATIVE AMERICAN	% WHITE	TOTAL ENROLL-MENT
Barrington	42	1,391	844	1,111	4%	7%	2%	5%	5%	<1%	81%	3,388
Bristol Warren	31	1,324	708	998	28%	2%	2%	7%	5%	<1%	85%	3,061
Burrillville	23	883	500	700	35%	1%	1%	5%	3%	<1%	90%	2,106
Central Falls	195	1,119	626	840	87%	1%	16%	53%	3%	12%	16%	2,780
Chariho	77	1,193	705	1,168	19%	1%	<1%	3%	4%	1%	91%	3,143
Coventry	123	1,774	1,038	1,455	29%	2%	2%	5%	2%	<1%	88%	4,390
Cranston	128	4,344	2,466	3,465	42%	9%	5%	31%	6%	1%	48%	10,403
Cumberland	92	1,958	1,082	1,470	20%	5%	3%	13%	3%	<1%	76%	4,602
East Greenwich	36	1,033	641	822	5%	7%	1%	7%	5%	<1%	81%	2,532
East Providence	173	2,119	1,148	1,601	51%	2%	10%	13%	10%	1%	64%	5,041
Exeter-West Greenwich	44	665	335	520	11%	1%	2%	4%	2%	<1%	91%	1,564
Foster	6	202	0	0	25%	0%	<1%	3%	1%	0%	95%	208
Foster-Glocester	0	0	446	937	10%	1%	1%	3%	3%	<1%	92%	1,383
Glocester	4	519	0	0	11%	<1%	1%	3%	3%	0%	92%	523
Jamestown	13	289	158	2	5%	1%	<1%	1%	3%	0%	95%	462
Johnston	108	1,406	775	821	42%	3%	6%	25%	1%	<1%	65%	3,110
Lincoln	76	1,395	774	968	27%	4%	5%	8%	3%	<1%	80%	3,213
Little Compton	7	124	78	0	14%	0%	0%	<1%	3%	0%	96%	209
Middletown	13	875	475	592	27%	4%	6%	14%	9%	1%	68%	1,955
Narragansett	66	399	255	501	16%	2%	1%	3%	6%	1%	87%	1,221
New Shoreham	0	72	32	44	17%	2%	1%	16%	4%	0%	78%	148
Newport	17	882	433	663	70%	2%	11%	36%	13%	2%	36%	1,995
North Kingstown	75	1,479	862	1,507	20%	2%	2%	7%	5%	<1%	83%	3,923
North Providence	58	1,470	849	1,148	45%	3%	14%	23%	5%	<1%	54%	3,525
North Smithfield	30	640	435	518	18%	2%	2%	9%	4%	0%	83%	1,623
Pawtucket	150	3,798	2,251	2,251	71%	1%	30%	28%	7%	<1%	34%	8,450
Portsmouth	14	896	504	880	14%	2%	2%	5%	3%	<1%	87%	2,294
Providence	262	9,607	5,309	7,262	84%	4%	15%	67%	4%	1%	8%	22,440
Scituate	7	503	292	395	11%	1%	1%	3%	1%	0%	94%	1,197
Smithfield	43	1,010	574	737	9%	1%	1%	8%	4%	<1%	86%	2,364
South Kingstown	48	1,101	652	949	19%	2%	2%	6%	6%	3%	81%	2,750
Tiverton	20	768	403	500	24%	2%	3%	3%	3%	<1%	89%	1,691
Warwick	123	3,594	1,927	2,496	31%	4%	3%	13%	5%	<1%	75%	8,140
West Warwick	50	1,614	870	1,017	52%	3%	5%	17%	4%	1%	70%	3,551
Westerly	59	975	613	786	34%	2%	1%	10%	7%	1%	78%	2,433
Woonsocket	31	2,669	1,368	1,674	76%	5%	11%	37%	7%	<1%	40%	5,742
Charter Schools	*24*	*5,164*	*1,888*	*2,618*	*51%*	*2%*	*17%*	*56%*	*4%*	*1%*	*20%*	*9,694*
State-Operated Schools	*8*	*26*	*20*	*1,762*	*66%*	*2%*	*17%*	*48%*	*4%*	*<1%*	*29%*	*1,816*
UCAP	*0*	*0*	*114*	*0*	*36%*	*1%*	*20%*	*71%*	*4%*	*0%*	*4%*	*114*
Four Core Cities	*638*	*17,193*	*9,554*	*12,027*	*80%*	*3%*	*18%*	*53%*	*5%*	*1%*	*19%*	*39,412*
Remainder of State	*1,606*	*36,897*	*20,874*	*28,771*	*29%*	*4%*	*4%*	*13%*	*5%*	*1%*	*74%*	*88,148*
Rhode Island	*2,276*	*59,280*	*32,450*	*45,178*	*46%*	*3%*	*9%*	*28%*	*5%*	*1%*	*54%*	*139,184*

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in preschool through grade 12 as of October 1, 2020.

*Preschool includes students enrolled in half-day or full-day preschool through the public school district (primarily preschool special education classrooms). As of October 1, 2020, the RI Pre-K program served 1,848 children in 101 classrooms, 39% operated by Head Start agencies, 37% operated by child care programs, and 25% operated by public schools. Elementary includes students in kindergarten through 5th grade, middle includes 6th through 8th grades, and high includes 9th through 12th grades.

Children are counted as low-income if they are eligible for a Free or Reduced-Price Lunch Program.

+Data for Asian and Pacific Islander students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

State-operated schools include: Metropolitan Regional Career and Technical Center, William M. Davies Jr. Career & Technical High School, DCYF, and the Rhode Island School for the Deaf.

Charter Schools include: Achievement First Rhode Island, Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Charette High School, The Compass School, Paul Cuffee Charter School, 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, SouthSide Elementary Charter School, Trinity Academy for the Performing Arts, and The Village Green Virtual Public Charter School.

UCAP is the Urban Collaborative Accelerated Program.

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 are 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]

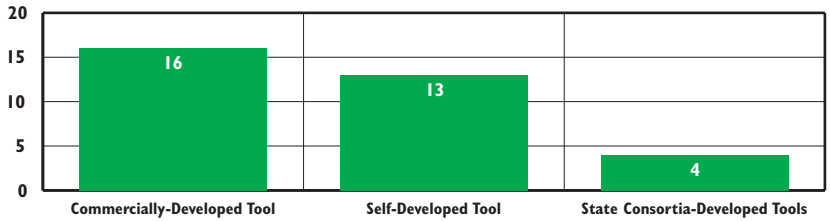
The transition to kindergarten is an important point in a child's educational experience, marking either the start of their formal education or the transition between preschool, which is not universally available or guaranteed as part of most states' public education systems, to the early elementary 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 2019, approximately 65% of four-year-olds and 43% 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, 2020, there were 8,948 children enrolled in public kindergarten in Rhode Island, down 11% from the 10,038 children enrolled the previous year. National reports indicate that kindergarten enrollment dropped 13% to 16% from pre-pandemic levels.[13,14,15]**

◆ **There were 8,048 kindergarteners in traditional public schools (down 13% from 2019), 895 in public charter schools (up 10% from 2019), and five in a state-operated school (Rhode Island School for the Deaf). All were enrolled in full-day classrooms.[16,17]**

Young Multilingual Learners/English Learners

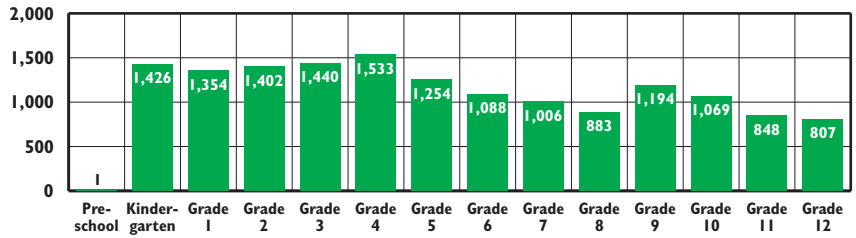
◆ Language learning is most effective and efficient during the early childhood years, between birth and age eight. Infants and young children learn new languages faster and with more competence than older children and adults.[18]

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

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

◆ In Rhode Island, students in kindergarten through fourth grades are more likely to be Multilingual Learners/English Learners (MLLs/ELs) than older students. In 2019-2020, 4,182 children in grades K-3 (10% of all children in grades K-3 in Rhode Island) were MLL/ELs. Only one child in a public school preschool classroom in Rhode Island (less than 1% of the 1,743 children enrolled in public school preschool classrooms) was identified as multilingual. Of the 1,426 kindergarteners who were MLLs/ELs, 40% were enrolled in the Providence Public Schools, 22% were in one of the other three core city public school districts, and 15% were in a public charter school.[21]

Multilingual Learners/English Learners by Grade Level, Rhode Island, 2019-2020 School Year



Source: Rhode Island Department of Education, 2019-2020.

Kindergartners and School Suspensions

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

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

School Suspensions in Kindergarten, Rhode Island, 2019-2020

DISTRICT	NUMBER OF KINDERGARTNERS SUSPENDED	NUMBER OF SUSPENSIONS FOR KINDERGARTNERS	NUMBER OF DAYS KINDERGARTNERS WERE SUSPENDED
Central Falls	0	0	0
Pawtucket	*	2	2
Providence	11	17	18
Woonsocket	10	22	28
Charter Schools	*	*8*	*8*
Remainder of State	*36*	*60*	*87*
Rhode Island	*66*	*109*	*143*

Source: Rhode Island Department of Education, 2019-2020. *Fewer than 10 students are in this category.

◆ In 2019-2020 in Rhode Island, there were 66 kindergartners who were suspended at least one day, 52% of whom had a developmental delay or disability. Kindergartners experienced 109 disciplinary actions, with 93 out-of-school suspensions and 16 in-school suspensions. These students were suspended for a total of 143 days.[24]

◆ Compared to the 2018-2019 school year, the number of kindergartners who were suspended decreased by 18%, the number of suspensions by 18%, and the number of days kindergartners were suspended by 16%. Decreases in suspensions may be attributed to decreased use or underreporting of disciplinary actions during distance learning.[25,26]

(References are on page 187)

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 2015 and 2019, 77% of Rhode Island children ages six to 17 had all parents in the workforce, higher than the U.S. rate of 72%.[4]

School hours only cover 20% of the time children and youth have available for learning, forming friendships, developing and practicing skills, and exploring interests. What children do during out-of-school time matters for success in school and life. Yet, there are not enough affordable, high-quality, out-of-school time programs to meet the needs of families and youth. Increased federal, state, and local investments are needed to expand access to high-quality programs and to build and sustain an effective out-of-school time workforce.[5,6]

Students Served by 21st Century Community Learning Centers by Grade Span, Rhode Island, 2019-2020 School Year

SCHOOL DISTRICT	GRADES PK-3	GRADES 4-5	GRADES 6-8	GRADES 9-12	TOTAL
Cranston	116	56	109	2	283
East Providence	62	45	151	0	258
Newport	388	225	275	356	1,244
Pawtucket	458	264	10	0	732
Providence	290	191	1,250	2,101	3,832
West Warwick	107	39	0	0	146
Woonsocket	187	130	150	557	1,024
Charter Schools	*164*	*121*	*96*	*105*	*486*
State-Operated Schools			*4*	*60*	*64*
UCAP			*123*	*1*	*124*
Rhode Island	*1,772*	*1,071*	*2,168*	*3,182*	*8,193*

Source: RI Department of Education, Office of Student, Community and Academic Supports, 2019-2020 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 2019-2020 school year in Rhode Island, 21st Century Community Learning Center grantees served 8,193 children and youth, down from 10,439 the previous year, before the pandemic. Of these, 22% were in grades PK-3, 13% were in grades 4-5, 26% were in grades 6-8, and 39% were in grades 9-12.**[7]

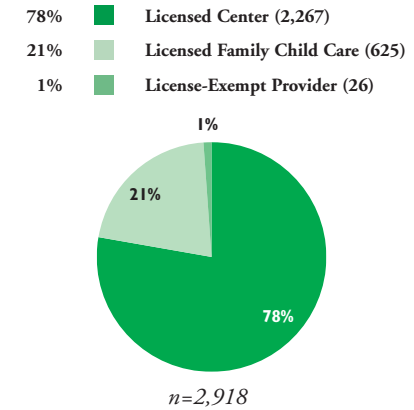
◆ **During the summer of 2019, 1,852 Rhode Island children entering grades Pre-K through 12 participated in 21st Century Community Learning Center programs, down from 2,277 the previous summer; 616 (33%) entering grades PK-3, 424 (23%) entering grades 4-5, 355 (19%) entering grades 6-8, and 457 (25%) entering grades 9-12.**[8]

◆ **During the summer of 2019, 890 Rhode Island children in kindergarten through grade 12 participated in Hasbro Summer Learning programs funded by United Way of Rhode Island.**[9]

Out-of-School Time Learning & COVID-19

◆ **Afterschool and summer programs have helped families return to work or continue to work during the pandemic by offering safe, supportive spaces for distance learning. School-age children and adolescents benefit from programs where they can explore interests, develop social-emotional skills, and have fun.**[10]

School-Age Child Care Subsidies by Type of Setting, Rhode Island, 2020



n=2,918

Source: Rhode Island Department of Human Services, December 2020.

◆ **In January 2021 in Rhode Island, there were 12,017 slots for school-age children and youth in licensed centers. Seventy-two percent of the slots were in independently licensed school-age programs and 28% were in licensed early childhood centers. In addition, there were 403 family child care homes licensed to serve school-age children and youth.**[11]

◆ **In January 2021 in Rhode Island, there were 98 independently licensed school-age programs and 78 were participating in BrightStars, Rhode Island's Quality Rating and Improvement System. Of the 98 licensed programs, 20% had no rating, 24% had a one- star, 22% had a two- star, 22% had a three-star, 9% had a four-star, and 1% had a five-star rating.**[12]

Table 43. **Licensed School-Age Child Care Center Slots for Children Ages Six to 12 Rhode Island, January 2021**

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	99	180
Bristol	1,421	0	150	150
Burrillville	1,456	0	266	266
Central Falls	2,045	88	0	88
Charlestown	616	0	60	60
Coventry	3,142	122	100	222
Cranston	6,331	383	565	948
Cumberland	2,976	0	877	877
East Greenwich	1,482	61	0	61
East Providence	3,395	82	536	618
Exeter	480	32	140	172
Foster	369	26	0	26
Glocester	809	38	0	38
Hopkinton	741	0	52	52
Jamestown	429	0	50	50
Johnston	2,119	189	0	189
Lincoln	1,900	40	545	585
Little Compton	299	0	26	26
Middletown	1,442	40	132	172
Narragansett	856	0	60	60
New Shoreham	73	0	0	0
Newport	1,399	87	198	285
North Kingstown	2,581	82	74	156
North Providence	2,073	37	368	405
North Smithfield	1,002	40	130	170
Pawtucket	6,015	316	638	954
Portsmouth	1,622	0	146	146
Providence	15,342	856	1,853	2,709
Richmond	777	0	88	88
Scituate	935	26	0	26
Smithfield	1,445	111	96	207
South Kingstown	2,199	69	50	119
Tiverton	1,201	36	75	111
Warren	770	26	60	86
Warwick	6,195	251	656	907
West Greenwich	624	0	0	0
West Warwick	2,155	51	73	124
Westerly	1,850	72	70	142
Woonsocket	3,653	110	432	542
Four Core Cities	*27,055*	*1,370*	*2,923*	*4,293*
Remainder of State	*59,202*	*1,982*	*5,742*	*7,724*
Rhode Island	*86,257*	*3,352*	*8,665*	*12,017*

Source of Data for Table/Methodology

Number of children ages six to 12 years is from the U.S. Census Bureau, Census 2010 Summary File 1.

Rhode Island Department of Human Services, number of licensed child care center slots and programs for school-age children, January 2021. These numbers do not include licensed family child care home slots or community programs for youth that are exempt from licensing.

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

References

[1] Mahoney, J. L., Parente, M. E., & Zigler, E. F. (2009). Afterschool programs in America: Origins, growth, popularity, and politics. *Journal of Youth Development, 4*(3).

[2] McCombs, J., Whitaker, A., & Yoo, P. (2017). *The value of out-of-school time programs*. Santa Monica, CA: RAND Corporation.

[3] Smith, E. P., Witherspoon, D. P., & Osgood, D. W. (2017). Positive youth development among diverse racial-ethnic children: Quality afterschool contexts as developmental assets. *Child Development, 88*(4), 1063-1078.

[4] U.S. Census Bureau, American Community Survey, 2014-2018. Table DP03.

[5] *State of out of school learning programs in Rhode Island 2019.* Providence, RI: Rhode Island Afterschool Network. Retrieved March 20, 2021, 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 and 2019-2020. Students can be served by more than one grantee so data may include duplicated students.

[9] United Way of Rhode Island, Hasbro Summer Learning Initiative enrollment, Summer 2019.

(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 Multilingual Learner/English Learner services in Rhode Island public schools.

SIGNIFICANCE

The population of Multilingual Learners/English Learners (MLLs/ELs) in the U.S. has been growing over the last two decades. MLLs/ELs must acquire English language proficiency while acquiring content area knowledge in a second language.[1,2] Nationally and in Rhode Island, MLLs/ELs have lower rates of math and reading achievement than non-MLLs/ELs.[3,4]

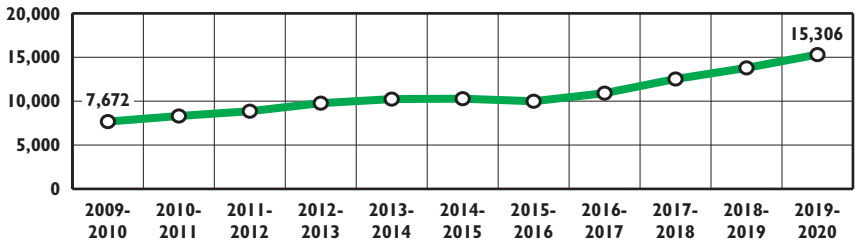
Nationally, the majority of MLLs/ELs are born in the U.S., are racially, ethnically, and culturally diverse and have at least one immigrant parent. Students who are MLLs/ELs are more likely to live in low-income households and are more likely to attend high-poverty schools and have limited access to services needed to improve English proficiency.[5] They may also experience discrimination, stigma, and stress related to different cultural expectations and English language proficiency status.[6,7] Students in families with limited English proficiency also have a harder time accessing health care, and other social services.[8]

In the 2019-2020 school year in Rhode Island, MLLs/ELs were 11% (15,306) of total students, and 37% of all MLLs/ELs in Rhode Island were in grades preschool to grade three. Of all MLLs/ELs, 85% were enrolled in free or reduced-price lunch programs, and 72% lived in the four core cities.[9,10] MLLs/ELs spoke 98 different languages. The majority (79%) spoke Spanish, 5% spoke a creole language, 3% spoke Portuguese, 1% spoke Arabic, 1% spoke Chinese, and 10% spoke other or multiple languages.[11]

Dual language programs can improve English reading proficiency, decrease dropout rates, increase the likelihood of going to college, and improve economic outcomes for MLLs/ELs.[12] During the 2019-2020 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 MLLs/ELs.[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 2019–2020 School Years



Source: Rhode Island Department of Education, 2009-2010 through 2019-2020 school years.

◆ **The number of MLLs/ELs in Rhode Island has nearly doubled (increased by 99%) from the 2009-2010 to 2019-2020 school years.[16]**

◆ **Successful MLL/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 MLLs/ELs succeed.[18,19,20] In October 2019, 4% (436) of Rhode Island public school teachers and instructional coordinators held an active Bilingual, Dual Language, or English to Speakers of Other Languages certification.[21]**

Blueprint for Multilingual Learners Success

◆ **In December 2020, the Rhode Island Department of Education released a draft of the *Blueprint for Multilingual Learners Success* and a strategic plan to guide continuous improvement for MLL students. The plan focuses on developing an asset-oriented education system that includes high-quality and student-centered instruction; uses research and data to hold systems accountable; and aligns policies, resources, and practices to support students who are MLLs.[22]**

Table 44.

Multilingual Learners/English Learners, Rhode Island, 2019-2020

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	3,403	57	15	10	82	2%
Bristol Warren	3,130	46	15	*	67	2%
Burrillville	2,230	*	*	*	*	<1%
Central Falls	2,836	607	258	415	1,280	45%
Chariho	3,179	*	*	*	11	<1%
Coventry	4,501	23	*	*	29	1%
Cranston	10,423	451	126	146	723	7%
Cumberland	4,627	97	20	15	132	3%
East Greenwich	2,563	17	*	10	36	1%
East Providence	5,045	147	43	46	236	5%
Exeter-West Greenwich	1,620	*	*	*	13	1%
Foster	226	0	0	0	0	0%
Foster-Glocester	1,347	0	0	*	*	<1%
Glocester	557	0	0	0	0	0%
Jamestwn	478	0	*	0	*	<1%
Johnston	3,192	132	45	38	215	7%
Lincoln	3,189	37	15	11	63	2%
Little Compton	230	0	0	0	0	0%
Middletown	2,144	86	29	26	141	7%
Narragansett	1,276	*	0	0	*	<1%
New Shoreham	133	*	*	*	15	11%
Newport	2,139	191	69	110	370	17%
North Kingstown	3,780	46	16	*	67	2%
North Providence	3,598	133	53	36	222	6%
North Smithfield	1,649	*	*	*	10	1%
Pawtucket	8,718	738	312	355	1,405	16%
Portsmouth	2,413	13	*	*	17	1%
Providence	23,818	3,875	1,570	2,150	7,596	32%
Scituate	1,184	0	0	0	0	0%
Smithfield	2,375	15	*	*	24	1%
South Kingstown	2,853	43	*	*	56	2%
Tiverton	1,751	0	*	*	13	1%
Warwick	8,500	108	23	25	156	2%
West Warwick	3,581	48	23	10	81	2%
Westerly	2,593	40	*	*	56	2%
Woonsocket	5,997	348	155	164	667	11%
Charter Schools	*8,514*	*1,069*	*114*	*214*	*1,397*	*16%*
State-Operated Schools	*1,751*	*	*	*84*	*96*	*5%*
UCAP	*133*	*0*	*18*	*0*	*18*	*13%*
Four Core Cities	*41,369*	*5,568*	*2,295*	*3,084*	*10,948*	*26%*
Remainder of State	*89,908*	*1,767*	*544*	*536*	*2,847*	*3%*
Rhode Island	*141,677*	*8,410*	*2,977*	*3,918*	*15,306*	*11%*

Sources of Data for Table/Methodology

Rhode Island Department Education, 2019-2020 school year. Total number of Multilingual Learners/English Learners is the number of students in each district who were actively enrolled in English Learner programs in the 2019-2020 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.

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[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 March 21, 2021, 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 in grades K-12 who received special education services in Rhode Island public schools or who were placed in private special education programs by their district of residence.

SIGNIFICANCE

Early and accurately targeted special education services help students with developmental delays and disabilities improve their academic outcomes and prevent grade retention.[1] Approximately 17% of U.S. children ages three to 17 have a developmental delay or disability. Children in low-income families, children with non-college-educated mothers, children with rural residences, children with low birthweight, and boys are more likely to have a delay or disability.[2]

The federal *Individuals with Disabilities Education Act (IDEA)* guarantees a free appropriate public education to every child with a disability. Prior to passage of the original 1975 federal law, many children with disabilities were excluded from public school. Since passage, outcomes for children with disabilities have steadily improved. More students with disabilities are being educated in neighborhood schools, included in general education classrooms, reaching proficiency standards, graduating from high school, enrolling in 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 that special education funding is not adequate.[4]

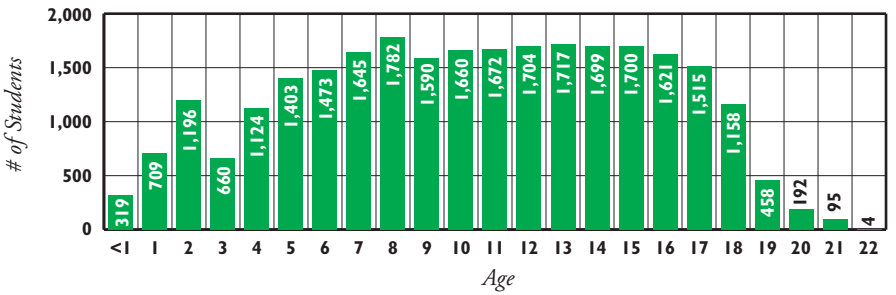
Despite improvements in high school graduation rates and postsecondary school enrollment, students with disabilities are still less likely to graduate from high school and more likely to be suspended than students without disabilities.[5,6]

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 for students without special education needs.[8]

In Rhode Island, the four-year graduation rate for the class of 2020 was 63% for students receiving special education services, compared to 87% for students not receiving these services. Some students enrolled in special education may take additional time to graduate.[9]

Students Ages Birth to 22 Receiving Early Intervention and Special Education Services, Rhode Island, June 2020



Source: Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, Early Intervention enrollment, June 30, 2020. Rhode Island Department of Education, Office of Diverse Learners, Special Education Census, June 30, 2020. Includes parentally-placed students.

◆ **As of June 2020, there were 21,660 students in grades K-12 (15% of all kindergarten through grade 12 students) receiving special education services through Rhode Island public schools. Thirty-five percent of these students had a learning disability, 19% had a health impairment, 12% had a speech/language disorder, 11% had an autism spectrum disorder, 8% had an emotional disturbance, 8% had a developmental delay, 4% had an intellectual disability, and 3% had other disabilities.[10]**

◆ **As of June 2020, 72% of students ages six to 21 receiving special education services in Rhode Island were in their regular classroom for 80% of the day or more, 22% were in their regular classroom for less than 80% of the day, 6% were in a separate school, and 1% were in a residential facility, a correctional facility, were home-bound, or were hospitalized.[11] Between 2000 and 2018, 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 36%.[12]**

◆ **Of Rhode Island students receiving special education services in June 2020, 66% were boys and 34% were girls; 60% were low-income (receiving free or reduced-price lunch); and 2% were Asian/Pacific Islander, 10% were Black, 28% were Hispanic, 1% were Native American, 5% were Two or more races, and 54% were white. Twelve percent were Multilingual Learners/English Learners.[13]**

K-12 Students Receiving Special Education Services

Table 45.

K-12 Students Receiving Special Education Services by Primary Disability, Rhode Island, 2020

SCHOOL DISTRICT	TOTAL # OF STUDENTS	AUTISM SPECTRUM DISORDER	DEVELOP-MENTAL DELAY	EMOTIONAL DISTURBANCE	HEALTH IMPAIRMENT	INTELLECTUAL DISABILITY	LEARNING DISABILITY	SPEECH/ LANGUAGE IMPAIRMENT	OTHER	TOTAL STUDENTS WITH DISABILITIES	% STUDENTS IN SPECIAL EDUCATION
Barrington	3,395	56	20	44	62	*	91	62	16	359	11%
Bristol Warren	3,118	55	15	12	44	18	149	107	*	408	13%
Burrillville	2,214	47	20	25	60	12	143	24	10	341	15%
Central Falls	2,743	42	69	25	94	29	210	38	18	525	19%
Chariho	2,966	59	40	10	87	*	143	47	11	406	14%
Coventry	4,401	92	42	76	124	34	230	78	18	694	16%
Cranston	10,228	191	88	123	403	45	585	94	44	1,573	15%
Cumberland	4,584	108	41	53	79	31	178	96	37	623	14%
East Greenwich	2,542	49	35	15	74	14	71	28	*	293	12%
East Providence	4,982	108	82	89	161	35	283	83	21	862	17%
Exeter-West Greenwich	1,607	36	10	*	37	*	53	18	*	171	11%
Foster	214	*	*	0	0	0	*	17	0	27	13%
Foster-Glocester	1,356	19	0	*	22	*	45	*	*	111	8%
Glocester	552	*	*	0	*	*	10	30	0	62	11%
Jamestown	637	13	*	*	22	*	17	16	*	76	12%
Johnston	3,196	55	49	23	104	19	200	37	20	507	16%
Lincoln	3,131	68	45	34	79	13	179	56	13	487	16%
Little Compton	333	*	*	*	14	*	16	*	*	51	15%
Middletown	2,162	36	27	31	56	17	78	24	*	278	13%
Narragansett	1,130	17	12	10	39	*	71	25	11	188	17%
New Shoreham	133	*	*	0	10	0	*	*	0	20	15%
Newport	2,063	50	17	30	37	26	171	36	11	378	18%
North Kingstown	3,543	59	29	37	88	11	136	85	16	461	13%
North Providence	3,550	68	38	50	77	23	232	84	22	594	17%
North Smithfield	1,635	23	16	20	35	10	87	39	*	234	14%
Pawtucket	8,539	133	137	73	280	53	623	163	32	1,494	17%
Portsmouth	2,277	39	15	24	82	*	82	37	12	298	13%
Providence	23,610	278	358	300	594	204	1,400	454	107	3,695	16%
Scituate	1,189	22	*	*	20	*	60	33	*	150	13%
Smithfield	2,337	45	22	22	59	*	136	22	10	323	14%
South Kingstown	2,888	54	12	22	86	18	87	37	15	331	11%
Tiverton	1,743	39	22	25	52	11	97	26	*	279	16%
Warwick	8,448	202	164	97	266	50	410	124	38	1,351	16%
West Warwick	3,549	77	51	60	90	30	194	36	11	549	15%
Westerly	2,631	57	46	29	104	12	109	48	21	426	16%
Woonsocket	5,937	177	116	159	370	83	414	224	30	1,573	26%
Charter Schools	*8,970*	*80*	*93*	*53*	*212*	*20*	*516*	*203*	*18*	*1,195*	*13%*
State-Operated Schools	*1,737*	*11*	*0*	*19*	*45*	*	*75*	*	*65*	*225*	*13%*
UCAP	*133*	*0*	*0*	*0*	*	*0*	*11*	*0*	*0*	*13*	*10%*
Department of Corrections	*NA*	*0*	*0*	*13*	*11*	*0*	*	*0*	*0*	*29*	*NA*
Four Core Cities	*40,829*	*630*	*680*	*557*	*1,338*	*369*	*2,647*	*879*	*187*	*7,287*	*18%*
Remainder of State	*88,732*	*1,759*	*970*	*986*	*2,482*	*491*	*4,352*	*1,463*	*408*	*12,911*	*15%*
Rhode Island	*140,401*	*2,480*	*1,743*	*1,628*	*4,090*	*882*	*7,606*	*2,553*	*678*	*21,660*	*15%*

Source of Data for Table/Methodology

Rhode Island Department of Education (RIDE), Office for Diverse Learners, Special Education Census June 30, 2020. 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 2019-2020 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, negatively impact a student's achievement, and cause social upheaval for children. Student mobility also can lead to less active parent involvement in their children's schools.[1,2]

Students who change schools frequently are more likely to have lower math and reading skills, more likely to repeat a grade, more likely to be suspended, and less likely to graduate from high school than their non-mobile peers.[3,4]

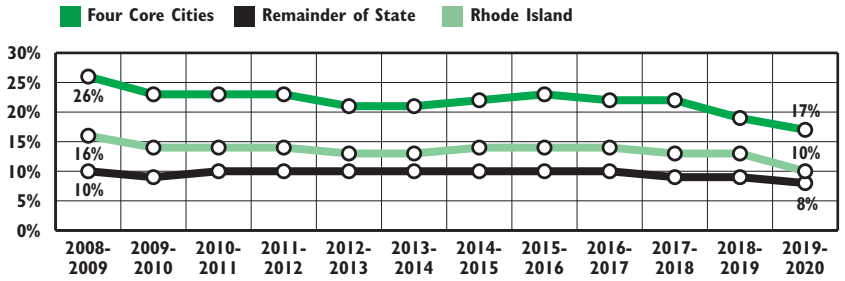
Regardless of income status and ethnicity, mobility can negatively affect student achievement. However, low-income students and Students of Color are more likely to be mobile and experience greater negative impacts on their academic achievement, than higher-income students and white students. Students receiving special education services also are likely to be negatively impacted by changing schools.[5,6,7]

High mobility rates in schools can negatively impact all students because teachers must slow curriculum progress, repeat lessons, and adjust to changing classroom dynamics and student needs. Within-year moves are particularly disruptive for students, teachers, and schools.[8,9]

Families may move their children to a different school because they are dissatisfied with the school, concerned about their child's safety, or moving due to changes in family circumstances. Changes in family circumstances can be either positive or negative, including eviction or foreclosure, divorce or marriage, job loss or job changes, death in the family, or a desire to improve quality of life. Mobile students who are low-income and Students of Color are more likely to change schools due to negative life events than mobile students who are higher-income and white.[10,11]

Between 2015 and 2019 in Rhode Island, 10% 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.[12] Nationally and in Rhode Island, people with incomes below the poverty line are more likely to move than higher-income residents. Between 2015 and 2019, 21% of Rhode Islanders living below the poverty line moved, compared with 10% of higher-income residents.[13]

Student Mobility Rates, Rhode Island, 2008-2009 through 2019-2020 School Years



Source: Rhode Island Department of Education, 2008-2009 through 2019-2020 school years. The four core cities are Central Falls, Pawtucket, Providence, and Woonsocket. In the 2010 and 2011 Factbooks, the core cities included Newport and West Warwick, so the mobility rates reported in those Factbooks may differ from the ones included here.

◆ **The student mobility rate in Rhode Island decreased from 16% in the 2008-2009 school year to 10% in the 2019-2020 school year. The mobility rate for the four core cities continues to be more than twice the mobility rate of the remainder of the state.[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 and by identifying other districts where students most frequently transfer to and from and aligning 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. 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 COVID-19

◆ **Nationally, many parents have made changes in their children's school enrollment due to remote learning and uncertainty during the pandemic, including decisions to homeschool or transfer to a private school.[17]**

◆ **Surveys of teachers and parents conducted during the fall of 2020 have found significant changes in students entering and leaving during the first couple of months of the school year, and more school changes not related to a move.[18]**

Student Mobility and Stability Ratess

◆ 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.[19]

◆ 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 84% in the 2019-2020 school year, compared with a stability rate of 93% in the remainder of the state.[20]

◆ Total enrollment for each district is cumulative over the course of the school year.[21]

◆ The overall Rhode Island student mobility rate was 10% in the 2019-2020 school year. The four core cities had a higher mobility rate (17%) than districts in the remainder of the state (8%).[22]

◆ During the 2019-2020 school year, Rhode Island high schools had higher mobility rates (12%) than elementary schools (10%) and middle schools (10%).[23]

Table 46. **Student Mobility and Stability Rates by District, Rhode Island, 2019-2020 School Year**

SCHOOL DISTRICT	CUMULATIVE ENROLLMENT FOR 2019-2020	# ENROLLED THE WHOLE YEAR	# ENROLLED AFTER SEPT. 30	# EXITED BEFORE JUNE 1	STABILITY RATE	MOBILITY RATE
Barrington	3,461	3,340	66	58	97%	4%
Bristol Warren	3,240	3,016	67	171	93%	7%
Burrillville	2,279	2,146	60	77	94%	6%
Central Falls	3,024	2,491	263	303	82%	19%
Chariho	3,233	3,055	68	116	94%	6%
Coventry	4,674	4,301	151	238	92%	8%
Cranston	10,948	9,918	490	583	91%	10%
Cumberland	4,837	4,425	168	266	91%	9%
East Greenwich	2,573	2,499	35	40	97%	3%
East Providence	5,196	4,811	170	231	93%	8%
Exeter-West Greenwich	1,628	1,550	35	43	95%	5%
Foster	218	210	*	*	96%	4%
Foster-Glocester	1,386	1,324	24	45	96%	5%
Glocester	567	547	10	12	96%	4%
Jamestown	493	443	26	27	90%	11%
Johnston	3,310	2,984	133	206	90%	10%
Lincoln	3,254	3,040	111	114	93%	7%
Little Compton	225	216	*	*	96%	4%
Middletown	2,290	2,029	122	155	89%	12%
Narragansett	1,229	1,155	37	38	94%	6%
New Shoreham	137	131	*	*	96%	5%
Newport	2,271	1,971	154	164	87%	14%
North Kingstown	4,037	3,789	117	142	94%	6%
North Providence	3,715	3,398	174	153	91%	9%
North Smithfield	1,667	1,595	31	43	96%	4%
Pawtucket	9,310	8,017	617	747	86%	15%
Portsmouth	2,483	2,320	74	96	93%	7%
Providence	26,074	21,942	1,829	2,596	84%	17%
Scituate	1,242	1,180	31	36	95%	5%
Smithfield	2,407	2,313	40	56	96%	4%
South Kingstown	2,906	2,753	68	91	95%	5%
Tiverton	1,796	1,682	47	73	94%	7%
Warwick	8,766	8,059	295	442	92%	8%
West Warwick	3,817	3,346	205	286	88%	13%
Westerly	2,620	2,450	68	107	94%	7%
Woonsocket	6,585	5,563	440	643	84%	16%
Charter Schools	*9,367*	*8,708*	*251*	*419*	*93%*	*7%*
State-Operated Schools	*1,826*	*1,690*	*49*	*89*	*93%*	*8%*
UCAP	*145*	*122*	*14*	*10*	*84%*	*17%*
Four Core Cities	*44,993*	*38,013*	*3,149*	*4,289*	*84%*	*17%*
Remainder of State	*92,905*	*85,996*	*3,086*	*4,124*	*93%*	*8%*
Rhode Island	*149,236*	*134,529*	*6,549*	*8,931*	*90%*	*10%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2019-2020 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.

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(continued on page 187)

Third-Grade Reading Skills

DEFINITION

Third-grade reading skills is the percentage of third-grade students who met expectations in English language arts on the *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%	35%
US	32%	34%
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	
Female Students	54%
Male Students	42%
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%
Asian Students+	58%
Black Students	33%
Hispanic Students	33%
Native American Students	23%
White Students	57%
Homeless Students	25%
Students in Foster Care	25%
ALL STUDENTS	*48%*

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. The *RICAS* test was not administered in 2020 due to COVID-19. + Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

◆ **In Rhode Island in 2019, 48% of third graders met expectations on the *Rhode Island Comprehensive Assessment System (RICAS)* English language arts assessment. Thirty-two percent of low-income third graders met expectations, compared with 64% of higher-income third graders. There were also large disparities by race and ethnicity as well as by language status and disability status. Twenty-five percent 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.[12]**

◆ **For the first time in Rhode Island, data on reading proficiency is available for students in foster care. In 2019, 25% of third graders who were in foster care met expectations in English language arts compared to 48% of students who were not in foster care.[13]**

◆ **In the U.S., 75% of teachers working with early readers used some methods not backed by research to teach reading.[14] Evidence-based instructional techniques can help children with reading disabilities acquire proficiency in reading.**

COVID-19 and Grade-Level Reading

- The U.S. Department of Education waived assessments for all states for the 2019-2020 school year due to the COVID-19 pandemic.[15] Lost instruction time caused by school closures, the challenges of distance learning, and the social-emotional stresses of the pandemic are expected to result in significant loss of academic progress, especially among low-income students, Multilingual Learners, students with disabilities, and Black and Latino students.[16]

- Assessments and early-warning systems can help identify students most at risk for learning loss.[178]

- Evidence-based accelerated strategies that provide additional learning hours, small group instruction, culturally relevant materials, and grade-level content can help students recover from lost learning time.[18]

- It is critical for students to continue to be instructed in grade-level content that is scaffolded with supports. Using materials below grade-level can reinforce low expectations and exacerbate disparities in grade-level reading.[19]

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

The *RICAS* test was not administered in 2020 due to COVID-19.

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. 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, 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 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

[1,3] Hernandez, D. J. (2011). *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 struggle to read are more likely to drop out of high school, to have lower wages, and to rely on public assistance than their peers with higher levels of literacy.[4] These problems are exacerbated for Multilingual Learners/English Learners and low-income students, who are more likely to have low English literacy skills.[5]

Nationally, there has been limited progress in improving literacy skills among 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 culturally relevant 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%	35%
US	30%	32%
National Rank*	*35th*	*15th*
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%
Asian Students+	45%
Black Students	18%
Hispanic Students	18%
Native American Students	10%
White Students	48%
Homeless Students	12%
*Students in Foster Care	<5%
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. The RICAS test was not administered in 2020 due to COVID-19. + Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

◆ **The U.S. Department of Education waived assessments for all states for the 2019-2020 school year due to the COVID-19 pandemic.[12] School closures and the combination of distance learning and hybrid models are expected to impact academic progress, especially among low-income students, Multilingual Learners, students with disabilities, and Black and Latino students.[13]**

◆ **In Rhode Island in 2019, 19% of low-income eighth graders met expectations in English language arts on the *Rhode Island Comprehensive Assessment System (RICAS)*, compared with 52% of higher-income eighth graders. There were also large disparities by race and ethnicity as well as by language and disability status. Twelve percent 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]**

◆ **For the first time in Rhode Island, data on reading proficiency is available for students in foster care. In 2019, less than 5% of eighth graders who were in foster care met expectations in English language arts compared to 36% of students who were not in foster care.[15]**

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.

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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]

Poverty and low parental education levels can impact student performance on math assessments. Disparities in math proficiency related to race and family income persist in the U.S and worsen as students advance in grade level.[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 and culturally relevant math concepts and curriculum 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 slight increase in fourth-grade and eighth-grade math proficiency as measured by the *NAEP* math tests.[16,17]

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%
Asian Students+	52%	38%
Black Students	24%	11%
Hispanic Students	21%	9%
Native American Students	16%	11%
White Students	45%	33%
Homeless Students	11%	<5%
*Students in Foster Care	13%	<5%
ALL STUDENTS	*36%*	*25%*

Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2018-2019. 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. +Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

◆ **The U.S. Department of Education waived assessments for all states for the 2019-2020 school year due to the COVID-19 pandemic.[18] In Rhode Island, interim assessments administered in the Fall of 2020 suggest the pandemic significantly impacted student math skills, especially for students in grades two through seven.[19]**

◆ **In Rhode Island in the 2018-2019 school year, 22% of low-income third graders met expectations in math, compared with 51% of higher-income third graders. There also were large 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 17% of Native American students. This large 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.[20]**

◆ **For the first time in Rhode Island, data on math proficiency is available for students in foster care. In 2019, 13% of third graders in foster care met expectations in math and less than 5% of eighth graders who were in foster care met expectations in math.[21]**

Table 49.

Third- & Eighth-Grade Students Meeting Expectations in Math, Rhode Island, 2018-2019

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)*, 2018-2019.

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 are expected to participate in the *RICAS* assessment. Students with significant disabilities may be eligible to participate in alternate assessments.

RICAS data for independent charter schools include Achievement First, Beacon Charter School, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, Segue Institute for Learning, Southside 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 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.

References

[1,7,8] Child Trends. (2015). *Mathematics proficiency.* Retrieved February 18, 2021, from www.childtrends.org

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Schools Identified for Intervention

DEFINITION

Schools identified for intervention is the percentage of Rhode Island public schools that are identified as in need of "Comprehensive Support and Improvement" by the Rhode Island Department of Education.

SIGNIFICANCE

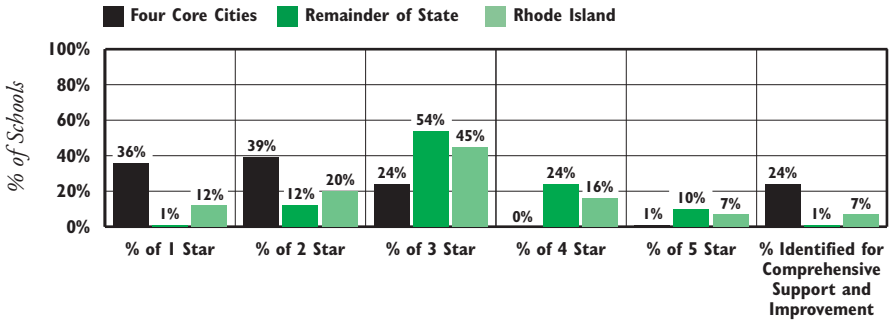
Research on school improvement efforts shows that schools can be improved through comprehensive, whole-school reforms. Critical elements of successful school improvement efforts include targeting resources to support the lowest performing schools, giving building leaders more autonomy around spending and hiring, using data-based decision making, developing ways to spread best practices, and engaging the whole community in improvement efforts.[1]

The U.S. Department of Education approved Rhode Island's new accountability system under the *Every Student Succeeds Act (ESSA)* in 2018.[2] The system is structured to promote collective responsibility for continuous improvement at all levels of education through 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 its 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.

◆ **The U.S. Department of Education waived assessments for all states for the 2019-2020 school year due to the COVID-19 pandemic. As a result, there are no new star ratings for the 2019-2020 school year.[10]**

◆ **Seven percent of schools in Rhode Island were 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 Additional 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* 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] Straus, C., & Miller, T. (2016). *Strategies to improve low-performing schools under the Every Student Succeeds Act: How 3 districts found success using evidence-based practices.* Washington, DC: Center for American Progress.

[2] U.S. Department of Education, Press Office. (2018). *Secretary DeVos approves Idaho, Mississippi and Rhode Island's ESSA state plans* [Press Release]. 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 March 11, 2021, 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 60 days and missed 12 days or more of school, including excused and unexcused absences (10% of 120 days before schools moved to distance learning due to the COVID-19 pandemic).

SIGNIFICANCE

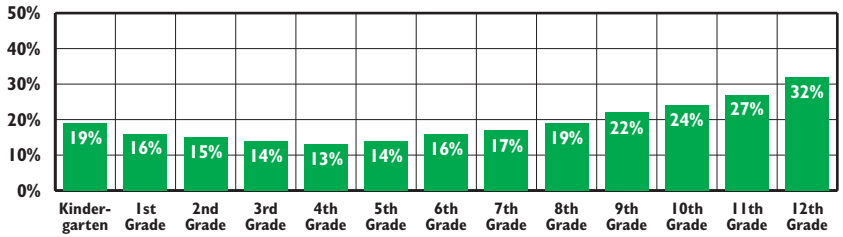
Students who are absent from school miss opportunities to learn and develop the important academic and social-emotional skills and approaches to learning that are part of the K-3 experience and critical for ongoing school success. Children who are chronically absent in kindergarten show lower assessment scores in math, reading, and general knowledge in first grade. Chronic absence in kindergarten appears to be especially detrimental for children living in poverty and Latino children who are less likely to have the resources to make up for lost time in the classroom.[1,2] In Rhode Island, children who are chronically absent in kindergarten have lower scores on assessments as far out as the seventh grade and are more than twice as likely to be retained.[3]

Nationally in the 2017-2018 school year, 12% of all elementary school students were chronically absent.[4] In the early grades, children from families living in poverty are much more likely to be chronically absent than higher-income children. In the U.S., one in five (21%) poor kindergartners was chronically absent, compared to less than one in 10 (8%) of their higher-income peers.[5] The rate of chronic absence is twice as high for students experiencing homelessness as it is for the general student population.[6] Chronic absenteeism can affect the reading and math outcomes of all students in a class, not just those who are absent, because teachers may backtrack or slow the learning pace to review lessons for students who have missed school.[7]

Young children are chronically absent from school for a variety of reasons. Asthma is a leading cause of school absenteeism, accounting for one-third of all absences, but other physical and behavioral health issues, including dental and vision problems, diabetes, obesity, anxiety, and/or depression can also result in chronic absence.[8,9]

While illness is a leading factor in chronic early absence, chronic absenteeism also can result from poor quality education, ambivalence about or alienation from school, and chaotic school environments, including high rates of teacher turnover or absenteeism, disruptive classrooms, and/or bullying. Unreliable or insufficient transportation, violence at and around school, multiple foster care placements, lack of clean or affordable clothes, and lack of safe and affordable housing are other factors that can lead to chronic absence.[10,11,12]

Chronic Absence Rates in Rhode Island by Grade, 2019-2020 School Year*



Source: Rhode Island Department of Education, 2019-2020 school year. *Only includes data through March 15, 2020, when all schools moved to distance learning due to the COVID-19 pandemic. Not directly comparable to previous *Factbooks.*

◆ **Chronic absence rates are high in kindergarten and then decline before increasing again in middle and high school. During the 2019-2020 school year, 19% of Rhode Island kindergarten students, 16% of first graders, 15% of second graders, and 14% of third graders were chronically absent (i.e., absent 12 days or more). Sixteen percent of all Rhode Island children in grades K-3 were chronically absent.[13]**

◆ **Averages for school-wide attendance can mask significant numbers of chronically absent individual students.[14] During the 2019-2020 school year, the average daily attendance rate for K-3 students in Rhode Island's four core cities was 93%, but 25% of students were chronically absent.[15]**

◆ **The students with the highest levels of chronic absence were also in the populations hardest hit by the pandemic.[16] Data from the first 80 days of the 2020-2021 school year in Rhode Island show a large increase in absences due to some students missing school more frequently, with students attending a high poverty school much more likely to be chronically absent.[17]**

◆ **Schools, districts, and the state can nurture a culture of attendance by increasing the feelings of belonging and connection for all students and families, raising awareness about the problem of chronic absence, encouraging parents to send their children to school every day in the early grades, and creating attendance teams that regularly review data on student absenteeism and intervene with students with troubling absenteeism patterns.[18,19]**

Table 51. **Chronic Early Absence Rates, Grades K-3, Rhode Island, 2019-2020 School Year****

SCHOOL DISTRICT	K-3 STUDENTS ENROLLED LESS THAN 60 DAYS	K-3 STUDENTS ENROLLED 60 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+ DAYS
Barrington	17	891	95%	57%	34%	10%
Bristol Warren	38	910	95%	61%	28%	11%
Burrillville	20	607	94%	47%	38%	15%
Central Falls	96	874	94%	50%	32%	18%
Chariho	33	832	95%	60%	32%	8%
Coventry	77	1,230	95%	56%	31%	13%
Cranston	162	2,941	95%	53%	33%	14%
Cumberland	79	1,370	96%	60%	32%	8%
East Greenwich	19	684	96%	67%	25%	7%
East Providence	66	1,487	95%	58%	32%	11%
Exeter-West Greenwich	14	467	96%	61%	33%	7%
Foster	*	140	95%	59%	31%	11%
Glocester	10	361	96%	69%	23%	8%
Jamestown	10	191	96%	62%	31%	7%
Johnston	74	954	94%	48%	35%	17%
Lincoln	48	901	95%	60%	29%	11%
Little Compton	*	82	95%	63%	30%	6%
Middletown	62	643	95%	54%	32%	14%
Narragansett	12	276	95%	52%	37%	11%
New Shoreham	0	42	93%	33%	52%	14%
Newport	34	656	93%	41%	37%	23%
North Kingstown	49	985	95%	60%	30%	10%
North Providence	64	980	95%	60%	28%	13%
North Smithfield	*	437	96%	63%	30%	8%
Pawtucket	274	2,669	94%	51%	31%	17%
Portsmouth	29	606	95%	57%	33%	10%
Providence	748	6,923	92%	39%	34%	27%
Scituate	12	348	95%	55%	35%	9%
Smithfield	16	655	96%	66%	28%	6%
South Kingstown	34	789	95%	56%	32%	12%
Tiverton	23	542	95%	49%	36%	15%
Warwick	96	2,571	95%	54%	32%	14%
West Warwick	67	1,123	94%	46%	36%	18%
Westerly	30	720	95%	54%	37%	9%
Woonsocket	213	1,880	91%	35%	31%	35%
Charter Schools	*108*	*3,242*	*96%*	*62%*	*29%*	*9%*
RI School for the Deaf	*0*	*19*	*90%*	*26%*	*37%*	*37%*
Four Core Cities	*1,331*	*12,346*	*93%*	*42%*	*33%*	*25%*
Remainder of State	*1,205*	*25,421*	*95%*	*56%*	*32%*	*12%*
Rhode Island	*2,644*	*41,028*	*94%*	*52%*	*32%*	*16%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2019-2020 school year.

**Partial data due to the COVID-19 pandemic. Data are only included through March 15, 2020 when all schools transitioned to distance learning. Chronic absence is measured as missing 12 days or more of school, which is 10% or more of the average number (120) of total school days through March 15, 2020 (the number of total school days varied by district). Data are not directly comparable to previous *Factbooks.*

Attendance rates are calculated by dividing the state-calculated "average daily attendance" by the "average daily membership."

Chronic absence rates are based on attendance patterns for students who were enrolled in a district for at least 60 days. A total of 2,644 Rhode Island students in grades K-3 were not included in this analysis because they were only enrolled for a short period. The Rhode Island Department of Education excludes these students so that chronic absence issues can be examined separate from student mobility issues. It is likely that more students were excluded from districts with higher student mobility rates.

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

Charter schools include Achievement First Rhode Island, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, Highlander Charter School, Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, RISE Prep Mayoral Academy, and SouthSide Elementary Charter School.

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

References

[1] Romero, M., & Lee, Y. (2008). *The influence of maternal and family risk on chronic absenteeism in early schooling.* New York, NY: Columbia University, Mailman School of Public Health, National Center for Children in Poverty.

(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 60 days and missed 12 days or more of school, including excused and unexcused absences (10% of 120 days before schools moved to distance learning due to the COVID-19 pandemic).

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 conditions, substance abuse, lack of access to health care, unstable housing, child welfare or juvenile justice involvement, work or family responsibilities, and lack of affordable or reliable transportation. Students may also stay away from school to avoid bullying, harassment, disciplinary actions due to tardiness, or embarrassment associated with lack of clean or appropriate clothing or literacy or other academic problems.[4,5,6]

A national survey of students found that the most common reasons students report being chronically absent are health-related reasons, transportation barriers, personal stress, preferring activities outside of school, and perceiving that school has little value (i.e., is boring, their parents do not care if they miss school, or a belief that school will not help them reach future goals).[7]

The Rhode Island Department of Education (RIDE) defines truancy as ten or more unexcused absences in a school year.[8] During the 2019-2020 school year in Rhode Island, 27% of middle school students and 36% 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]

Almost one-third (31%) of Rhode Island's low-income middle and high school students were chronically absent in 2019-2020, compared with 15% of higher-income students. Middle and high school students receiving special education services (29%) were more likely than their peers not receiving these services (20%) to be chronically absent. Seventy percent 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 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]**

◆ **As of March 15, 2020, in Rhode Island, 556 (5.8%) of teachers were chronically absent. Teacher chronic absence rates were higher for teachers assigned to Black (7.1%) and Hispanic (6.1%) students, than for teachers assigned to Asian (5.7%) and white (5.5%) students.[14]**

Reducing Student Chronic Absence

◆ **Schools, districts, and community partners can improve student attendance by developing systems that provide frequent reports on student absenteeism, problem solving to address reasons for absenteeism, building and sustaining relationships with students and their families, developing a community response that involves mentoring outside of school, and recognizing and rewarding good attendance.[15,16] States can also incorporate chronic absence measures into early warning and accountability systems and school improvement efforts, and can allocate resources to address barriers to attendance.[17,18]**

◆ **Continuing to collect and analyze chronic absence data during the COVID-19 pandemic and partnering with students, families, and community partners to develop outreach strategies can help schools re-engage chronically absent students and address lost learning opportunities.[19]**

Chronic Absence, Middle School and High School

Table 52.

Chronic Absence and Attendance Rates, Middle and High School, Rhode Island, 2019-2020 School Year**

	MIDDLE SCHOOL (GRADES 6-8)				HIGH SCHOOL (GRADES 9-12)			
SCHOOL DISTRICT	# ENROLLED LESS THAN 60 DAYS	# ENROLLED 60 DAYS OR MORE	ATTENDANCE RATE	% ABSENT 12+ DAYS	# ENROLLED LESS THAN 60 DAYS	# ENROLLED 60 DAYS OR MORE	ATTENDANCE RATE	% ABSENT 12+ DAYS
Barrington	*	855	96%	7%	27	1,136	96%	7%
Bristol Warren	34	777	94%	16%	33	959	93%	24%
Burrillville	14	541	95%	14%	25	721	94%	15%
Central Falls	49	608	94%	19%	115	845	90%	29%
Chariho	22	735	95%	9%	38	1,136	94%	15%
Coventry	48	1,058	94%	15%	89	1,472	93%	18%
Cranston	101	2,493	95%	12%	244	3,439	93%	22%
Cumberland	45	1,072	95%	11%	95	1,462	94%	16%
East Greenwich	15	625	96%	9%	12	790	96%	6%
East Providence	33	1,210	95%	15%	66	1,527	91%	31%
Exeter-West Greenwich	*	368	96%	9%	12	513	95%	11%
Foster-Glocester	14	498	96%	9%	24	851	94%	19%
Jamestown	*	167	96%	8%	NA	NA	NA	NA
Johnston	39	810	93%	23%	63	845	92%	26%
Lincoln	21	775	95%	12%	27	953	89%	36%
Little Compton	*	81	94%	17%	NA	NA	NA	NA
Middletown	33	509	93%	19%	47	634	89%	40%
Narragansett	*	293	95%	11%	25	453	95%	13%
New Shoreham	*	26	93%	19%	*	47	90%	36%
Newport	25	461	94%	20%	73	675	89%	38%
North Kingstown	26	884	95%	12%	46	1,508	95%	13%
North Providence	38	879	95%	13%	49	1,162	94%	20%
North Smithfield	*	422	95%	10%	22	517	95%	12%
Pawtucket	177	2,320	94%	20%	218	2,138	89%	36%
Portsmouth	14	551	95%	11%	30	929	94%	16%
Providence	725	5,568	92%	26%	852	7,366	87%	40%
Scituate	*	293	94%	17%	16	392	92%	24%
Smithfield	18	599	95%	9%	22	747	95%	12%
South Kingstown	19	682	95%	10%	18	935	94%	15%
Tiverton	15	416	95%	13%	25	522	93%	19%
Warwick	72	1,979	94%	19%	158	2,587	92%	27%
West Warwick	56	860	93%	22%	115	991	92%	25%
Westerly	18	619	95%	10%	30	802	94%	17%
Woonsocket	138	1,438	91%	36%	181	1,675	86%	47%
Charter Schools	*45*	*1,641*	*96%*	*11%*	*215*	*2,506*	*91%*	*27%*
State-Operated Schools	*0*	*20*	*93%*	*20%*	*79*	*1,702*	*93%*	*21%*
UCAP	*12*	*133*	*87%*	*53%*	*NA*	*NA*	*NA*	*NA*
Four Core Cities	*1,089*	*9,934*	*92%*	*26%*	*1,366*	*12,024*	*87%*	*40%*
Remainder of State	*769*	*21,538*	*95%*	*14%*	*1,432*	*28,710*	*93%*	*21%*
Rhode Island	*1,915*	*33,266*	*94%*	*17%*	*3,092*	*44,942*	*91%*	*26%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2019-2020 school year.

**Partial year data due to the COVID-19 pandemic. Data are only included through March 15, 2020 before all schools transitioned to distance learning. Chronic absence is measured as missing 12 days or more of school, which is 10% or more of the average number (120) of total school days through March 15, 2020 (the number of total school days varied by district). Data are not directly comparable to previous Factbooks.

Attendance rates are calculated by dividing the state-calculated "average daily attendance" by the "average daily membership."

Chronic absence rates are based on attendance patterns for students who were enrolled in a district for at least 60 days. A total of 1,915 Rhode Island middle school students and 3,092 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.

(continued with references on page 189)

Suspensions

DEFINITION

Suspensions is the number of disciplinary actions per 100 students in pre-kindergarten through 12th grade in Rhode Island public schools. Students can receive more than one disciplinary action during the school year. Disciplinary actions include in-school suspensions and out-of-school suspensions.

SIGNIFICANCE

Effective school disciplinary practices promote a safe and respectful school climate, support learning, and address the causes of student misbehavior. Punitive disciplinary practices, including "zero tolerance" policies, are largely ineffective and even counterproductive.[1,2] Despite this evidence, suspension is a widely used disciplinary technique, both nationally and in Rhode Island. Suspensions are used for minor offenses, such as use of electronics, and for more serious offenses, such as weapon possession.[3,4]

Suspension usually does not deter students from misbehaving and may actually reinforce negative behavior patterns. Suspended students are more likely than their peers to experience academic failure, juvenile justice system involvement, disengagement from school, isolation from teachers and peers, and dropping out of school. Being suspended even once in ninth grade is associated with a twofold increase in the likelihood of dropping out.[5,6] Suspended students are also at greater risk of criminal victimization, criminal activity, and incarceration as adults.[7]

Schools and districts can improve school climate and discipline by developing and enforcing disciplinary policies that set high expectations for student behavior, providing clear, appropriate, and consistent consequences for misbehavior, encouraging the use of alternative disciplinary approaches, such as restorative justice, and ensuring the equitable, developmentally appropriate, and limited use of suspensions.[8]

In Rhode Island and nationally, Black, Hispanic, Multiracial, and Native American students are more likely to be suspended than their white peers despite the fact that there is no evidence that these students have more serious patterns of rule breaking. In Rhode Island and nationally, boys and students with disabilities also are more likely to be suspended than their peers.[9,10,11]

Of all disciplinary actions during the 2019-2020 school year, 9% (1,230) involved elementary school students (kindergarten-5th grade), 37% (5,077) involved middle school students (6th-8th grades), and 54% (7,495) involved high school students (9th-12th grades). For elementary school students, 69% of disciplinary actions were out-of-school suspensions. Kindergarteners received 109 disciplinary actions, including 93 out-of-school suspensions.[12]

Out-of-School Suspensions by Infraction, Rhode Island, 2019-2020

TYPE OF INFRACTION*	#	%	TYPE OF INFRACTION	#	%
Fighting	1,328	22%	Obscene/Abusive Language	266	4%
Insubordination/Disrespect	1,020	17%	Arson/Larceny/Robbery/Vandalism	163	3%
Assault of Student or Teacher	941	15%	Weapon Possession	146	2%
Disorderly Conduct	834	14%	Other Offenses	93	2%
Harassment/Intimidation/Threat	646	11%	Electronic Devices/Technology	52	1%
Alcohol/Drug/Tobacco Offenses	587	10%	Attendance Offenses	0	0%
			Total	*6,076*	

Source: Rhode Island Department of Education, 2019-2020 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 2018-2019 school year to the 2019-2020 school year, the number of out-of-school suspensions decreased by 39%. Half of out-of-school suspensions were for non-violent offenses.[14,15] Decreases in suspensions during the 2019-2020 school year may be attributed to decreased use or underreporting of disciplinary actions during distance learning.**

Disparities in School Discipline by Special Education Status and Race/Ethnicity, Rhode Island, 2019-2020

	% OF STUDENTS ENROLLED	% OF SUSPENSIONS
Students Receiving Special Education Services	17%	33%
Asian/Pacific Islander Students+	3%	2%
Black Students	9%	12%
Hispanic Students	27%	33%
Multiracial	5%	6%
Native American Students	1%	1%
White Students	55%	46%

Source: Rhode Island Department of Education, 2019-2020 school year. % suspensions includes in-school and out-of-school suspensions. +Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups. Detailed data by district is available at www.ride.ri.gov

◆ **During the 2019-2020 school year, Rhode Island students with disabilities were suspended disproportionately. Students receiving special education services represent 17% of the student population but represented 33% of suspensions.[16]**

Table 53.

Disciplinary Actions, Rhode Island School Districts, 2019-2020

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	3,403	*	16	<1	17	<1
Bristol Warren	3,130	297	164	5	461	15
Burrillville	2,230	30	113	5	143	6
Central Falls	2,836	0	235	8	235	8
Chariho	3,179	190	58	2	248	8
Coventry	4,501	525	126	3	651	14
Cranston	10,423	1,860	387	4	2,247	22
Cumberland	4,627	139	37	1	176	4
East Greenwich	2,563	15	23	1	38	1
East Providence	5,045	0	303	6	303	6
Exeter-West Greenwich	1,620	*	*	<1	8	<1
Foster	226	0	*	<1	1	<1
Foster-Glocester	1,347	37	25	2	62	5
Glocester	557	*	0	0	1	<1
Jamestown	478	*	*	<1	3	1
Johnston	3,192	136	112	4	248	8
Lincoln	3,189	0	86	3	86	3
Little Compton	230	*	*	<1	3	1
Middletown	2,144	0	*	<1	8	<1
Narragansett	1,276	*	35	3	44	3
New Shoreham	133	*	*	1	2	2
Newport	2,139	*	176	8	178	8
North Kingstown	3,780	141	119	3	260	7
North Providence	3,598	541	73	2	614	17
North Smithfield	1,649	16	23	1	39	2
Pawtucket	8,718	10	603	7	613	7
Portsmouth	2,413	179	70	3	249	10
Providence	23,818	490	1,257	5	1,747	7
Scituate	1,184	35	23	2	58	5
Smithfield	2,375	73	31	1	104	4
South Kingstown	2,853	127	80	3	207	7
Tiverton	1,751	58	39	2	97	6
Warwick	8,500	248	471	6	719	8
West Warwick	3,581	390	345	10	735	21
Westerly	2,593	93	98	4	191	7
Woonsocket	5,997	1,912	574	10	2,486	41
Charter Schools	*8,993*	*167*	*264*	*3*	*431*	*5*
State-Operated Schools	*1,751*	*0*	*45*	*3*	*45*	*3*
UCAP	*133*	*0*	*45*	*34*	*45*	*34*
Four Core Cities	*41,369*	*2,412*	*2,669*	*6*	*5,081*	*12*
Remainder of State	*89,908*	*5,148*	*3,053*	*3*	*8,201*	*9*
Rhode Island	*142,156*	*7,727*	*6,076*	*4*	*13,803*	*10*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2019-2020 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 189)

High School Graduation Rate

DEFINITION

High school graduation rate is the percentage of students who graduate from high school within four years of entering, calculated by dividing the number of students who graduate in four years or fewer by the total number of first-time entering ninth graders (adjusted for transfers in and transfers out during the four years).

SIGNIFICANCE

High school graduation is the minimum requisite for college and most employment. In Rhode Island, adults without high school diplomas are more likely to be unemployed and have lower median incomes than adults with high school degrees.[1,2] In 2019, 9% of Rhode Island children lived in households headed by a non-high school graduate, lower than the national average of 12%.[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

	2017-2018
RI	84%
US	85%
National Rank*	*32nd*
New England Rank**	*6th*

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

Source: National Center for Education Statistics. (2019). *Table 1.* Retrieved April 7, 2021, from www.nces.ed.gov

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2020

	COHORT SIZE	DROPOUT RATE	% COMPLETED GED	% OF STUDENTS STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Female Students	5,388	6%	1%	6%	88%
Male Students	5,997	10%	2%	9%	80%
Multilingual/English Learners	1,278	19%	<1%	12%	69%
Students Receiving Special Education Services	1,762	14%	3%	21%	63%
Students Not Receiving Special Education Services	9,623	7%	1%	5%	87%
Low-Income Students	6,238	12%	2%	11%	76%
Higher-Income Students	5,147	3%	1%	3%	93%
Students in Foster Care	37	11%	3%	30%	57%
Homeless Students	197	21%	3%	19%	57%
Asian Students+	343	4%	<1%	4%	92%
Black Students	1,038	8%	1%	11%	80%
Hispanic Students	3,014	13%	1%	11%	76%
Native American	101	19%	1%	11%	69%
White Students	6,481	5%	2%	5%	88%
ALL STUDENTS	11,385	8%	1%	7%	84%

Source: Rhode Island Department of Education, Class of 2020. Percentages may not sum to 100% due to rounding.
+Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

◆ **The Rhode Island four-year graduation rate for the Class of 2020 was 84%, up from 76% for the Class of 2010. The lowest graduation rates were among Multilingual Learners, students receiving special education services, students in foster care, students experiencing homelessness, low-income students, and Hispanic and Native American students.[11,12]**

Rhode Island Five- and Six-Year High School Graduation Rates

◆ **Rhode Island calculates five- and six-year graduation rates to recognize that graduation is an accomplishment regardless of the time it takes. Of the 10,518 Rhode Island students who enrolled in ninth grade in 2014, 8,837 (84%) graduated in four years in 2018, 229 (2%) graduated in five years in 2019, and 50 (<1%) graduated in six years in 2020. Of the 229 students who graduated in five years in 2019, 115 (50%) were students receiving special education services and 35 (15%) were Multilingual Learners.[13]**

Table 54.

High School Graduation Rates, Rhode Island, Class of 2020

SCHOOL DISTRICT	FOUR-YEAR COHORT RATES: # OF STUDENTS IN COHORT	DROPOUT RATE	% COMPLETED GED	% STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Barrington	313	1%	0%	3%	96%
Bristol Warren	227	5%	<1%	4%	90%
Burrillville	190	6%	1%	4%	90%
Central Falls	215	18%	1%	13%	69%
Chariho	262	3%	3%	10%	84%
Coventry	396	7%	1%	4%	88%
Cranston	856	6%	2%	7%	85%
Cumberland	365	6%	1%	6%	87%
East Greenwich	167	1%	0%	4%	96%
East Providence	358	7%	1%	7%	85%
Exeter-West Greenwich	132	1%	2%	4%	94%
Foster-Glocester	170	4%	1%	3%	92%
Johnston	240	9%	3%	3%	85%
Lincoln	228	4%	3%	3%	90%
Middletown	176	9%	3%	3%	85%
Narragansett	95	0%	0%	3%	97%
New Shoreham	14	0%	0%	7%	93%
Newport	177	19%	3%	14%	64%
North Kingstown	369	5%	2%	2%	91%
North Providence	288	4%	1%	6%	89%
North Smithfield	134	8%	2%	4%	87%
Pawtucket	504	10%	1%	12%	77%
Portsmouth	250	2%	1%	5%	92%
Providence	2,019	14%	1%	11%	75%
Scituate	96	1%	1%	6%	92%
Smithfield	198	3%	1%	3%	94%
South Kingstown	227	1%	1%	3%	95%
Tiverton	146	5%	1%	5%	89%
Warwick	691	6%	2%	6%	86%
West Warwick	238	5%	1%	9%	85%
Westerly	196	5%	5%	5%	86%
Woonsocket	442	17%	1%	9%	73%
Beacon Charter School	*59*	*9%*	*2%*	*7%*	*83%*
Blackstone Academy	*88*	*3%*	*0%*	*9%*	*88%*
Blackstone Valley Prep Mayoral Academy	*85*	*2%*	*0%*	*4%*	*94%*
Paul Cuffee Charter School	*66*	*6%*	*0%*	*6%*	*88%*
The Greene School	*43*	*5%*	*0%*	*0%*	*95%*
Highlander Charter School	*37*	*8%*	*3%*	*8%*	*81%*
RI Nurses Institute Middle College	*57*	*12%*	*2%*	*11%*	*75%*
Sheila C. "Skip" Nowell Leadership Academy	*77*	*30%*	*0%*	*48%*	*22%*
Trinity Academy for the Performing Arts	*31*	*0%*	*0%*	*0%*	*100%*
Village Green Virtual Public Charter School	*52*	*0%*	*0%*	*2%*	*98%*
William M.Davies Jr. Career & Technical High School	*192*	*5%*	*0%*	*8%*	*87%*
DCYF Schools	*33*	*55%*	*24%*	*21%*	*0%*
Metropolitan Regional Career and Technical Center	*179*	*2%*	*0%*	*3%*	*96%*
Four Core Cities	*3,180*	*14%*	*1%*	*11%*	*74%*
Remainder of State	*7,200*	*5%*	*2%*	*5%*	*88%*
Rhode Island	*11,385*	*8%*	*1%*	*7%*	*84%*

Source of Data for Table/Methodology

Rhode Island Department of Education, Class of 2020.

The 2020 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 2016-2017 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, 2015-2019. Table S2301.

[2] U.S. Census Bureau, American Community Survey, 2015-2019. 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 April 7, 2021, 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 2019 and 2029, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring less education.[1] Between 2015 and 2019 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 $36,009, compared to $56,642 for adults with bachelor's degrees.[2,3]

Many students, especially low-income students, face barriers to college enrollment and success, such as insufficient academic preparation, difficulty navigating the application and financial aid processes, and the high cost of college. States can help address these barriers and improve college access by ensuring that all students have access to advanced coursework; take college entrance exams; complete the Free Application for Federal Student Aid (FAFSA); get adequate counseling; and target financial aid strategically to students with the greatest needs.[4]

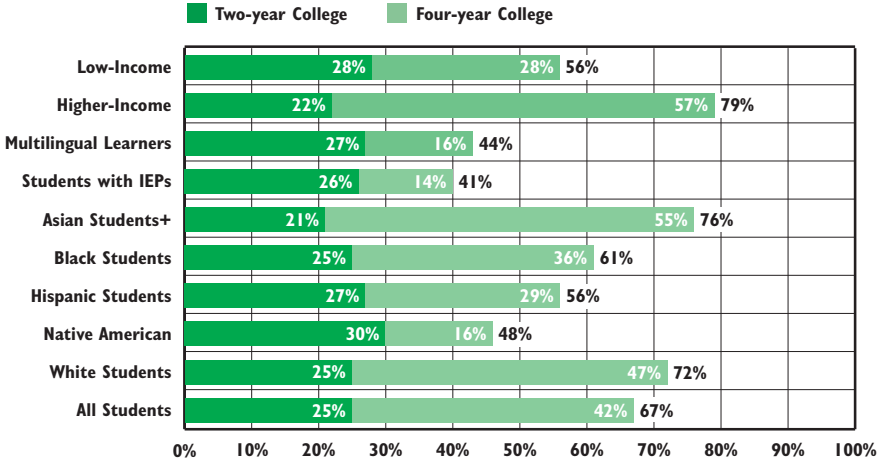
Students who participate in AP courses are likely to attend and succeed in college.[5] In 2020, 6,398 Rhode Island public school students took an AP course and 41% of twelfth graders took an AP exam, more than double in 2010 and above the national average.[6,7]

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 2020-2021 cycle, Rhode Island ranked fifth in the U.S. for the number of high school seniors completing the FAFSA.[11]

Rhode Island's *Every Student Succeeds Act (ESSA)* state plan includes a Post-Secondary Success Indicator that measures the percentage of students that graduate with a career and technical education industry-approved credential, college credits through dual or concurrent enrollment, 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 2019, Rhode Island



Source: Rhode Island Department of Education, Class of 2019. Percentages may not sum exactly due to rounding.
+Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

◆ **Sixty-seven percent of Rhode Island students who graduated from high school in the Class of 2019 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, language status, and disability. 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**

Educational Opportunity Audit

◆ In Rhode Island, high school graduation requirements and college admission requirements are misaligned. In 2020, an audit of 2,253 Rhode Island high school student transcripts found 14% of ninth graders were already off track for college eligibility.[17]

◆ Audit findings showed that 78% of Black students and 76% of Latinx students were not college or career ready compared to 44% of white students.[18]

Impact of COVID-19 on the Class of 2020

◆ In March 2020 school buildings and SAT testing centers closed due to the COVID-19 pandemic. As a result, the U.S. Department of Education waived assessments for all states for the 2019-2020 school year and Rhode Island schools did not administer the 2020 SAT exam.[19,20]

◆ Nationally, 20% of high school seniors reported they are not likely to immediately enroll in college because of the pandemic while others reported changing their plans of attending a four-year college to instead attend community college.[21] Disparities in immediate college enrollment by income and race increased significantly, jeopardizing the equity gains of the previous year.[22]

Table 55. **College Preparation and Access, Rhode Island**

SCHOOL DISTRICT	TOTAL GRADE 12 ENROLLMENT OCT. 2019	% OF GRADE 12 STUDENTS PLANNING TO ATTEND COLLEGE, 2020	% OF STUDENTS WHO FILLED OUT THE FAFSA, 2020
Barrington	333	*	70%
Bristol Warren	243	24%	55%
Burrillville	198	64%	56%
Central Falls	196	46%	43%
Chariho	243	64%	67%
Coventry	386	59%	63%
Cranston	873	47%	58%
Cumberland	357	60%	68%
East Greenwich	175	*	68%
East Providence	332	62%	56%
Exeter-West Greenwich	142	57%	70%
Foster-Glocester	179	40%	60%
Johnston	255	54%	59%
Lincoln	228	75%	67%
Middletown	163	62%	64%
Narragansett	105	*	62%
New Shoreham	15	73%	67%
Newport	133	36%	54%
North Kingstown	370	63%	68%
North Providence	266	65%	72%
North Smithfield	128	83%	73%
Pawtucket	508	47%	45%
Portsmouth	254	65%	73%
Providence	1,725	47%	63%
Scituate	98	47%	74%
Smithfield	191	47%	76%
South Kingstown	234	71%	69%
Tiverton	148	67%	62%
Warwick	699	30%	54%
West Warwick	213	53%	58%
Westerly	214	43%	59%
Woonsocket	402	57%	40%
Beacon Charter High School	*55*	*16%*	*69%*
Blackstone Academy	*92*	*66%*	*75%*
Blackstone Valley Prep Mayoral Academy	*91*	*35%*	*80%*
Paul Cuffee Charter School	*62*	*	*81%*
The Greene School	*44*	*43%*	*66%*
Highlander Charter School	*36*	*36%*	*58%*
RI Nurses Institute Middle College	*59*	*	*68%*
Sheila C. "Skip" Nowell Leadership Academy	*38*	*100%*	*58%*
Trinity Academy for the Performing Arts	*32*	*94%*	*100%*
Village Green Virtual Public Charter School	*38*	*97%*	*100%*
William M. Davies Jr. Career & Technical Center	*185*	*58%*	*58%*
Metropolitan Regional Career and Technical Center	*184*	*73%*	*53%*
DCYF	*15*	*NA*	*NA*
Four Core Cities	*2,831*	*48%*	*55%*
Remainder of State	*7,178*	*49%*	*63%*
Rhode Island	*10,946*	*49%*	*61%*

Source of Data for Table/Methodology

Total 12th grade enrollment is from the Rhode Island Department of Education as of October 1, 2019.

% of 12th grade students planning to attend college is from the 2019-2020 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 2020-2021 cycle through June 2020. Retrieved April 9, 2021, 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, 2019.

* Data are not reported because district response rate for students was <5%. NA indicates that data are not collected. 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. (2021). *Employment, wages, and projected change in employment by typical entry-level education.* Retrieved April 10, 2021, from www.bls.gov

[2] U.S. Census Bureau, American Community Survey, 2015-2019. 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

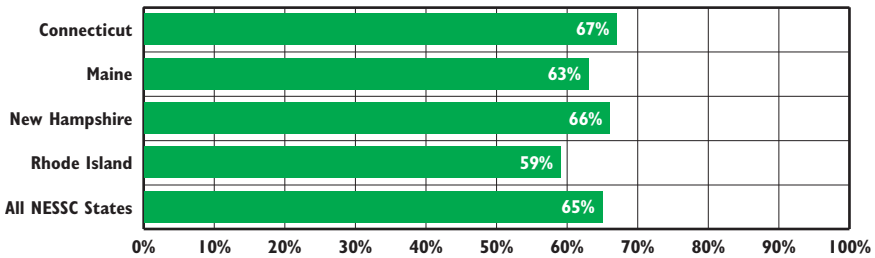
Between 2019 and 2029, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring less education, yet only 36% of Rhode Island adults ages 25 and 64 have a bachelor's degree or higher.[2,3] Between 2015 and 2019 in Rhode Island, 6.6% of adults with a high school diploma were unemployed, compared to 2.6% with a bachelor's degree or higher.[4] During that same period, the median annual income for adults with a high school diploma was $36,009, compared to $56,642 for adults with a bachelor's degree.[5] Students who complete college are more likely to be employed and have higher incomes. While college enrollment rates for low-income students have doubled in recent decades, there are still large gaps in the percentage of students who enroll in and complete college and the types of college students attend.[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 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), 2013 Cohort



Source: New England Secondary School Consortium. (2020). *Common Data Project: 2020 annual report, school year 2018-2019.* Retrieved April 11,2021, from www.newenglandssc.org

◆ **Fifty-nine percent of Rhode Island public high school graduates who enrolled in a two- or four-year college in 2013 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 41% of low-income students completing college within six years, compared to 72% of higher-income students. There are also large disparities by race and ethnicity, language status, and disability.[17]**

Impact of COVID-19 on College Completion

◆ **Nationally, one-third of college students considered withdrawing from courses because of COVID-19.[18] The financial stability, academic performance, and educational plans of many college students, especially of Students of Color, were impacted by the pandemic.[19]**

◆ **Black and Hispanic college students were more likely than white college students to report that the pandemic impacted their ability to complete their degree.[20]**

◆ **Nationally, Black and first-generation college students were least likely to have access to mental health and financial services during the pandemic.[21]**

Table 56.

College Enrollment and Completion, Rhode Island

SCHOOL DISTRICT	# OF STUDENTS WHO GRADUATED FROM HIGH SCHOOL IN 2019	# OF 2019 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	% OF 2019 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	# OF STUDENTS WHO ENROLLED IN COLLEGE IN 2018-2019	# OF 2018-2019 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)	% OF 2018-2019 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)
Barrington	247	217	88%	262	238	91%
Bristol Warren	218	139	64%	171	140	82%
Burrillville	197	142	72%	141	113	80%
Central Falls	145	63	43%	91	43	47%
Chariho	253	172	68%	196	155	79%
Coventry	339	243	72%	333	246	74%
Cranston	787	561	71%	604	462	76%
Cumberland	334	269	81%	211	175	83%
East Greenwich	191	167	87%	170	159	94%
East Providence	338	223	66%	259	191	74%
Exeter-West Greenwich	102	79	77%	108	87	81%
Foster-Glocester	174	123	71%	127	103	81%
Johnston	186	136	73%	162	129	80%
Lincoln	208	160	77%	152	124	82%
Middletown	144	99	69%	114	95	83%
Narragansett	105	74	70%	95	81	85%
New Shoreham	15	*	47%	*	*	67%
Newport	134	75	56%	118	79	67%
North Kingstown	300	246	82%	290	255	88%
North Providence	222	155	70%	187	144	77%
North Smithfield	106	88	83%	87	74	85%
Pawtucket	384	204	53%	317	202	64%
Portsmouth	200	155	78%	182	148	81%
Providence	1,561	839	54%	1,075	739	69%
Scituate	95	72	76%	90	78	87%
Smithfield	185	150	81%	154	132	86%
South Kingstown	220	165	75%	199	173	87%
Tiverton	110	74	67%	109	91	83%
Warwick	624	414	66%	486	352	72%
West Warwick	234	155	66%	172	120	70%
Westerly	197	131	66%	138	115	83%
Woonsocket	296	154	52%	194	128	66%
Beacon Charter High School	*56*	*32*	*57%*	*40*	*28*	*70%*
Blackstone Academy	*80*	*63*	*79%*	*66*	*50*	*76%*
Blackstone Valley Prep Mayoral Academy	*68*	*57*	*84%*	*52*	*44*	*85%*
Paul Cuffee Charter School	*57*	*46*	*81%*	*50*	*38*	*76%*
The Greene School	*51*	*38*	*75%*	*38*	*32*	*84%*
Highlander Charter School	*35*	*26*	*74%*	*22*	*17*	*77%*
RI Nurses Institute Middle College	*47*	*32*	*68%*	*40*	*29*	*73%*
Sheila C. "Skip" Nowell Leadership Academy	*28*	*	*18%*	*17*	*11*	*65%*
Trinity Academy for the Performing Arts	*32*	*20*	*63%*	*17*	*	*47%*
Village Green Virtual Public Charter School	*41*	*28*	*68%*	*41*	*30*	*73%*
William M. Davies Jr. Career & Technical High School	*173*	*101*	*58%*	*129*	*88*	*68%*
Metropolitan Regional Career and Technical Center	*200*	*122*	*61%*	*157*	*102*	*65%*
Four Core Cities	*2,386*	*1,260*	*53%*	*1,677*	*1,112*	*66%*
Remainder of State	*6,467*	*4,692*	*73%*	*5,323*	*4,263*	*80%*
Rhode Island	*9,726*	*6,523*	*67%*	*7,676*	*5,853*	*76%*

Source of Data for Table/Methodology

of students who graduated from high school in 2019, # of 2019 high school graduates who enrolled in college within six months, # of students who enrolled in college in 2018, and # of 2018 college enrollees who persisted (were enrolled for a third semester) are all from Rhode Island Department of Education. The # of 2018 college enrollees who persisted may include students enrolled directly after high school or afterwards. Percentages may not sum exactly due to rounding.

Four core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Students from Little Compton attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

DCYF, and Rhode Island School for the Deaf are not reported because there are fewer than 10 students in these cohorts.

* Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These numbers are still counted in remainder of state and Rhode Island totals.

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(continued on page 190)

Teens Not in School and Not Working

DEFINITION

Teens not in school and not working is the percentage of teens ages 16 to 19 who are not enrolled in school, not in the Armed Forces, and not employed. Teens who are recent high school graduates and who are unemployed and teens who have dropped out of high school and are unemployed are included.

SIGNIFICANCE

School and work help teens acquire the skills, knowledge, experience, and supports they need to become productive adults. Youth who drop out of school and do not become a part of the workforce are at risk of experiencing negative outcomes as they transition from adolescence to adulthood. Teens in low-income families, teens who drop out of school, young mothers, and youth with disabilities have high rates of disconnection from both school and work.[1,2] Disconnected youth are more likely to live in intergenerational poverty, experience poor physical and mental health, have a disability, be involved with the child welfare system, experience difficulties finding and maintaining employment, earn low wages, and need public benefits to make ends meet. Young people disconnected from both work and school are disproportionately People of Color and face institutional racism as an entrenched barrier to success.[3,4,5]

Programs that offer work-based learning opportunities; provide meaningful, early, paid work experiences; and incorporate adult mentoring with youth development opportunities address the root causes of inequity and decrease the likelihood of youth disconnection.[6,7] There is a real cost to youth disconnection. Youth disconnection results in over $93 billion in lost earnings and associated tax revenue annually and over $1 trillion in totality over their lifetimes.[8,9]

Between 2015 and 2019, an estimated 3,024 (4.9%) 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, 57% were males and 43% were females. Fifty-nine percent of these youth were high school graduates, and 41% had not graduated from high school.[10]

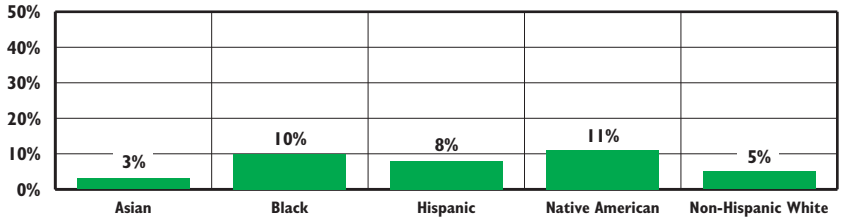
Teens Not in School and Not Working

	2019
RI	5%
US	6%
National Rank*	*7th*
New England Rank**	*2nd*

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

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

Percentage of U.S. Youth Ages 16 to 19, Not in School and Not Working, by Race and Ethnicity, 2019



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 2019 among U.S. youth ages 16 to 19, 11% of Native American youth, 10% of Black youth, and 8% of Hispanic youth were not in school and not working, compared to 5% 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 2018, 6% of Latino young adults ages 16 to 19 in Rhode Island were not in school and not working, which is nearly triple the white rate of 2%.[13]**

◆ **Nationally, youth disconnection declined in recent years, from the Great Recession high of 14.7% in 2010, to 11.2% in 2018. The effects of the COVID-19 pandemic are – and will continue to be – catastrophic for youth. It is estimated that the educational and economic fallout could push the youth disconnection rate close to 25%.[14]**

Compulsory School Attendance

◆ **Rhode Island requires school attendance until age 18. Rhode Island students over age 16 may obtain a waiver from the attendance requirement if they have an alternative learning plan for obtaining a diploma. Plans can include independent study, private instruction, community service, or online coursework and must be developed in consultation with the student, school counselor, school principal, and at least one parent or guardian. Alternative learning plans must be approved by the district superintendent.[15]**

◆ **As of 2020, one state has compulsory attendance to age 19, 24 states (including Rhode Island) have compulsory attendance to age 18, eight states to age 17, and 17 states to age 16.[16]**

Connecting Youth to School and Work

◆ **Education has a positive impact on the likelihood of finding and maintaining employment. Between 2015 and 2019, the unemployment rate for Rhode Island adults ages 25 to 64 with a bachelor's degree or higher was 2.6%, compared with 6.6% for high school graduates and 7.5% for those with less than a high school diploma.[17]**

◆ **Successful strategies to prevent youth disconnection must be comprehensive and equitable and include high-quality child care and public schooling, a focus on healthy youth development, equity-based opportunities and recruitment, and multiple pathways to employment. Given the catastrophic effects of the pandemic on young adults, national service opportunities should be explored as a strategy for increasing youth connection while meeting community needs.[18,19,20]**

◆ **Programs and schools that enable students to acquire work-based skills and/or college credits while working toward their high school degrees can improve high school graduation rates and better prepare students for college completion and careers.[21]**

Youth Work Experience

◆ **Work experience during the teen years improves youth mental health, well-being, and school attendance and increases productivity, employability, and wages into adulthood.[22]**

◆ **Summer work programs increase college aspirations and preparation for future employment and help reduce youth violence and crime.[23]**

◆ **Expanding work-based learning opportunities can help more youth in Rhode Island successfully transition into college and careers. These types of programs can help to motivate students, teach them critical skills, connect them with mentors and positive adult role models, and help them to make informed decisions about their future. Many work-based learning programs (e.g., internships) allow youth to receive school credit and/or earn money while gaining important workplace experience.[24,25]**

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Methodology

The *2021 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 2015-2019 American Community Survey conducted by the U.S. Census Bureau. They are Central Falls, Pawtucket, Providence, and Woonsocket. The core cities are different than in Factbooks prior to 2012, which were identified based on the child poverty rates reported in Census 2000. In Factbooks prior to 2012, the six core cities were Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket. When core city trends are presented in this Factbook, they are based on the new definition of core cities for all years presented.
- ***Racial and Ethnic Disparities:*** Data on racial and ethnic disparities are presented in as many indicators as possible and summarized in the Racial and Ethnic Disparities indicator. Collecting and reporting on data disaggregated by race and ethnicity is an important first step to identifying ways to eliminate them. Data on disparities and information about the historical and systemic racism that has resulted in these disparities can be used to identify policies to dismantle racism and reduce disparities.
- ***Most Recent Available Data:*** The Factbook uses the most current, reliable data available for each indicator.

Numbers

The most direct measure of the scope of a problem is the count of the number of events of concern during a specified time period - e.g., the number of child and teen deaths between 2015 and 2019. 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. Although Census 2020 was already conducted, data are not yet available for inclusion in this year's Factbook.

Starting with the *2012 Rhode Island Kids Count Factbook*, rates that use the child population as the denominator are based on Census 2010. Previous years are based on Census 2000. In instances where Census 2010 data is used in the denominator, caution should be taken when comparing new rates with those

for past years, as actual population numbers may have changed.

Whenever possible, Census data are updated using the most recent data from Census 2010; however, Census 2010 was a briefer survey than Census 2000 and did not include questions on employment and education status or on income, so indicators based on these measures use the most recent data from the American Community Survey.

In 2015, the U.S. Census Bureau discontinued publishing three-year estimates of the American Community Survey. Beginning with the *2016 Rhode Island Kids Count Factbook*, five-year estimates are used in all indicators that had used three-year estimates in prior Factbooks.

Margins of Error for Median Family Income and Children in Poverty

The 2015-2019 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

Margins of Error, Median Family Income, Rhode Island, 2015-2019

CITY/TOWN	2015-2019 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18	MARGIN OF ERROR
Barrington	$154,167	$19,831
Bristol	$108,651	$28,117
Burrillville	$102,892	$11,215
Central Falls	$32,541	$2,580
Charlestown	$80,469	$23,805
Coventry	$95,214	$6,822
Cranston	$82,620	$9,214
Cumberland	$108,667	$9,487
East Greenwich	$160,125	$20,827
East Providence	$74,524	$2,984
Exeter	$181,250	$126,593
Foster	$112,031	$40,106
Glocester	$110,650	$17,361
Hopkinton	$90,603	$38,795
Jamestown	$196,289	$43,920
Johnston	$99,035	$11,607
Lincoln	$118,454	$15,648
Little Compton	$101,250	$62,552
Middletown	$79,375	$9,819
Narragansett	$152,273	$53,649
New Shoreham	$55,982	$9,356
Newport	$64,519	$25,486
North Kingstown	$113,554	$11,963
North Providence	$74,861	$20,236
North Smithfield	$111,344	$14,536
Pawtucket	$47,595	$5,101
Portsmouth	$149,821	$22,616
Providence	$42,829	$2,464
Richmond	$106,750	$10,065
Scituate	$124,167	$23,780
Smithfield	$125,114	$22,206
South Kingstown	$115,923	$16,009
Tiverton	$88,393	$14,049
Warren	$84,375	$26,149
Warwick	$87,633	$5,269
West Greenwich	$143,333	$33,884
West Warwick	$65,825	$6,939
Westerly	$92,325	$14,535
Woonsocket	$34,602	$4,123
Four Core Cities	*NA*	*NA*
Remainder of State	*NA*	*NA*
Rhode Island	*$79,684*	*$2,212*

Margins of Error, Children Living Below the Federal Poverty Threshold, Rhode Island, 2015-2019

CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2015-2019			
#	MARGIN OF ERROR	%	MARGIN OF ERROR
72	62	1.7%	1.44%
259	129	8.0%	3.91%
439	227	12.9%	6.41%
2,144	426	39.8%	6.99%
117	84	9.7%	6.73%
821	272	12.4%	3.96%
1,962	539	12.1%	3.24%
413	208	6.0%	2.99%
200	131	5.9%	3.84%
879	244	10.4%	2.76%
49	98	4.7%	9.28%
30	48	3.5%	5.52%
228	135	11.2%	6.46%
134	113	8.3%	6.79%
36	76	3.4%	7.06%
321	165	6.4%	3.21%
529	199	11.0%	3.96%
9	39	1.9%	8.33%
328	150	11.3%	5.05%
-	60	-	3.23%
15	45	9.1%	27.04%
690	210	20.1%	5.77%
668	232	12.7%	4.29%
580	215	9.7%	3.46%
133	85	5.6%	3.48%
3,634	545	24.4%	3.38%
219	151	6.5%	4.39%
13,662	1,322	34.7%	3.12%
-	54	-	3.77%
53	72	2.8%	3.71%
-	72	-	2.20%
378	178	8.4%	3.88%
194	130	7.3%	4.79%
282	144	16.6%	8.13%
788	266	5.6%	1.88%
1	51	0.1%	4.24%
856	286	16.3%	5.19%
567	215	14.8%	5.34%
3,076	526	35.2%	5.40%
22,516	*961*	*32.9%*	*1.30%*
12,250	*657*	*9.0%*	*0.47%*
34,766	*1,863*	*17.0%*	*0.90%*

For source information see page 25.

Methodology

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 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, 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 Neglect and Abuse

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 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 2020 federal poverty threshold was $20,852 for a family of three with two children and $26,246 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 2021 Federal Poverty Guidelines

FEDERAL POVERTY GUIDELINES	ANNUAL INCOME FAMILY OF THREE	ANNUAL INCOME FAMILY OF FOUR
50% FPL	$10,980	$13,250
100% FPL	$21,960	$26,500
130% FPL	$28,548	$34,450
150% FPL	$32,940	$39,750
180% FPL	$39,528	$47,700
185% FPL	$40,626	$49,025
200% FPL	$43,920	$53,000
225% FPL	$49,410	$59,625
250% FPL	$54,900	$66,250

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(continued from page 11)

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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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