



2022 Rhode Island Kids Count Factbook

Rhode Island KIDS COUNT is a children's policy organization that provides information on child well-being, stimulates dialogue on children's issues, and promotes equity, accountability, and action. Rhode Island KIDS COUNT appreciates the generous support of the Rhode Island Foundation, United Way of Rhode Island, The Annie E. Casey Foundation, Prince Charitable Trusts, Alliance for Early Success, ZERO TO THREE, The Hassenfeld Family Foundation, Nellie Mae Education Foundation, van Beuren Charitable Foundation, Alletta Morris McBean Charitable Trust, Partnership for America's Children, Hasbro Children's Fund, Neighborhood Health Plan of Rhode Island, Blue Cross & Blue Shield of Rhode Island, Delta Dental of Rhode Island, UnitedHealthcare Community Plan, CVS Health, and Tufts Health Plan.

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 2022 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:

Rhode Island KIDS COUNT
One Union Station
Providence, RI 02903
(401) 351-9400
rikids@rikidscount.org

Visit our website at www.rikidscount.org.
Stay in touch with us on social media at
twitter.com/RIKidsCount
www.facebook.com/RhodeIslandKIDSCOUNT

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2022 Rhode Island KIDS COUNT Factbook
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United Way of Rhode Island

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The Annie E. Casey Foundation

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Leslie Boissiere, Vice President, External Affairs

Karina Jimenez-Lewis, Associate Director, Policy Reform and Advocacy

Rhode Island KIDS COUNT

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Kelsey Bala, Policy Analyst

Leanne Barrett, Senior Policy Analyst

Dorene Bloomer, Finance Director

Jennifer Waring Capaldo, Project Coordinator

Katherine Linwood Chu, Communications Manager

Paige Clausius-Parks, Senior Policy Analyst

W. Galarza, Executive Assistant/Office Manager

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Kaitlyn Rabb, Policy Analyst

Valerie Womer, Research Analyst

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Woonsocket Head Start Child Development
Association

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Progreso Latino

Linda Newton

Principal
Newton & Newton

Tanita Sello

Independent Consultant

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Overview

Now that Spring is Here...

by Barbara Juster Esbensen

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

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

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

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

The *2022 Rhode Island KIDS COUNT Factbook* is the twenty-eighth 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 *2022 Rhode Island KIDS COUNT Factbook* provides a statistical portrait of the status of Rhode Island's children and youth. Information is presented for the state of Rhode Island, for each city and town, and for an aggregate of the four cities with the highest percentages of children living in poverty. These four core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

The Factbook provides community-level information on indicators in order to emphasize the significance of the surrounding physical, social, and economic environment in shaping outcomes for children. Communities and neighborhoods do matter – the actions of community leaders, government leaders, elected officials, businesses, faith organizations, and parents greatly influence children's chances for success and the challenges they will face.

By examining the best available data statewide and in Rhode Island's 39 cities and towns, Rhode Island KIDS COUNT provides an information base that can result in more effective policy and community action on behalf of children. Tracking changes in selected indicators can help communities to set priorities, identify strategies to reverse negative trends, and monitor progress.

The *2022 Rhode Island KIDS COUNT Factbook* examines 70 indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety, and Education. All areas of child well-being are interrelated and critical throughout a child's development. A child's safety in their family and community affects school performance; a child's economic security affects their health and education. The *2022 Rhode Island KIDS COUNT Factbook* reflects these interrelationships and builds a framework to guide policy, programs, and individual services on behalf of children and youth.



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

The COVID-19 pandemic hit Rhode Island hard, and low-income families and Families of Color in marginalized communities were hit the hardest both by the disease itself and by the resulting economic crisis, which exacerbated longstanding racial and ethnic disparities. Last year's Factbook highlighted the early effects of the pandemic on Rhode Island children and families. This year, the data provides an even more complete picture of the devastating effects of the pandemic on children and families' economic well-being, physical and mental health, safety, access to education, and educational outcomes. The Factbook also addresses how the federal and state government, school districts, and community agencies have tried to support children and families during the pandemic and how they can continue to target this support most effectively.



Child Poverty is Concentrated in Four Core Cities

Poverty is linked to every KIDS COUNT indicator. Rhode Island's child poverty rate was 15.6% between 2016 and 2020, during which time 31,629 children were living in families with incomes below the federal poverty threshold. Between 2016 and 2020, almost two-thirds (64%) of Rhode Island's children living in poverty lived in just four cities. These communities (Central Falls, Pawtucket, Providence, and Woonsocket) are the four core cities highlighted throughout the Factbook. Children in poverty live in every community in Rhode Island, but these four communities deserve special attention because they are where child poverty is most concentrated.



Racial and Ethnic Disparities

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

Family and Community

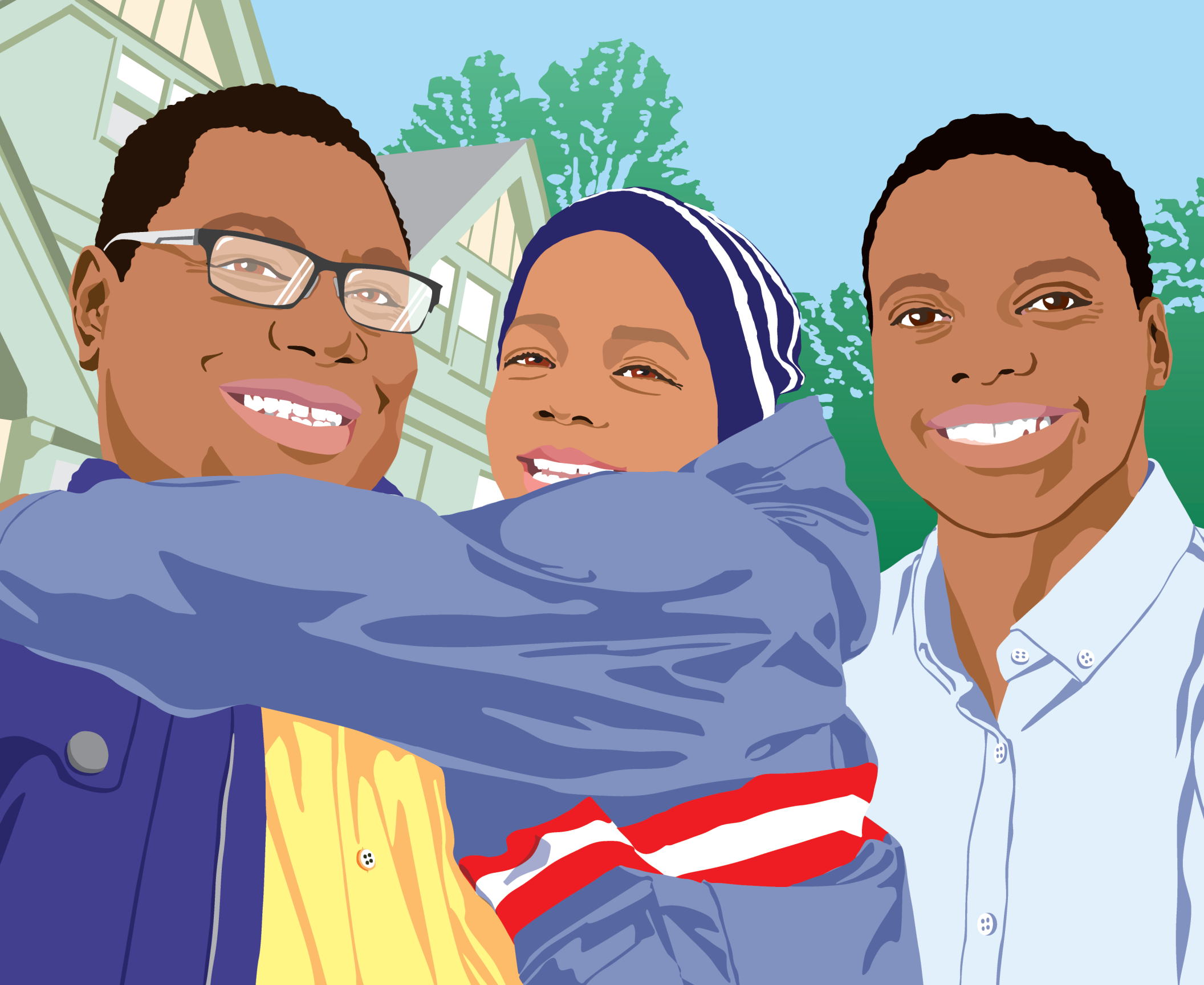
Family Ties

by Virginia Moore

Family ties are precious things
woven through the years,
of memories, togetherness,
of laughter, love and tears.

Family ties are treasured things
forged in childhood days,
by love of parents, deep and true,
by tradition, by family ways.

Family ties are treasured things
and although we may roam,
the tender bond with those we love
still pulls our hearts towards home.



Child Population

DEFINITION

Child population is the total number of children under age 18 and the percentage change between 2010 and 2020 in the total number of children under age 18.

SIGNIFICANCE

According to the 2020 U.S. Census, there were 1,097,379 Rhode Island residents in 2020. Children under age 18 make up 19% of the population. Rhode Island's child population decreased from 247,822 in 2000 to 223,956 in 2010 and then further to 209,785 in 2020 (15% decrease from 2000 to 2020).^{1,2,3} Between 2016 and 2020, there were 116,868 households with children under age 18 in Rhode Island, representing 28% of all households.⁴ Between 2016 and 2020, 27% 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 2016 and 2020, 121,407 (59%) children under age 18 lived in married-couple households, 62,577 (30%) children lived in single-parent households, and 17,233 (8%) children lived with relatives, including grandparents. A total of 3,571 (2%) children lived with foster families or other non-relative heads of household. There were 616 (<1%) children and youth under age 18

who lived in group quarters and 40 (<1%) youth who were householders or spouses.^{6,7,8}

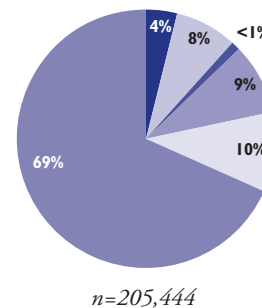
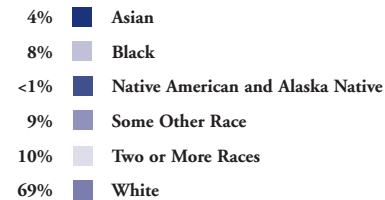
Rhode Island's children are diverse in race, ethnicity, language, and country of origin. Mirroring the national trend, the Hispanic child population in Rhode Island has grown since 2000, both in numbers and as a percentage of the child population. Hispanics make up 25% of children under age 18 in the United States and 26% of children under age 18 in Rhode Island.^{9,10,11}

Between 2016 and 2020, there were 9,449 foreign-born children under the age of 18 living in Rhode Island, representing approximately 5% of the child population.¹² Of Rhode Island children ages five to 17, 77% speak only English at home, 17% speak Spanish, 4% speak other Indo-European languages, 2% speak Asian or Pacific Island languages, and 1% speak other languages at home.¹³

Sexual orientation and gender identity are other important facets of diversity among youth. According to the 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, 2016-2020

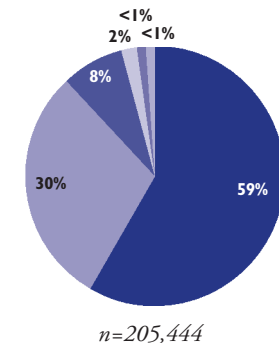
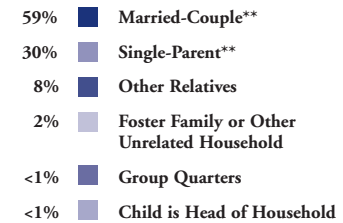
By Race/Ethnicity*



*Hispanic children may be included in any race category. Of Rhode Island's 205,444 children, 53,677 (26%) were Hispanic.

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Tables B01001A, B01001B, B01001C, B01001D, B01001E, B01001F, B01001G, and B01001I.

By Family Structure



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

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Tables B09001, B09002, and B09018.

Decennial Census 2020

◆ In 2020, the U.S. Census Bureau conducted its most recent decennial Census. Although the overall population of Rhode Island (1,097,379) grew by 4.3% from 2010 to 2020, the child population (209,785) declined by 6.3% over this same period.^{15,16}

◆ Certain populations have been historically hard to count in the decennial Census, including young children under age five, immigrants, low-income populations, People of Color, people experiencing homelessness, and people in non-traditional households.¹⁷ The 2020 Census reveals that People of Color and young children continue to be undercounted, and Children of Color were undercounted at an even higher rate than in 2010.^{18,19}

Table 1.

Child Population, Rhode Island, 2010 and 2020

CITY/TOWN	2010 TOTAL POPULATION UNDER AGE 18	2020 TOTAL POPULATION UNDER AGE 18	CHANGE IN POPULATION UNDER AGE 18	% CHANGE IN POPULATION UNDER AGE 18
Barrington	4,597	4,489	-108	-2.3%
Bristol	3,623	2,887	-736	-20.3%
Burrville	3,576	3,229	-347	-9.7%
Central Falls	5,644	6,411	767	13.6%
Charlestown	1,506	1,161	-345	-22.9%
Coventry	7,770	6,655	-1,115	-14.4%
Cranston	16,414	15,744	-670	-4.1%
Cumberland	7,535	7,550	15	0.2%
East Greenwich	3,436	3,465	29	0.8%
East Providence	9,177	7,886	-1,291	-14.1%
Exeter	1,334	1,175	-159	-11.9%
Foster	986	790	-196	-19.9%
Glocester	2,098	1,896	-202	-9.6%
Hopkinton	1,845	1,613	-232	-12.6%
Jamestown	1,043	871	-172	-16.5%
Johnston	5,480	5,119	-361	-6.6%
Lincoln	4,751	4,640	-111	-2.3%
Little Compton	654	568	-86	-13.1%
Middletown	3,652	3,487	-165	-4.5%
Narragansett	2,269	1,651	-618	-27.2%
New Shoreham	163	189	26	16.0%
Newport	4,083	3,660	-423	-10.4%
North Kingstown	6,322	5,496	-826	-13.1%
North Providence	5,514	5,802	288	5.2%
North Smithfield	2,456	2,274	-182	-7.4%
Pawtucket	16,575	16,455	-120	-0.7%
Portsmouth	3,996	3,444	-552	-13.8%
Providence	41,634	41,021	-613	-1.5%
Richmond	1,849	1,627	-222	-12.0%
Scituate	2,272	1,866	-406	-17.9%
Smithfield	3,625	3,411	-214	-5.9%
South Kingstown	5,416	4,339	-1,077	-19.9%
Tiverton	2,998	2,723	-275	-9.2%
Warren	1,940	1,826	-114	-5.9%
Warwick	15,825	14,034	-1,791	-11.3%
West Greenwich	1,477	1,251	-226	-15.3%
West Warwick	5,746	5,787	41	0.7%
Westerly	4,787	3,826	-961	-20.1%
Woonsocket	9,888	9,467	-421	-4.3%
Four Core Cities	73,741	73,354	-387	-0.5%
Remainder of State	150,215	136,431	-13,784	-9.2%
Rhode Island	223,956	209,785	-14,171	-6.3%

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2010, Summary File 1 and Census 2020, Table P2 and Table P4.

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

References

^{1,16} U.S. Census Bureau, Census 2020. Table P2 and Table P4.

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

^{3,15} U.S. Census Bureau, Census 2010 Summary File 1. Table DP-1.

⁴ U.S. Census Bureau, American Community Survey, 2016-2020. Table DP02.

⁵ U.S. Census Bureau, American Community Survey, 2016-2020. Table B01001.

⁶ U.S. Census Bureau, American Community Survey, 2016-2020. Table B09002.

⁷ U.S. Census Bureau, American Community Survey, 2016-2020. Table B09018.

⁸ U.S. Census Bureau, American Community Survey, 2016-2020. 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, 2016-2020. Table B01001I.

¹² U.S. Census Bureau, American Community Survey, 2016-2020. Table B05003.

¹³ U.S. Census Bureau, American Community Survey, 2016-2020. Table B16007.

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

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

(continued on page 175)

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 183,984 children living with one or more parents in Rhode Island between 2016 and 2020. Of these, 34% (62,577) were living with an unmarried parent, down from 36% of children between 2011 and 2015.^{1,2}

Between 2016 and 2020, 71% 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 four times more likely to be living in poverty than those in married-couple families. Between 2016 and 2020 in Rhode Island, 31% 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 twice as likely to live in poverty as single-parent families led by fathers.⁴ Between 2016 and 2020, the median

family income for married two-parent families (\$111,467) was twice that of male-headed single-parent families (\$55,184) and more than three times that of female-headed single-parent families (\$33,933).⁵

The financial hardship, and associated stress of single parenthood can contribute to differences in the economic well-being of 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

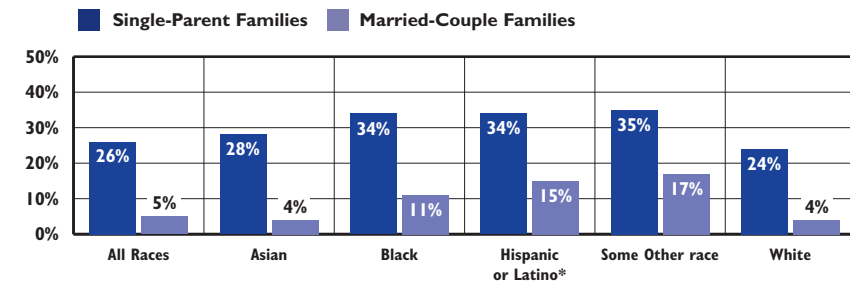
Single-Parent Families		
	2009	2019
RI	36%	38%
US	34%	34%
National Rank*	41st	
New England Rank**	6th	

*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, 2016-2020



Source: U.S. Census Bureau, American Community Survey, 2016-2020. Tables B17010, B17010A, B17010B, B17010D, B17010F, B17010I. *Hispanic or Latino may be in any race category.

◆ In Rhode Island, single-parent families that are Black, Hispanic, or Some other race are almost one and a half times as likely as white single-parent families to live in poverty. Married-couple families that are Hispanic, Black, or Some other race are more likely than white and Asian married-couple families 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 decreased and has been close to 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

Children in Single-Parent Families

Table 2.

Children's Living Arrangements, Rhode Island, 2010

CITY/TOWN	CHILDREN LIVING IN HOUSEHOLDS	CHILDREN WHO ARE A HOUSEHOLDER OR SPOUSE		CHILDREN LIVING WITH NON-RELATIVES		CHILDREN LIVING WITH OTHER RELATIVES		CHILDREN LIVING IN MARRIED-COUPLE FAMILIES		CHILDREN LIVING WITH GRANDPARENTS		CHILDREN LIVING IN SINGLE-PARENT FAMILIES	
		N	%	N	%	N	%	N	%	N	%	N	%
Barrington	4,597	2	<1%	31	1%	15	0%	3,871	84%	85	2%	593	13%
Bristol	3,621	1	<1%	37	1%	51	1%	2,564	71%	225	6%	743	21%
Burrillville	3,548	0	0%	110	3%	26	1%	2,353	66%	232	7%	827	23%
Central Falls	5,634	3	<1%	90	2%	209	4%	2,159	38%	429	8%	2,744	49%
Charlestown	1,506	0	0%	15	1%	20	1%	1,059	70%	106	7%	306	20%
Coventry	7,762	2	<1%	148	2%	72	1%	5,343	69%	549	7%	1,648	21%
Cranston	16,262	5	<1%	226	1%	324	2%	10,462	64%	1,027	6%	4,218	26%
Cumberland	7,535	0	0%	97	1%	53	1%	5,651	75%	334	4%	1,400	19%
East Greenwich	3,436	0	0%	21	1%	13	0%	2,889	84%	71	2%	442	13%
East Providence	9,100	2	<1%	127	1%	154	2%	5,329	59%	675	7%	2,813	31%
Exeter	1,300	0	0%	23	2%	16	1%	996	77%	82	6%	183	14%
Foster	986	0	0%	24	2%	10	1%	741	75%	69	7%	142	14%
Glocester	2,098	0	0%	39	2%	26	1%	1,581	75%	137	7%	315	15%
Hopkinton	1,845	0	0%	46	2%	24	1%	1,327	72%	113	6%	335	18%
Jamestown	1,043	0	0%	3	0%	5	0%	799	77%	49	5%	187	18%
Johnston	5,473	2	<1%	90	2%	114	2%	3,591	66%	380	7%	1,296	24%
Lincoln	4,743	3	<1%	61	1%	52	1%	3,270	69%	211	4%	1,146	24%
Little Compton	654	0	0%	5	1%	1	0%	528	81%	42	6%	78	12%
Middletown	3,634	3	<1%	45	1%	38	1%	2,606	72%	166	5%	776	21%
Narragansett	2,240	2	<1%	35	2%	25	1%	1,533	68%	105	5%	540	24%
New Shoreham	163	0	0%	1	1%	1	1%	111	68%	4	2%	46	28%
Newport	4,060	2	<1%	66	2%	56	1%	2,034	50%	204	5%	1,698	42%
North Kingstown	6,322	1	<1%	57	1%	49	1%	4,639	73%	247	4%	1,329	21%
North Providence	5,481	0	0%	81	1%	131	2%	3,266	60%	378	7%	1,625	30%
North Smithfield	2,456	0	0%	40	2%	13	1%	1,831	75%	96	4%	476	19%
Pawtucket	16,550	17	<1%	239	1%	460	3%	7,488	45%	1,228	7%	7,118	43%
Portsmouth	3,940	2	<1%	47	1%	24	1%	2,977	76%	172	4%	718	18%
Providence	41,497	41	<1%	632	2%	1,663	4%	16,931	41%	3,094	7%	19,136	46%
Richmond	1,836	0	0%	32	2%	16	1%	1,437	78%	104	6%	247	13%
Scituate	2,272	0	0%	24	1%	22	1%	1,731	76%	139	6%	356	16%
Smithfield	3,615	2	<1%	46	1%	29	1%	2,802	78%	164	5%	572	16%
South Kingstown	5,364	0	0%	81	2%	31	1%	3,951	74%	248	5%	1,053	20%
Tiverton	2,998	1	<1%	41	1%	20	1%	2,109	70%	162	5%	665	22%
Warren	1,935	4	<1%	42	2%	19	1%	1,124	58%	136	7%	610	32%
Warwick	15,795	3	<1%	308	2%	223	1%	10,476	66%	1,109	7%	3,676	23%
West Greenwich	1,468	2	<1%	22	1%	13	1%	1,131	77%	79	5%	221	15%
West Warwick	5,746	1	<1%	151	3%	121	2%	3,118	54%	365	6%	1,990	35%
Westerly	4,787	4	<1%	82	2%	83	2%	3,012	63%	269	6%	1,337	28%
Woonsocket	9,842	10	<1%	203	2%	176	2%	4,237	43%	683	7%	4,533	46%
Four Core Cities	73,523	71	<1%	1,164	2%	2,508	3%	30,815	42%	5,434	7%	33,531	46%
Remainder of State	149,621	44	<1%	2,304	2%	1,890	1%	102,242	68%	8,534	6%	34,607	23%
Rhode Island	223,144	115	<1%	3,468	2%	4,398	2%	133,057	60%	13,968	6%	68,138	31%

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2010.

The denominator is the number of children under age 18 living in family households according to Census 2010. A family household is defined by the U.S. Census Bureau as consisting of a householder and one or more people living together in the same household who are related to the householder by birth, marriage, or adoption – it may include others not related to the householder.

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

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Grandparents Caring for Grandchildren

DEFINITION

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

SIGNIFICANCE

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 2.6 million of these children are in families where grandparents or other relatives serve as the primary caregiver through kinship 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 neglect or abuse, unemployment, or incarceration. Increasingly, parental substance use is the reason a grandparent becomes the primary caregiver.^{2,3}

Twice as many grandmothers are involved in raising grandchildren than grandfathers. Forty percent of grandmother-only caregivers live below

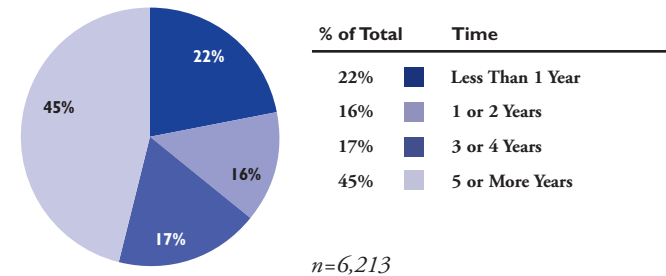
the poverty line, and 76% receive public assistance. Nearly one in five grandparent caregivers lives in poverty.^{4,5}

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

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

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

Rhode Island Grandparents Financially Responsible for Their Grandchildren, by Length of Time Responsible, 2016-2020



Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table B10050.

◆ Between 2016 and 2020, there were a total of 13,836 children in Rhode Island living in households headed by grandparents.¹³ During this time period, there were 6,213 grandparents who were financially responsible for their grandchildren, 65% of whom had been financially responsible for three or more years.¹⁴

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

◆ Children in kinship foster care have better physical and mental health outcomes, more stability, and are more likely to have a permanent home than children in foster care with non-relatives.¹⁶ Rhode Island regulations state that the Department of Children, Youth and Families (DCYF) must give priority to relatives when placing a child in out-of-home care.¹⁷ On December 31, 2021, there were 745 children in DCYF care who were in out-of-home placements with a grandparent or other relative. Children in kinship foster care made up 56% of all children in foster care placements in Rhode Island.¹⁸

◆ The federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* helps keep families together and improve outcomes by allowing federal dollars to support children exiting foster care to permanent homes with relative guardians.¹⁹ Rhode Island is one of 40 states with a Guardianship Assistance Program that provides financial assistance payments to grandparents and other relative caregivers who assume legal guardianship.²⁰

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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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 2016-2020, babies born to mothers with a high school degree or less had a higher infant mortality rate (4.9 per 1,000) than babies born to mothers with more advanced education (2.7 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 2016 and 2020, women with bachelor's degrees in Rhode Island earned 2.1 times more than those with less than a high school diploma and 1.6 times more than women with a high school diploma.⁹

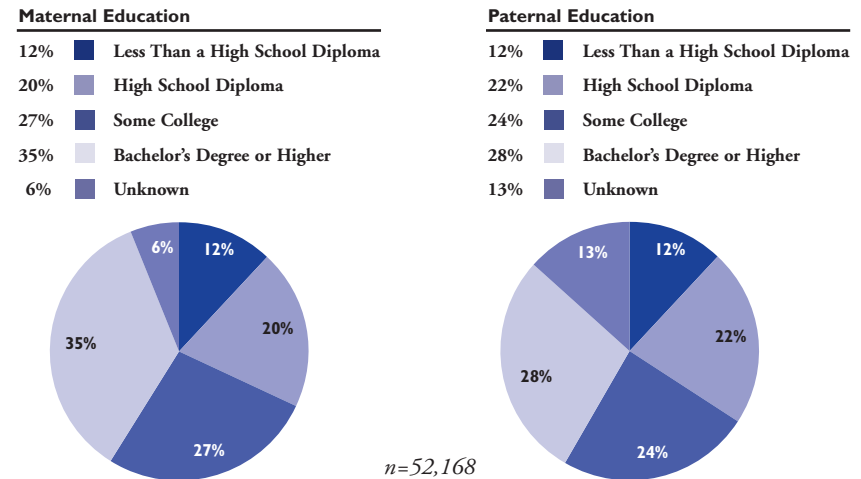
Between 2016 and 2020, 12% of Rhode Island births were to mothers with less than a high school diploma and 62% were to mothers with at least some college education.¹⁰ Nationally in 2019, 12% of children under 18 lived in families in which the head of household had less than a high school diploma, and 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, by Race and Ethnicity, Rhode Island, 2016-2020

RACE/ETHNICITY	% OF BIRTHS
All Races	12%
Asian	7%
Black	12%
Hispanic	25%
Native American	22%
White	5%

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

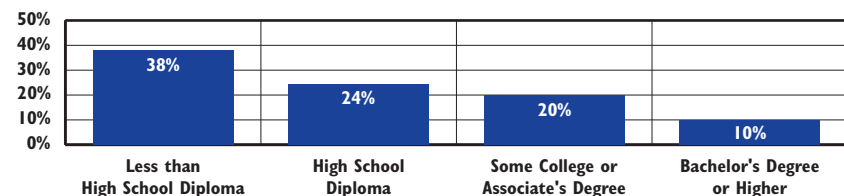
Births by Parental Education Levels, Rhode Island, 2016-2020



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2016-2020. Percentages may not sum to 100% due to rounding.

◆ In Rhode Island between 2016 and 2020, 32% 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, 2016-2020



Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table S1702.

◆ In Rhode Island between 2016 and 2020, 38% 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

Mother's Education Level

Table 4.

Births by Education Level of Mother, Rhode Island, 2016-2020

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	549	428	78%	61	11%	25	5%	6	*
Bristol	681	352	52%	183	27%	93	14%	33	5%
Burrillville	631	223	35%	229	36%	125	20%	33	5%
Central Falls	1,561	102	7%	349	22%	462	30%	511	33%
Charlestown	267	119	45%	67	25%	51	19%	14	5%^
Coventry	1,488	613	41%	496	33%	261	18%	65	4%
Cranston	3,840	1,589	41%	1,111	29%	674	18%	273	7%
Cumberland	1,713	990	58%	376	22%	191	11%	60	4%
East Greenwich	543	406	75%	68	13%	30	6%	9	*
East Providence	2,256	884	39%	656	29%	446	20%	172	8%
Exeter	243	138	57%	50	21%	33	14%	13	5%^
Foster	185	76	41%	62	34%	30	16%	8	*
Glocester	344	158	46%	127	37%	42	12%	5	*
Hopkinton	330	146	44%	88	27%	66	20%	13	4%^
Jamestown	124	89	72%	24	19%	4	*	2	*
Johnston	1,309	490	37%	414	32%	270	21%	71	5%
Lincoln	898	464	52%	231	26%	128	14%	40	4%
Little Compton	76	43	57%	24	32%	2	*	1	*
Middletown	794	409	52%	194	24%	118	15%	44	6%
Narragansett	265	154	58%	63	24%	30	11%	7	*
New Shoreham	34	10	29%^	14	41%^	2	*	2	*
Newport	1,174	522	44%	222	19%	225	19%	156	13%
North Kingstown	1,085	635	59%	242	22%	131	12%	47	4%
North Providence	1,540	601	39%	498	32%	280	18%	93	6%
North Smithfield	471	215	46%	143	30%	66	14%	15	3%^
Pawtucket	4,594	894	19%	1,426	31%	1,247	27%	687	15%
Portsmouth	660	413	63%	160	24%	42	6%	11	2%^
Providence	11,983	2,431	20%	2,995	25%	2,982	25%	2,623	22%
Richmond	295	148	50%	79	27%	51	17%	6	*
Scituate	430	220	51%	119	28%	56	13%	15	3%^
Smithfield	726	398	55%	214	29%	78	11%	12	2%^
South Kingstown	849	533	63%	158	19%	80	9%	37	4%
Tiverton	563	255	45%	178	32%	79	14%	29	5%
Warren	398	175	44%	131	33%	63	16%	19	5%^
Warwick	3,627	1,637	45%	1,103	30%	625	17%	136	4%
West Greenwich	227	124	55%	56	25%	35	15%	8	*
West Warwick	1,575	414	26%	560	36%	407	26%	138	9%
Westerly	949	401	42%	272	29%	179	19%	64	7%
Woonsocket	2,734	385	14%	770	28%	879	32%	533	19%
Unknown**	157	43	27%	57	36%	34	22%	18	11%^
Four Core Cities	20,872	3,812	18%	5,540	27%	5,570	27%	4,354	21%
Remainder of State	31,139	14,472	46%	8,673	28%	5,018	16%	1,657	5%
Rhode Island	52,168	18,327	35%	14,270	27%	10,622	20%	6,029	12%

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2016-2020. 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 2016 and 2020, maternal education levels were unknown for 2,920 births (6%).

*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 2020, 50% of all U.S. children were Children of Color.³ In Rhode Island between 2010 and 2020, the Hispanic child population grew by 22% while the non-Hispanic white child population declined by 22%.^{4,5} In 2020, 47% of children in Rhode Island were Children of Color, up from 36% in 2010. The number of Children of Color in Rhode Island grew by over 71,000 between 2010 and 2020, and the number of non-Hispanic white children decreased by over 31,000 during the same period.^{6,7}

In 2020 in Rhode Island, less than 1% of children under 18 were American Indian or Native Alaskan, 3% were Asian, 6% were Black or African American, 27% were Hispanic or

Latino, less than 1% were Native Hawaiian or Other Pacific Islander, 1% were Some other race, 8% were Two or more races, and 53% were white.⁸

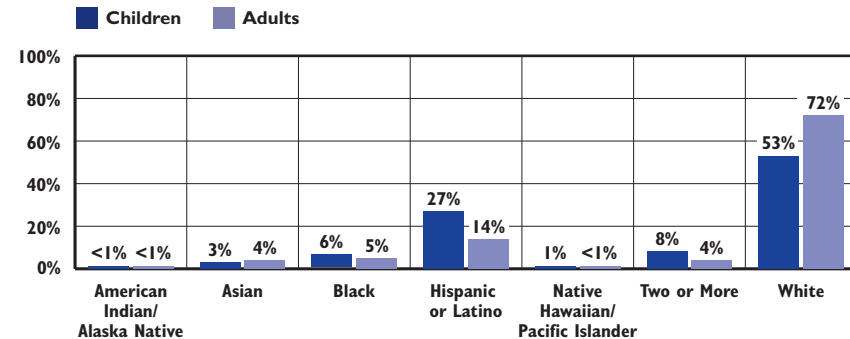
In 2020, more than two-thirds (68%) of all Children of Color in Rhode Island lived in the four core cities of Central Falls, Pawtucket, Providence, and Woonsocket. More than three-quarters (77%) of children living in the four core cities were Children of Color.⁹

Between 2016 and 2020, there were 9,449 foreign-born children living in Rhode Island, 26% of whom were naturalized U.S. citizens.¹⁰ Of Rhode Island's immigrant children, 37% were born in the Caribbean, 25% were born in Asia, 21% were born in Central or South America, 11% were born in Africa, 3% were born in Europe, and 3% were born in North America (Canada, Bermuda, or Mexico).¹¹

Between 2016 and 2020, 23% of children between the ages of five and 17 living in Rhode Island spoke a language other than English at home, 91% of whom spoke English well or very well.¹²

Many schools, child care providers, health care providers, social service agencies, and other community organizations are working to adapt their practices to be more culturally competent and better serve this increasingly diverse child population.¹³

Population by Race/Ethnicity, Rhode Island, 2020



Source: U.S. Census Bureau, Census 2020. Table P2 and Table P4.

- ◆ In Rhode Island, children are more likely to be identified as People of Color than adults. In 2020 in Rhode Island, 47% of children under age 18 were People of Color, compared with 28% of adults.¹⁴
- ◆ The diversity of Rhode Island is an asset; however, there are wide, persistent, and unacceptable disparities in children's economic well-being by race and ethnicity. Between 2016 and 2020, 34% of Native American, 30% of Hispanic, and 26% of Black children in Rhode Island lived in poverty, followed by 11% of white children and 9% of Asian/Pacific Islander children.¹⁵
- ◆ 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 (defined as families that include children who are foreign-born or who have at least one foreign-born parent, regardless of citizenship status or year of arrival in the United States), 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.¹⁶
- ◆ Limited English proficiency can be a barrier to education, employment opportunities, higher earnings, and parental engagement with their children's education.¹⁷ In 2019, 12% of Rhode Island children in immigrant families lived in linguistically-isolated households, meaning no one 14 years or older speaks only English and no one over 14 speaks English "very well."¹⁸

Table 5.

Child Population, by Race and Ethnicity, Rhode Island, 2020

CITY/TOWN	UNDER AGE 18 BY RACE AND ETHNICITY								2020 POPULATION UNDER AGE 18
	AMERICAN INDIAN AND ALASKA NATIVE	ASIAN	BLACK	HISPANIC OR LATINO	NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER	SOME OTHER RACE	TWO OR MORE RACES	WHITE	
Barrington	0	299	59	252	0	16	400	3,463	4,489
Bristol	7	39	36	200	1	14	180	2,410	2,887
Burrillville	9	16	34	224	2	12	213	2,719	3,229
Central Falls	9	26	368	4,628	1	246	502	631	6,411
Charlestown	29	2	15	45	0	11	102	957	1,161
Coventry	18	105	93	457	1	27	488	5,466	6,655
Cranston	28	1344	747	4,566	2	145	1134	7,778	15,744
Cumberland	10	436	197	941	0	65	527	5,374	7,550
East Greenwich	1	230	34	228	1	8	242	2,721	3,465
East Providence	11	187	415	1171	1	252	1001	4,848	7,886
Exeter	5	17	3	65	0	9	70	1,006	1,175
Foster	0	0	3	48	0	0	31	708	790
Glocester	0	10	6	138	0	19	129	1,594	1,896
Hopkinton	9	6	10	71	0	10	93	1,414	1,613
Jamestown	0	8	6	43	0	3	57	754	871
Johnston	11	157	255	1245	3	43	333	3,072	5,119
Lincoln	12	209	152	544	0	49	388	3,286	4,640
Little Compton	0	3	2	23	0	9	27	504	568
Middletown	6	113	191	504	4	45	374	2,250	3,487
Narragansett	12	24	17	53	4	6	117	1,418	1,651
New Shoreham	0	0	5	26	0	0	12	146	189
Newport	48	55	252	981	1	59	534	1,730	3,660
North Kingstown	37	115	93	404	1	23	465	4,358	5,496
North Providence	12	202	709	1462	6	92	512	2,807	5,802
North Smithfield	1	37	24	171	0	17	133	1,891	2,274
Pawtucket	75	176	2,614	5,488	10	757	2,652	4,683	16,455
Portsmouth	10	52	69	244	1	17	314	2,737	3,444
Providence	205	1,516	5,455	24,570	10	616	2,409	6,240	41,021
Richmond	13	4	7	65	2	17	100	1,419	1,627
Scituate	1	19	14	123	0	8	109	1,592	1,866
Smithfield	7	49	18	257	0	25	233	2,822	3,411
South Kingstown	78	95	79	266	0	22	429	3,370	4,339
Tiverton	0	39	43	131	3	17	236	2,254	2,723
Warren	9	32	39	108	0	17	157	1,464	1,826
Warwick	33	572	366	1,688	0	119	1149	10,107	14,034
West Greenwich	1	41	12	48	0	16	124	1,009	1,251
West Warwick	23	153	205	897	0	42	573	3,894	5,787
Westerly	48	85	26	362	4	22	294	2,985	3,826
Woonsocket	36	482	789	3,376	7	64	979	3,734	9,467
Four Core Cities	325	2,200	9,226	38,062	28	1,683	6,542	15,288	73,354
Remainder of State	489	4,755	4,236	18,051	37	1,256	11,280	96,327	136,431
Rhode Island	814	6,955	13,462	56,113	65	2,939	17,822	111,615	209,785

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2020 Table P2 and Table P4.
All categories are mutually exclusive. If Hispanic was selected as ethnicity, individuals are not included in other racial categories. Likewise, if more than one race was selected, individuals are included in Two or more races and not in their individual race categories.

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

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(continued on page 175)

Racial and Ethnic Disparities

DEFINITION

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

SIGNIFICANCE

Rhode Island's children are diverse in racial and ethnic background. In 2020 in Rhode Island, less than 1% of children under 18 were American Indian or Native Alaskan, 3% were Asian, 6% were Black or African American, 27% were Hispanic or Latino, less than 1% were Native Hawaiian or Other Pacific Islander, 1% were Some other race, 8% were Two or more races, and 53% were white.¹

Children who live in poverty, especially those who experience deep poverty in early childhood, are more likely to have health, behavioral, educational, economic, and social problems.^{2,3} Between 2016 and 2020, 16% 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 2020, more than half (59%) of Rhode Island's Children of Color lived in one of the four core cities (those cities with the highest percentages of children living in poverty), and more than three quarters of the children in Central Falls (90%) and Providence (85%) were Children of Color.⁷

Black-white neighborhood segregation has decreased in the U.S. over the past 50 years, but high levels still exist. Asian and Hispanic or Latino residents also experience high rates 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 Hispanic or Latino residents between 2015 and 2019.⁸

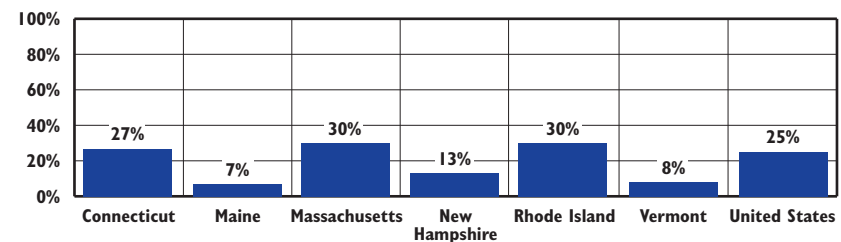
Long-standing disparities in wealth continue to persist between families in different racial and ethnic groups. In 2019, the median net worth of non-Hispanic white households was eight times higher than that of non-Hispanic Black families and five times higher than that of Hispanic families.⁹ In Rhode Island, Black and Latino families have higher rates of unemployment and earn lower wages than white families.¹⁰ Nationally, Households of Color 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, 2019-2020



Source: The Urban Institute Children of Immigrants Data Tool, Data from 2019-2020, 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 2019-2020, 30% (61,000) of Rhode Island children were living in immigrant families.¹⁶

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

Racial and Ethnic Disparities

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

	ALL RACES	ASIAN	BLACK	HISPANIC	NATIVE AMERICAN	WHITE
Children in Poverty	16%	9%	26%	30%	34%	11%
Births to Mothers with <12 Years Education	12%	7%	12%	25%	22%	5%
Unemployment Rate	5.5%	NA	9.4%	10.1%	NA	5.0%
Median Family Income	\$89,330	\$98,549	\$60,840	\$48,379	\$38,000	\$96,387
Homeownership	62%	47%	34%	34%	20%	66%

Sources: *Children in Poverty* data are from the U.S. Census Bureau, American Community Survey, 2016-2020. 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, 2016-2020 (race data is non-Hispanic). *Unemployment Rate* data are from the Bureau of Labor Statistics, Local Area Unemployment Statistics, 2021. *Median Family Income* data are from the U.S. Census Bureau, American Community Survey, 2016-2020, Tables B19113, B19113A, B19113B, B19113C, B19113D & B19113I. *Homeownership* data are from the U.S. Census Bureau, American Community Survey, 2016-2020, 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.

◆ From 2016-2020 in Rhode Island, 16% of all children, 34% of Native American children, 30% of Hispanic children, 26% of Black children, 11% of white children, and 9% of Asian children lived in families with incomes below the federal poverty threshold.¹⁸

◆ In 2021 in Rhode Island, the unemployment rate was 10.1% for Hispanic workers, 9.4% for Black workers, and 5.0% for white workers. Nationally, the unemployment rate was 8.6% for Black workers, 6.8% for Hispanic workers, and 4.7% for white workers.¹⁹

◆ 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 Rhode Island, 56% of Latinx two-parent families earn less than the income required to meet their basic needs, compared to 20% of white two-parent families.²⁰

◆ In Rhode Island, white residents have a homeownership rate more than double the rate of Latino residents, twice the rate of Black residents, and higher than Asian residents. Forty percent of Black and Latino homeowners experience cost burdens with one in five Black homeowners paying more than 50% of their income to housing costs.²¹

◆ Nationally, median Black and Latino households would require 242 and 94 years respectively to gain wealth equal to the net wealth held by white families in 2016.²²

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	15.8%	18.0%	21.6%	18.2%	23.6%	13.5%
Low Birthweight Infants	7.7%	8.2%	11.1%	8.1%	9.2%	6.8%
Any Infant Breastfeeding	71%	80%	62%	62%	*	76%
Combined Overweight and Obesity	35%	*	41%	41%	*	32%

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020 unless otherwise specified. Race and ethnicity is self-reported. Race data is non-Hispanic. *Children Without Health Insurance* data are from the U.S. Census Bureau, American Community Survey, 2019, Tables B27001, B27001A, B27001B, B27001D & B27001I. For U.S. Census Bureau data, Hispanic also may be included in any of the race categories. For *Combined Overweight and Obesity* data are from Brown University School of Public Health analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Department of Health, 2021.

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

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

◆ Although progress has been made on many health indicators across racial and ethnic populations, disparities still exist for a number of maternal and infant health outcomes in Rhode Island. Women of Color are more likely than white women to receive delayed or no prenatal care and have infants with low birth weight. Black and Hispanic infants are less likely to be breastfed than white and Asian infants.²³

◆ Important early health disparities persist throughout childhood in outcomes such as the prevalence of asthma and combined overweight and obesity. Black and Hispanic youth have a higher prevalence of overweight and obesity than white youth. Hispanic and Black children have higher rates of asthma than non-Hispanic white children, and between 2016-2020 were more likely to visit the emergency room due to asthma.^{24,25}

◆ Barriers and environmental factors, e.g., discrimination in the health care setting, due to structural racism contribute to the differences in outcomes by race and ethnicity that impact Rhode Island families and Children of Color.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)	1.7	0.0	6.8	3.2	2.5	0.6
Children of Incarcerated Parents (per 1,000 children)	9.1	2.2	44.5	12.1	24.8	5.4
Children in Out-of-Home Placement (per 1,000 children)	8.4	1.6	18.1	10.9	4.6	6.1

Sources: *Youth at the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, Calendar Year 2021. *Children of Incarcerated Parents* data are from the Rhode Island Department of Corrections, September 30, 2021 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, 2021. 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 2021 in Rhode Island, Black youth were 11 times more likely to be at the Rhode Island Training School compared to white youth and four times more likely compared to youth of all races. Hispanic and Native American youth were also more likely to be at the Training School compared to white youth. These trends have remained unchanged since 2020.³⁰

◆ In Rhode Island on December 31, 2021, Black and Hispanic children were both more likely than youth of all races to be put 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	40%	53%	24%	23%	26%	52%
3rd Grade Students Meeting Expectations in Math	25%	39%	10%	11%	11%	35%
Four-Year High School Graduation Rates	84%	88%	82%	77%	76%	88%
Immediate College Enrollment Rates	59%	69%	47%	45%	47%	67%
% of Adults Over Age 25 With a Bachelor's Degree or Higher	35%	54%	24%	16%	15%	37%

Sources: *Third Grade Students Meeting Expectations in Reading and Math* data are from the Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2021. *Four-Year High School Graduation Rates* data are from the Rhode Island Department of Education, Class of 2021. *Immediate College Enrollment Rates* data are from the Rhode Island Department of Education, Class of 2021. *Adult Educational Attainment* data are from the U.S. Census Bureau, American Community Survey, 2016-2020, Tables B15003, C15002A, C15002B, C15002C, C15002D & C15002I. All Census data refer only to those individuals who selected one race and Hispanic or Latino also may be included in any of the race categories. *Data for Asian and Pacific Islander students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

◆ Educators of Color benefit all students, especially Students of Color.³² In October 2020, 46% of Rhode Island public school students identified as Students of Color while 96% of Rhode Island public school educators identified as white.³³

◆ In Rhode Island, Native American, Black, and Hispanic children are more likely to attend school in the four core cities and less likely to meet expectations in reading and mathematics in third grade than white or Asian children.^{34,35}

◆ The students with the highest levels of chronic absence were also in the populations hardest hit by the COVID-19 pandemic. In Rhode Island during the 2020-2021 school year, Native American (43%), Hispanic (42%), and Black (36%) K-12 students had higher rates of chronic absence than Asian (19%) and white (18%) students.³⁶

◆ 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.³⁷

Rhode Island's Southeast Asian Children and Youth

- ◆ The Asian American community is diverse, the fastest-growing, and the most economically divided racial and ethnic group in the United States.³⁸
 - ◆ Southeast Asian children and youth identify with one or more ethnic groups originating from countries in Southeast Asia including Burma, Cambodia, the Philippines, Laos, Thailand, and Vietnam.³⁹
 - ◆ Cambodians make up the largest Southeast Asian population in Rhode Island. Providence has the eighth highest Cambodian population (8,000) in the United States.⁴⁰
- ### Economic Well-Being
- ◆ Nationally, from 1970 to 2016, the gap in the standard of living between higher-income Asian households and lower-income Asian households has nearly doubled.⁴¹
 - ◆ The disparity across Asian subgroups can be attributed to differences in immigration origins, educational attainment, occupations, and generational wealth.^{42,43}
 - ◆ Cambodian children in the U.S. and Rhode Island have higher poverty rates, lower median household incomes, and lower postsecondary attainment rates compared to all Asians.⁴⁴
- ### Education
- ◆ In 2017, The Rhode Island General Assembly passed the *All Students Count Act* which requires the Rhode Island Department of Education to collect and publicly report disaggregated education data on the many subgroups within the Asian American and Pacific Islander population and requires disaggregation of this data by gender, disability, and English proficiency.⁴⁵ Rhode Island was the third state in the country to pass this law.⁴⁶
 - ◆ The Rhode Island Department of Education does not currently report disaggregated data for Asian students by ethnic group.

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(continued on page 175)

Economic Well-Being

From the Hymn:

Lift Every Voice and Sing

by James Weldon Johnson

Lift every voice and sing,
Till earth and heaven ring,
Ring with the harmonies of Liberty;
Let our rejoicing rise
High as the listening skies,
Let it resound loud as the rolling sea.
Sing a song full of the faith that the dark past has taught us,
Sing a song full of the hope that the present has brought us;
Facing the rising sun of our new day begun,
Let us march on till victory is won.



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 2016 and 2020, in Rhode Island, the median family income for married two-parent families (\$111,467) was twice that of male-headed single-parent families (\$55,184) and more than three times that of female-headed single-parent families (\$33,933).²

Prior to the COVID-19 pandemic in 2019, Rhode Island's unemployment rate was 3.5%, before increasing to 9.3% in 2020 and then declining to 5.5% in 2021. Rhode Island continues to have gaps in unemployment rates by race and ethnicity. In 2021, the unemployment rate was 10.1% for Hispanic workers, 9.4% for Black

workers, and 5.0% for white workers.^{3,4,5}

Even when Rhode Island's unemployment rate is low, many workers are unable to find full-time work and struggle to make ends meet with inadequate and unpredictable income.⁶ In 2018, more than 22 million people in the U.S. worked in low-wage jobs (less than \$12 per hour), and job losses during the pandemic disproportionately affected low-wage workers.^{7,8} Conditions at low-wage jobs, such as 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.⁹

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

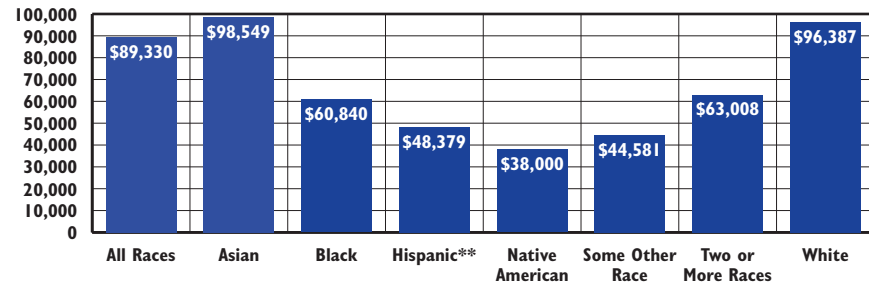
Median Family Income	
	2019
RI	\$82,300
US	\$78,000
National Rank*	17th
New England Rank**	4th

*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, 2016-2020*



Source: U.S. Census Bureau, American Community Survey, 2016-2020. Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113E, 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. **Hispanic families may be in any race category.

◆ The median income for Asian and white families in Rhode Island is much higher than that of Black, Hispanic, and Native American families, and families of Some other race or Two or more races.¹²

◆ Educational attainment is strongly associated with economic well-being. Rhode Islanders who have achieved a bachelor's degree have double the median earnings compared to workers who have not completed high school. In Rhode Island, one in four Hispanic adults, almost one in six Black adults, and nearly one in 10 white adults lack a high school diploma.¹³

◆ According to the *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.¹⁴

◆ An adequate minimum wage and income support programs (including RIte Care health insurance, child care subsidies, SNAP benefits, the Child Tax Credit, and the Earned Income Tax Credit) are critical for helping low-and moderate-income working families in Rhode Island make ends meet, and expanding these programs would help decrease racial and ethnic disparities in meeting basic needs.¹⁵

Median Family Income

Table 6. Median Family Income, Rhode Island, 2016-2020

2016-2020 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18		
CITY/TOWN	ESTIMATES WITH HIGH MARGINS OF ERROR*	ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR
Barrington		\$150,522
Bristol		\$115,500
Burrillville		\$103,897
Central Falls		\$32,983
Charlestown		\$81,303
Coventry		\$96,573
Cranston		\$86,083
Cumberland		\$113,396
East Greenwich		\$170,000
East Providence		\$79,784
Exeter	\$190,313	
Foster		\$104,208
Glocester		\$117,813
Hopkinton	\$101,000	
Jamestown	\$238,583	
Johnston		\$100,906
Lincoln		\$117,569
Little Compton	\$89,321	
Middletown		\$82,995
Narragansett	\$127,132	
New Shoreham		\$56,548
Newport	\$66,600	
North Kingstown		\$126,368
North Providence		\$67,389
North Smithfield		\$113,646
Pawtucket		\$50,776
Portsmouth		\$158,735
Providence		\$50,393
Richmond		\$113,839
Scituate	\$115,893	
Smithfield		\$119,400
South Kingstown		\$118,859
Tiverton		\$102,188
Warren		\$97,798
Warwick		\$88,135
West Greenwich		\$145,326
West Warwick		\$65,874
Westerly		\$99,092
Woonsocket		\$39,629
Four Core Cities		NA
Remainder of State		NA
Rhode Island		\$83,161

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 2016-2020 data come from a Population Reference Bureau analysis of 2016-2020 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).

References

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- U.S. Census Bureau, American Community Survey, 2016-2020. Table B19126.
- Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, and detailed age, 2019 annual averages – Rhode Island.* (n.d.). U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics.

⁴ *Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, and detailed age, 2020 annual averages – Rhode Island.* (n.d.). U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics.

⁵ *Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, and detailed age, 2021 annual averages – Rhode Island.* (n.d.). U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics.

⁶ *State of working Rhode Island 2017: Paving the way to good jobs.* (2017). Providence, RI: The Economic Progress Institute.

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

⁸ Gould, E., & Kandra, J. (2021). *Wages grew in 2020 because the bottom fell out of the low-wage labor market: The state of working America 2020 wages report.* Washington, DC: Economic Policy Institute.

⁹ Vogtman, J., & Schulman, K. (2016). *Set up to fail: When low-wage work jeopardizes parents' and children's success.* Washington, DC: National Women's Law Center.

¹⁰ Stone, C., Trisi, D., Sherman, A., & Beltrán. (2020). *A guide to statistics on historical trends in income inequality.* Washington, DC: Center on Budget and Policy Priorities.

¹¹ Frank, M. W. (2021). *U.S. state-level income inequality data.* Retrieved March 10, 2022, from www.shsu.edu

¹² U.S. Census Bureau, American Community Survey, 2016-2020. Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113E, B19113G, & B19113I.

¹³ U.S. Census Bureau, American Community Survey, 2016-2020. Table S1501.

^{14,15} *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 2021, a worker would have to earn \$34.06 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 almost three times the minimum wage of \$11.50 per hour in 2021.^{4,5} Rhode Island required the 16th highest hourly wage of any state in 2021 to afford the rent for a two-bedroom home.⁶ In 2020, the median

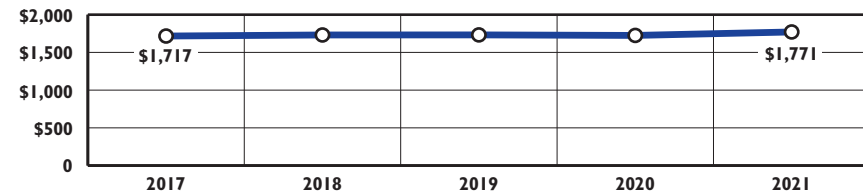
renter in Rhode Island could affordably rent in only one Rhode Island city or town – Burrillville.⁷

According to HousingWorks RI, a household earning the state's median household income of \$67,167 would be not able to affordably buy in any of Rhode Island's cities or towns.⁸

Federally-funded Section 8 Housing Choice rental vouchers can help low-income individuals and families afford the cost of rent; however, there are not enough vouchers to meet the need and long waiting periods are common.⁹ In 2021, the General Assembly enacted legislation that prohibits discrimination in housing based on lawful source of income, including housing vouchers.¹⁰

Rhode Island law establishes a goal that 10% of every community's housing stock qualify as Low- and Moderate-Income Housing. Currently, only six of Rhode Island's 39 cities and towns meet that goal. In FY 2020, Rhode Island invested only \$18.34 per capita in affordable homes, much lower than neighboring Massachusetts which invested \$116.02 per capita. A permanent funding stream for affordable housing was enacted in 2021, financed through an increase in the real estate conveyance tax on homes over \$800,000. This funding source is estimated to provide about \$4 million a year for the production and preservation of affordable housing.^{11,12}

Average Rent, Two-Bedroom Apartment, Rhode Island, 2017-2021



Source: Rhode Island Housing, Rhode Island Rent Survey, 2017-2021. Rents are adjusted to 2021 dollars and include adjustments for the cost of gas, fuel, water, and electricity. Adjustments for utilities for each year vary according to U.S. Census American Community Survey's (ACS) annual one-year estimates. Due to a change in methodology, data cannot be compared to Factbooks prior to 2019.

- ◆ In 2021, the average cost of rent for a two-bedroom apartment in Rhode Island was \$1,771. When adjusted for 2021 dollars, rents remained fairly stable over the five-year period from 2017 through 2021, with a slight increase in 2021.¹³
 - ◆ In 2019, almost half (49%) of renters in Rhode Island spent 30% or more of their household income on rent, similar to the percentage who faced a cost burden in 2009 (50%). The percentage of homeowners who had a cost burden due to their mortgages has decreased, from 43% in 2009 to 29% in 2019.^{14,15}
- ### The Effect of COVID-19 on Housing Stability
- ◆ While rental hardship has fallen from the peak of the COVID-19 pandemic, when one in five renters reported they were behind in rent, many households are still struggling. Black renters and families with children continue to face the greatest housing insecurity.^{16,17}
 - ◆ The federal government provided protections against evictions for nonpayment of rent from March 2020 through August 26, 2021, when the Supreme Court struck down the moratorium. The Court's decision effectively ended eviction protections for families in states like Rhode Island that did not have their own eviction moratoriums.^{18,19}
 - ◆ Both the *CARES Act*, passed in March 2020, and the *American Rescue Plan Act*, passed in March 2021, included funding for rental assistance and to help individuals and families experiencing homelessness. Rent Relief RI will close to new applications on June 1, 2022.^{20,21,22,23}

Table 7.

Cost of Housing for Very Low-Income Families, Rhode Island, 2021

CITY/TOWN	FAMILY INCOME		HOMEOWNERSHIP COSTS		RENTAL COSTS		
	2021 POVERTY LEVEL FAMILY OF THREE	2021 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*	\$21,960	\$38,950	\$3,416	105%	\$1,148	63%	35%
Bristol	\$21,960	\$38,950	\$2,428	75%	\$1,109	61%	34%
Burrillville	\$21,960	\$38,950	\$1,984	61%	\$929	51%	29%
Central Falls	\$21,960	\$38,950	\$1,782	55%	\$1,443	79%	44%
Charlestown*	\$21,960	\$38,950	\$2,724	84%	\$1,148	63%	35%
Coventry	\$21,960	\$38,950	\$2,035	63%	\$1,713	94%	53%
Cranston	\$21,960	\$38,950	\$2,003	62%	\$1,762	96%	54%
Cumberland	\$21,960	\$38,950	\$2,213	68%	\$2,113	115%	65%
East Greenwich	\$21,960	\$38,950	\$3,908	120%	\$1,710	93%	53%
East Providence	\$21,960	\$38,950	\$1,901	59%	\$1,933	106%	60%
Exeter*	\$21,960	\$38,950	\$2,447	75%	\$1,148	63%	35%
Foster*	\$21,960	\$38,950	\$2,561	79%	\$1,148	63%	35%
Glocester*	\$21,960	\$38,950	\$2,172	67%	\$1,148	63%	35%
Hopkinton*	\$21,960	\$42,250	\$2,127	60%	\$1,176	64%	33%
Jamestown*	\$21,960	\$38,950	\$3,770	116%	\$1,148	63%	35%
Johnston	\$21,960	\$38,950	\$2,114	65%	\$1,901	104%	59%
Lincoln	\$21,960	\$38,950	\$2,453	76%	\$1,554	85%	48%
Little Compton*	\$21,960	\$38,950	\$4,133	127%	\$1,148	63%	35%
Middletown	\$21,960	\$47,650	\$2,819	71%	\$1,724	94%	43%
Narragansett	\$21,960	\$38,950	\$3,350	103%	\$1,701	93%	52%
New Shoreham*	\$21,960	\$42,250	\$6,874	195%	\$1,176	64%	33%
Newport	\$21,960	\$47,650	\$3,742	94%	\$1,557	85%	39%
North Kingstown	\$21,960	\$38,950	\$2,681	83%	\$1,718	94%	53%
North Providence	\$21,960	\$38,950	\$1,913	59%	\$1,763	96%	54%
North Smithfield	\$21,960	\$38,950	\$2,208	68%	\$1,647	90%	51%
Pawtucket	\$21,960	\$38,950	\$1,760	54%	\$1,481	81%	46%
Portsmouth	\$21,960	\$47,650	\$3,025	76%	\$1,790	98%	45%
Providence**	\$21,960	\$38,950	\$1,726	53%	\$1,846	101%	57%
Richmond*	\$21,960	\$38,950	\$2,392	74%	\$1,148	63%	35%
Scituate*	\$21,960	\$38,950	\$2,432	75%	\$1,148	63%	35%
Smithfield	\$21,960	\$38,950	\$2,306	71%	\$1,833	100%	56%
South Kingstown*	\$21,960	\$38,950	\$2,680	83%	\$1,148	63%	35%
Tiverton	\$21,960	\$38,950	\$2,239	69%	\$1,708	93%	53%
Warren	\$21,960	\$38,950	\$2,374	73%	\$1,977	108%	61%
Warwick	\$21,960	\$38,950	\$1,823	56%	\$1,737	95%	54%
West Greenwich*	\$21,960	\$38,950	\$2,745	85%	\$1,148	63%	35%
West Warwick	\$21,960	\$38,950	\$1,819	56%	\$1,658	91%	51%
Westerly	\$21,960	\$42,250	\$2,305	65%	\$1,272	70%	36%
Woonsocket	\$21,960	\$38,950	\$1,851	57%	\$1,204	66%	37%
Four Core Cities	\$21,960	\$38,950	\$1,780	55%	\$1,707	93%	53%
Remainder of State	\$21,960	\$39,979	\$2,689	81%	\$1,821	100%	55%
Rhode Island	\$21,960	\$39,000	\$2,154	66%	\$1,771	97%	54%

Source of Data for Table/Methodology

Family Income: 2021 poverty level for a family of three as reported in: *Federal Register*, 86(19), February 1, 2021, pages 7732-7734.

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, (2021). *FY2021 Rhode Island income limits for low- and moderate-income households*. Retrieved March 15, 2022, from www.rihousing.com

Homeownership costs: Data on typical monthly housing payments are from HousingWorks RI's *2021 Housing Fact Book*. They are based on the median selling price of a single-family home using year-end 2020 data and calculated based on a 30-year mortgage at a 3.11% 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, 2021. Estimates include rent and utility costs. Starting with the *2019 Factbook* average rent is calculated using the CoStar database for two-bedroom units. Average utility costs are from the U.S. Census American Community Survey's (ACS) annual one-year sample, which includes gas, fuel, water, and electricity for two-bedroom units. For 2021, 2019 ACS data were used for utility costs due to COVID-related data collection issues for the 2020 ACS. All values are adjusted for 2021 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 2021 Rhode Island Rent Survey data are not available. Average rent used for these communities is the HUD FY 2021 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 2021 Rhode Island Rent Survey was not available.

(Sources continued with References on page 175)

Children Experiencing Homelessness

DEFINITION

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

SIGNIFICANCE

In the United States, 1.4 million school-age children experience homelessness each year, meaning that one in 41 school-age children are homeless. The rate is even higher for young children under age six -- one in 18.¹ Black children and families are more likely to experience homelessness than other racial and ethnic groups.²

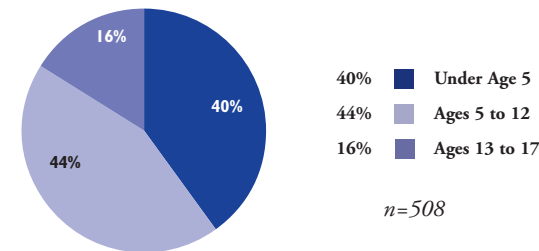
For many families living in deep poverty, episodes of homelessness are part of a cycle of housing instability that often includes living in housing that is unaffordable and/or unsafe, doubling up with families or friends, and being evicted. For these families, the shortage of housing that is affordable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

Lack of stable housing is often a precipitating factor for a family’s involvement in the child welfare system, and unstable or inadequate housing can delay family reunification. Addressing families’ housing needs can reduce child neglect and abuse and help families stay together.^{4,5}

Children experiencing homelessness have higher rates of acute and chronic health problems than low-income children who have homes. Compared to their peers, homeless children have four times as many respiratory infections, twice as many ear infections, and five times as many gastrointestinal problems. They are also at higher risk of abuse and exposure to violence. This trauma can lead to an increase in developmental delays and emotional stress. When homeless children are exposed to multiple traumatic events, they may have increased levels of anxiety, poor impulse control, or difficulty developing trusting relationship.^{6,7,8}

In 2021, 242 families with 508 children stayed at an emergency homeless shelter, domestic violence shelter, or transitional housing facility in Rhode Island. Children made up one fifth (20%) of the people who used emergency homeless shelters, domestic violence shelters, and transitional housing in 2021. Forty percent of these children were under age five. As of January 2022, there were 153 families with 283 children in the shelter queue awaiting shelter.⁹

Children in Emergency Shelters, Domestic Violence Shelters, and Transitional Housing Facilities by Age, 2021



Source: Rhode Island Coalition to End Homelessness, 2021.

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 2020-2021 school year, Rhode Island public school personnel identified 1,109 children as homeless. Of these children, 66% lived with other families (“doubled up”), 19% lived in shelters, 14% lived in hotels or motels, and 1% were unsheltered.¹³
- ◆ Even before the COVID-19 pandemic, schools were missing a sizable number of homeless children, about 1 million nationally. During the pandemic, with distance learning and school building closures, it became even more difficult to identify these children, and researchers now estimate that 1.4 million homeless students were not identified.¹⁴

Children Experiencing Homelessness

Table 8. Homeless Children Identified by Public Schools, Rhode Island, 2020-2021 School Year

SCHOOL DISTRICT	TOTAL ENROLLMENT	# OF CHILDREN IDENTIFIED AS HOMELESS BY PUBLIC SCHOOL PERSONNEL
Barrington	3,388	*
Bristol Warren	3,061	22
Burrillville	2,106	41
Central Falls	2,780	76
Charlho	3,143	17
Coventry	4,390	61
Cranston	10,403	30
Cumberland	4,602	24
East Greenwich	2,532	*
East Providence	5,041	50
Exeter-West Greenwich	1,564	*
Foster	208	0
Foster-Glocester	1,383	*
Glocester	523	0
Jamestown	462	*
Johnston	3,110	17
Lincoln	3,213	27
Little Compton	209	0
Middletown	1,955	97
Narragansett	1,221	*
New Shoreham	148	0
Newport	1,995	32
North Kingstown	3,923	26
North Providence	3,525	46
North Smithfield	1,623	*
Pawtucket	8,450	81
Portsmouth	2,294	*
Providence	22,440	160
Scituate	1,197	0
Smithfield	2,364	20
South Kingstown	2,750	27
Tiverton	1,691	*
Warwick	8,140	66
West Warwick	3,551	12
Westerly	2,433	27
Woonsocket	5,742	61
Charter Schools	9,694	54
State-Operated Schools	1,816	11
UCAP	114	0
Four Core Cities	39,412	378
Remainder of State	88,148	671
Rhode Island	139,184	1,109

Educational Outcomes for Children Experiencing Homelessness

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

◆ In Rhode Island in 2021, 15% of homeless students met expectations on the third grade *Rhode Island Comprehensive Assessment System (RICAS)* English language arts assessment compared to 41% of non-homeless students, and less than 5% of homeless students met expectations on the third grade mathematics assessment compared to 25% of non-homeless students.¹⁶

◆ In Rhode Island, the four-year high school graduation rate for the Class of 2021 was 61% for homeless students and 84% for non-homeless students.¹⁷

◆ The Elementary and Secondary School Emergency Relief Fund (ESSER) includes funds to support the needs of students disproportionately affected by the COVID-19 pandemic and subsequent school closures, including students experiencing homelessness.¹⁸

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in grades preschool to 12 on October 1, 2020.

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 Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Paul Cuffee Charter School, 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, the Rhode Island School for the Deaf, and William M. Davies Jr. Career and Technical High School.

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

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

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

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

References

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

(continued on page 176)

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. In 2021, Rhode Island's unemployment rate declined to 5.5%, slightly higher than the U.S. unemployment rate of 5.3%.^{3,4,5}

In 2021, 6% of children in Rhode Island and in the U.S. had at least one unemployed parent.⁶ Children with unemployed parents are at increased risk for homelessness, child neglect or abuse, and failure to finish high school or college.⁷

Even when families have adults with secure parental employment, low wages cause many families to remain in poverty. People of Color are overrepresented among low-income working families. In 2016 in the U.S., families headed by People of Color represented 41% of all working families, while accounting for 60% of low-income working families.⁸ In Rhode Island, 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. 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.⁹

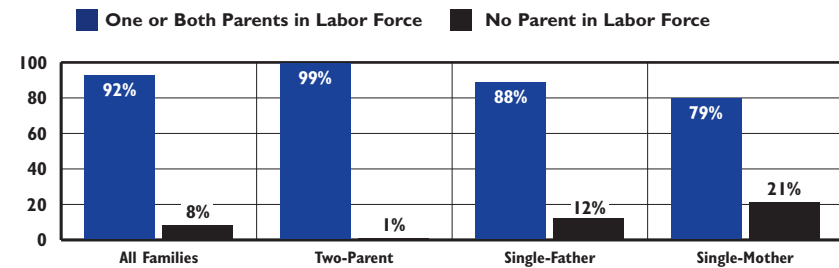
Children Living in Families Where No Parent Has Full-Time, Year-Round Employment		
	2014	2019
RI	32%	23%
US	30%	26%
National Rank*	14th	
New England Rank**	1st	

*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, 2016-2020



Source: U.S. Census Bureau, American Community Survey, 2016-2020. Table B23008.

- ◆ The majority of children living in Rhode Island between 2016 and 2020 had one or both parents in the labor force. Children living with a single parent were more than 17 times more likely than children living in a two-parent family to have no employed parent. Of children in two-parent families, 73% had both parents in the labor force.¹⁰
- ◆ Between 2016 and 2020, there were 14,944 Rhode Island children living in families with no parent in the labor force. Children living in families with a single parent represented 91% (13,625) of families with no employed parents.¹¹
- ◆ Between 2016 and 2020, 14% (2,884) of Rhode Island families with incomes below the federal poverty threshold had at least one adult with full-time, year-round employment, and 39% (7,919) 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, the Earned Income Tax Credit (EITC), child care subsidies, and health insurance.¹³
- ◆ Between 2016 and 2020, 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, 67% of children under age six and 72% 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, domestic violence, or low levels of education and limited work experience that can impede their ability to secure or sustain employment.¹⁵
- ◆ Low-income workers are less likely to have benefits, such as paid time off and flexible work schedules, that would allow them to address the needs of sick children.¹⁶ Fifty-six percent of the U.S. workforce qualifies for the federal *Family and Medical Leave Act* (FMLA), but many who are eligible cannot afford to take it.¹⁷ In 2013, Rhode Island passed legislation that created the Temporary Caregivers Insurance (TCI) Program, which provides up to five 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 In 2021, legislation passed increasing the benefit to cover six weeks of leave starting in 2023. 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 2016 and 2020 in Rhode Island, adults without a high school diploma were three times as likely to be unemployed as those with a bachelor's degree.²⁰
- ◆ Having access to work supports, such as tax credits, SNAP, child care subsidies, and health insurance, can facilitate steady employment over time. Researchers have found links between these programs and positive employment outcomes for parents, such as work stability and earnings.²¹

References

¹ Federal Interagency Forum on Child and Family Statistics. (2021). *America's children: Key national indicators of well-being, 2021*. Washington, DC: U.S. Government Printing Office.

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

³ *Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, and detailed age, 2019 annual averages*. (n.d.). U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics. Retrieved April 4, 2022, from www.bls.gov

(continued on page 176)



Secure Employment and Child Care

- ◆ Research shows a link between affordable, quality child care availability and sustained maternal employment. Studies find that mothers report that the lack of reliable and affordable child care arrangements affected their ability to remain employed.²²
- ◆ In 2020 in Rhode Island, a single mother earning the state median income for a single-parent family (\$30,482) would have had to spend 45% of her income to pay for child care for an infant in center-based care.²³
- ◆ In Rhode Island, child care assistance is available to families with incomes at or below 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 and the Child Tax Credit extend well beyond the time families receive the credit. Recipients are more likely to work and earn higher wages, and their children do better in school, are more likely to attend college, and earn more as adults.²⁸
- ◆ State EITCs can supplement the federal EITC to further support working families. In 2016, the Rhode Island General Assembly increased the state's EITC from 12.5% to 15% of the federal EITC.²⁹ In 2020, approximately 75,000 Rhode Island working families and individuals received a total of \$168 million in federal EITC tax credits.³⁰
- ◆ The CTC helps families offset the cost of raising children. In 2018, the CTC lifted 4.3 million people, including 2.3 million children out of poverty.³¹ The *American Rescue Plan Act* temporarily expanded the CTC, keeping 3.7 million children out of poverty and reducing child poverty by 30% with the largest impact on Black and Latino children.³²

Paid Family Leave

DEFINITION

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

SIGNIFICANCE

Rhode Island's Temporary Caregiver Insurance (TCI) program, launched in 2014, provides up to five weeks of wage replacement benefits (and will be six weeks in 2023) 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

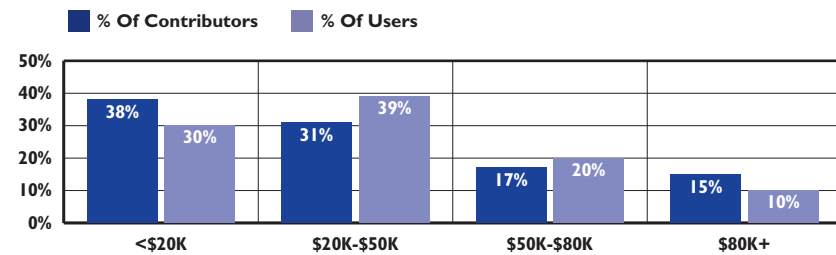
Access to paid leave is a matter of equity. High-wage workers are much

more likely to have access to paid family leave than low-wage workers. Women, Black and Hispanic workers, those without a bachelor's degree, and low-income workers are most likely to report they could not take time off when needed because they could not afford to.^{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 Compared to Contributions by Wage Range, 2021



Source: Rhode Island Department of Labor and Training, TCI Program, 2021.

- ◆ There were 7,031 approved claims for TCI during 2021 (down from 8,083 in 2020); 75% were to bond with a new child and 25% were to care for a seriously ill family member. In 2021, 38% of individuals contributing to TDI/TCI earned less than \$20,000, yet only 30% of all approved TCI claims were for individuals with wages in this category.¹³
- ◆ Of the 5,303 approved claims to bond with a new child, 98% (5,211) were for a newborn and 2% were for a newly adopted (18), foster (40), or other child (34). Fifty-six percent of claims to bond with a new child were filed by women and 44% were by men.¹⁴
- ◆ Of the 1,728 approved claims to care for a seriously ill family member, 36% were to care for a child (including for COVID-19 child care and school closings), 37% were to care for a spouse or domestic partner, 27% were to care for a parent or parent-in-law, and 1% were to care for a grandparent. Sixty-eight percent of claims to care for a seriously ill family member were filed by women and 32% were filed by men.¹⁵

Temporary Disability Insurance for Pregnancy Complications & Childbirth

- ◆ In 2021, there were 3,814 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, 2021**

CITY/TOWN	TEMPORARY DISABILITY INSURANCE (TDI) CLAIMS			TEMPORARY CAREGIVER INSURANCE (TCI) CLAIMS		
	TDI FOR PREGNANCY COMPLICATIONS	TDI FOR CHILDBIRTH	TOTAL TDI CLAIMS FOR PREGNANCY COMPLICATIONS AND CHILDBIRTH	TCI TO BOND WITH NEW CHILD	TCI TO CARE FOR FAMILY MEMBER	TOTAL TCI CLAIMS
Barrington	34	11	45	63	10	73
Bristol	53	17	70	85	25	110
Burrillville	33	11	44	57	19	76
Central Falls	29	16	45	32	32	64
Charlestown	19	6	25	35	12	47
Coventry	107	36	143	211	84	295
Cranston	191	75	266	399	129	528
Cumberland	68	27	95	155	46	201
East Greenwich	40	14	54	105	16	121
East Providence	122	57	179	219	93	312
Exeter	10	6	16	27	9	36
Foster	*	*	12	23	12	35
Glocester	14	5	19	38	15	53
Hopkinton	15	8	23	31	11	42
Jamestown	*	*	5	*	*	10
Johnston	76	25	101	174	57	231
Lincoln	50	11	61	97	29	126
Little Compton	*	*	*	*	*	6
Middletown	32	13	45	49	13	62
Narragansett	19	2	21	21	9	30
New Shoreham	*	*	*	*	*	*
Newport	34	8	42	47	16	63
North Kingstown	84	19	103	154	26	180
North Providence	57	41	98	143	63	206
North Smithfield	30	5	35	52	12	64
Pawtucket	141	70	211	302	121	423
Portsmouth	24	10	34	52	12	64
Providence	445	204	649	702	264	966
Richmond	15	7	22	27	8	35
Scituate	37	15	52	83	22	105
Smithfield	46	9	55	91	30	121
South Kingstown	55	12	67	96	20	116
Tiverton	25	8	33	58	17	75
Warren	19	7	26	43	14	57
Warwick	222	76	298	462	144	606
West Greenwich	21	7	28	35	8	43
West Warwick	69	32	101	140	73	213
Westerly	49	7	56	66	27	93
Woonsocket	56	31	87	116	51	167
Out-of-State	424	122	546	799	175	974
Four Core Cities	671	321	992	1,152	468	1,620
Remainder of State	1,684	592	2,276	3,352	1,085	4,437
Rhode Island	2,355	913	3,268	4,504	1,553	6,057
Total Program Claims	2,779	1,035	3,814	5,303	1,728	7,031

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, 2021.

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

- ¹ The State of Rhode Island and Providence Plantations, Department of Labor and Training. (2014). *Temporary Caregiver Insurance [Brochure]*.
- ² Donovan, S. A. (2020). *Paid family leave in the United States*. Washington, DC: Congressional Research Service.
- ³ Rossin-Slater, M., & Uniat, L. (2019). Paid family leave policies and population health. *Health Affairs Health Policy Brief*. Retrieved March 10, 2022, from healthaffairs.org
- ⁴ *Rhode Island Parental and Family Medical Leave Act*, Title 28 Rhode Island General Law § 28-48-2 (1987,1990).
- ⁵ *Paid leave in the U.S.* (2021). San Francisco, CA: The Kaiser Family Foundation.
- ^{6,10} *A national paid leave program would help workers, families.* (2021). Washington, DC: Center on Budget and Policy Priorities.
- ⁷ O'Neill Hayes, T., & Barnhorst, M. (2020). *How children benefit from paid family leave policies*. Washington, DC: American Action Forum.
- ⁸ *Paid family and medical leave: An essential support for babies and families* (2021). Washington, DC: Zero to Three.

(continued on page 176)

Children Receiving Child Support

DEFINITION

Children receiving child support is the percentage of parents who make child support payments on time and in full as indicated in the Rhode Island Office of Child Support Services system. The percentage does not include cases in which paternity has not been established or cases in which the non-custodial parent is not under a court order because he/she cannot be located. Court orders for child support and medical support require establishment of paternity.

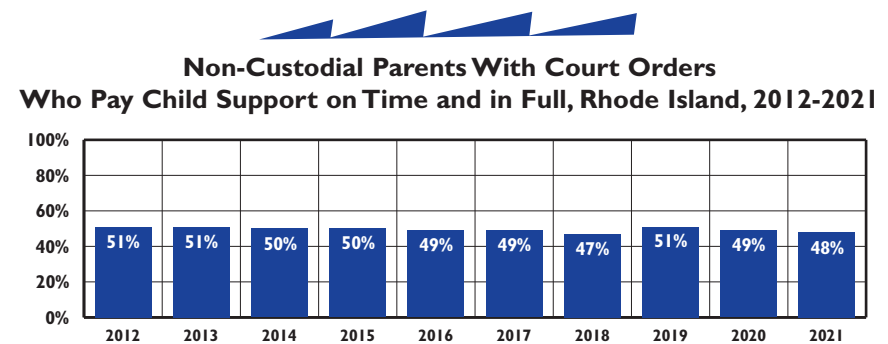
SIGNIFICANCE

Child support is a major part of the safety net for children and families. In 2020, almost one in five U.S. children (13.8 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}



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2012-2021.

◆ As of December 1, 2021, there were 67,119 children in Rhode Island's Office of Child Support Services system, including private, interstate, and IV-D cases (i.e., families receiving RI Works, RIte Care, or child care assistance). Children receiving child support live across all 39 cities and towns in Rhode Island. Forty-eight percent of non-custodial parents under court order in Rhode Island were making child support payments on time and in full.¹¹

◆ In 2021, the Rhode Island Office of Child Support Services collected \$93.4 million in child support, a decrease of about \$9 million over the previous year (in part due to increased collections in 2020 from non-custodial parents who received COVID relief checks). Eighty-five percent (\$79.6 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

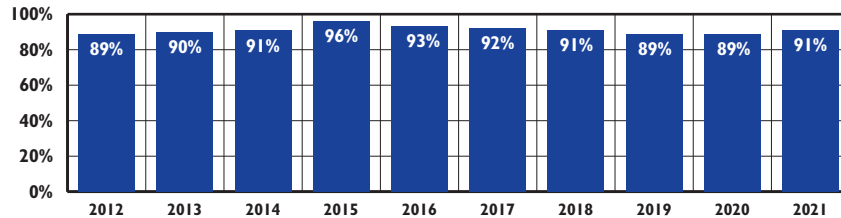
◆ In Federal Fiscal Year (FFY) 2020, the Rhode Island Office of Child Support Services collected \$5.36 for every \$1.00 Rhode Island spent on administering the program.¹³

◆ During FFY 2021, there were 15,695 court orders for non-custodial parents to provide medical insurance and 9,550 orders for non-custodial parents to contribute funds toward medical coverage. About \$6.0 million in payments was retained by the state to offset the cost of RIte Care, while approximately \$1.9 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 non-custodial parent is or will be incarcerated for 180 days or more. This law also clarifies that incarceration may not be considered by the court as "voluntary unemployment."¹⁵

Children Receiving Child Support

**Rhode Island Children in the Office of Child Support Services System
With Paternity Established, 2012-2021**



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2012-2021. 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 89% of children in 2012 to 96% of children in 2015 but has since fallen to 91% of children in 2021.¹⁶

◆ When applying for RI Works, RIte Care, or the Child Care Assistance Program (CCAP), custodial parents are asked to provide information on the other parent to the Office of Child Support Services. This information is used to establish paternity (if not already established), and to seek child support payments and/or medical support. For CCAP, parents must provide information on the non-custodial parents for all children in the family, whether or not the child is receiving a child care subsidy (not a federal requirement). Victims of domestic violence can apply for a child support waiver if providing this information could endanger themselves or their children.^{17,18,19}

◆ In FFY 2020, Rhode Island had the lowest rate of court orders established for child support in New England (Connecticut – 94%; Maine – 94%; Vermont – 91%; New Hampshire – 88%; Massachusetts – 81%; Rhode Island – 70%). The national average for cases with child support orders established was 87%.²⁰

◆ In FFY 2020, Rhode Island had the highest case/staff ratio in New England at 726 cases per person, more than five times that of the lowest state, Vermont (134 cases per person).²¹ High caseloads and a small number of full-time staff affects the Office of Child Support Services' ability to establish court orders for child support.

Child Support and Rhode Island Works

◆ As of December 1, 2021, Rhode Island's Office of Child Support Services system included 3,210 children enrolled in the cash assistance program (RI Works).²²

◆ In December 2021, the average child support obligation for children enrolled in RI Works was \$336 per month, compared to an average child support obligation of \$441 per month for children in non-RI Works families.²³ (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 state and federal governments as reimbursement for assistance received through RI Works.²⁴

◆ An average of 275 families received a pass-through payment each month, for a total of \$161,201 paid to families enrolled in RI Works in FFY 2021.²⁵

◆ 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.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 non-custodial parents to make regular payments, because more of the child support payment goes to the child. Increased pass-throughs could therefore increase total child support collections, increase custodial family income, and potentially encourage constructive coparenting.^{27,28}

References

^{1,13,20,21} U.S. Office of Child Support Enforcement, Administration for Children & Families. (2021). FY 2020 preliminary report. Retrieved January 19, 2022, from www.acf.hhs.gov

(continued on page 177)

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 challenges, 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 five, who have single parents, whose parents have low educational levels, or whose parents work part-time or are unemployed are at increased risk of living in poverty.^{6,7,8}

In 2021, the federal poverty threshold was \$21,831 for a family of

three with two children and \$27,479 for a family of four with two children.⁹ The official poverty measure does not reflect the effects of key government programs, take into account the increased cost of transportation, child care, housing, and medical care, or consider geographic variations in the cost of living. To address these limitations, the U.S. Census Bureau publishes a Supplemental Poverty Measure. This measure provides policy makers with another way to evaluate the effects of anti-poverty policies.¹⁰

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.¹¹

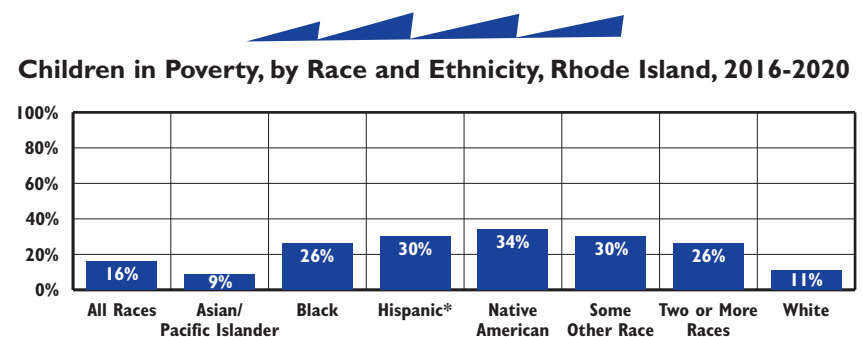
Children in Poverty				
	2017	2018	2019	2020 ⁺
RI	16.6%	18.0%	14.0%	11.5%
US	18.4%	18.0%	16.8%	15.7%
National Rank*	12th			
New England Rank**	4th			

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: U.S. Census Bureau, American Community Survey, 2017-2020, Tables S1701, XK201701.

⁺2020 data is based on experimental ACS data. Use caution when comparing data to previous years.



Source: U.S. Census Bureau, American Community Survey, 2016-2020. Tables B17020, B17020A, B17020B, B17020C, B17020D, B17020E, B17020F, B17020G and B17020I. *Hispanic children may be included in any race category.

◆ Between 2016 and 2020, 16% (31,629) of Rhode Island's 202,159 children under age 18 with known poverty status lived in households with incomes below the federal poverty threshold.¹²

◆ Between 2016 and 2020, 34% of Native American, 30% of Hispanic, and 26% of Black children in Rhode Island lived in poverty, followed by 11% of white children and 9% of Asian/Pacific Islander children. Both nationally and in Rhode Island, there are significant disparities across Asian ethnic groups, with significantly higher poverty rates for many Southeast Asian and South Asian groups.^{13,14}

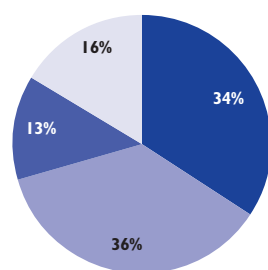
◆ The U.S. Census Bureau only released experimental data for 2020 due to a low response rate during the COVID-19 pandemic. They estimate that 11.5% of Rhode Island children (22,765) lived in poverty in 2020, but recommend caution when using this estimate.¹⁵

◆ Due to the COVID-19 pandemic, Rhode Island's unemployment rate surged higher in the spring and summer of 2020 than its peak in the Great Recession.¹⁶ Job losses in 2020 disproportionately occurred in low-wage occupations, and occupations employing Black and Hispanic workers and female workers. Federal COVID-relief measures, such as enhanced unemployment benefits and economic impact payments, reduced poverty rates and lessened material hardship.^{17,18}

◆ The federal *American Rescue Plan Act*, enacted in March 2021, included a one-year expansion of the Child Tax Credit, including distributing a portion of the credit in monthly payments from July through December 2021. These payments kept 3.7 million children out of poverty and reduced child poverty by 30% with the largest impact on Black and Latino children.^{19,20}

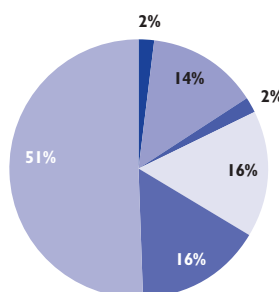
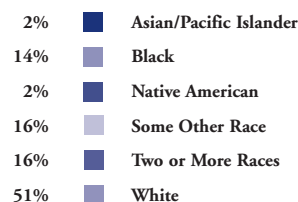
Rhode Island's Children Living in Poverty, 2016-2020

By Age



n=31,629

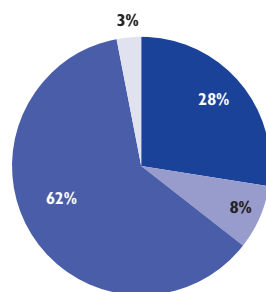
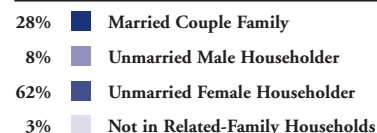
By Race*



n=31,629

**Hispanic children may be included in any race category. Between 2016 and 2020, 50% (15,743) of Rhode Island's 31,629 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



n=31,629

Source: U.S. Census Bureau, American Community Survey, 2016-2020. Tables B17001, B17006, B17020, B17020A, B17020B, B17020C, B17020D, B17020E, B17020F, B17020G, & B17020I. Population includes children for whom poverty status was determined. Cohn, D. (2017). *Seeking better data on Hispanics, Census Bureau may change how it asks about race*. Retrieved March 9, 2022, from www.pewresearch.org. Percentages may not sum to 100% due to rounding.

Child Poverty Concentrated in Four Core Cities, Rhode Island, 2016-2020

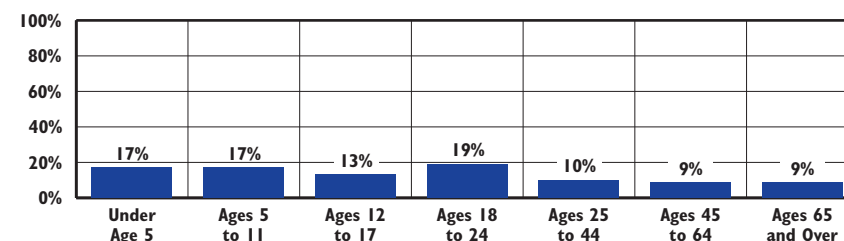
CITY/TOWN	NUMBER IN POVERTY	PERCENTAGE IN POVERTY	NUMBER IN EXTREME POVERTY	PERCENTAGE IN EXTREME POVERTY
Central Falls	2,213	39.4%	871	15.5%
Pawtucket	2,981	20.1%	884	6.0%
Providence	11,873	31.8%	5,179	13.9%
Woonsocket	3,120	34.8%	1,351	15.1%
Rhode Island	31,629	15.6%	13,967	6.9%

Source: Population Reference Bureau analysis of 2016-2020 American Community Survey data.

◆ Between 2016 and 2020 almost two-thirds (64%) of Rhode Island's children living in poverty lived in just four cities—Central Falls, Pawtucket, Providence, and Woonsocket. These cities, termed core cities, had a combined child poverty rate of 30.2% between 2016-2020. The four core cities also have substantial numbers of children living in extreme poverty.²¹

◆ In Rhode Island between 2015 and 2019, Black and Hispanic children were about fifteen times more likely to live in high-poverty neighborhoods than non-Hispanic white children.²² Living in high-poverty neighborhoods (those with poverty rates of 30% or more) provides fewer opportunities for children and their families.²³

Poverty, by Age, Rhode Island, 2016-2020



Source: U.S. Census Bureau, American Community Survey, 2016-2020, Table B17001.

◆ Between 2016 and 2020 in Rhode Island, 19% of young adults ages 18 to 24 lived in poverty. In Rhode Island, young adults are at a higher risk of living in poverty than any other age group.²⁴ In the U.S., 3.4 million children live with parents ages 18 to 24, and 37% of them, mostly babies, toddlers, and preschoolers, live in poverty.²⁵

Children in Poverty



Financial Asset Building

- ◆ Many low-income families have limited or no access to traditional banks and instead must rely on cash transactions or alternative financial services, such as check-cashing stores, payday lenders, and rent-to-own stores. These families pay high fees for financial transactions and high interest rates on loans, and often struggle to build credit histories and achieve economic security.^{26,27}
- ◆ In Rhode Island in 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.²⁸
- ◆ 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.²⁹
- ◆ States can protect consumers from high-cost payday lending by prohibiting these loans outright or enacting measures that make the loans more affordable, such as an annual rate cap or limiting the amount of monthly payments as a percentage of a borrower's monthly income. Rhode Island is the only New England state that does not currently protect against payday lending.^{30,31}
- ◆ Many public assistance programs have eligibility provisions that limit the amount of assets and/or the value of vehicles a family can own. Such policies discourage families from saving and building the assets they need to improve their economic security.³²
- ◆ Rhode Island currently has a \$1,000 asset limit to qualify for and retain RI Works cash assistance and is one of only eight states with such a restrictive asset limit. Under Rhode Island law, the value of one vehicle for each adult household member (not to exceed two vehicles per household) does not count toward the family's asset limit.^{33,34}
- ◆ Discrimination and historical racism have resulted in large and persistent disparities in wealth between different racial and ethnic groups. Nationally, 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.³⁵



Building Blocks of Economic Security

Income Supports

- ◆ The Supplemental Poverty Measure shows the positive impact of government programs, such as the Earned Income Tax Credit (EITC), Child Tax Credit, Social Security, SNAP, and housing subsidies. These programs kept millions of children out of poverty.³⁶

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.³⁷ Children with health insurance (public or private) are more likely to have a regular and accessible source of health care than uninsured children.³⁸

Affordable Quality Child Care

- ◆ In Rhode Island in 2021, the average annual cost of center-based child care for one infant was \$13,780.³⁹ Child care subsidies can help families living in poverty afford the cost of high-quality child care, which can help parents maintain employment and support children's development.⁴⁰

Educational Attainment

- ◆ Between 2020 and 2030, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring a high school diploma or less.⁴¹ Fifty-three percent of Rhode Islanders had a postsecondary degree or certificate in 2019.⁴²

Affordable Housing

- ◆ In 2021, the average rent for a two-bedroom apartment in Rhode Island was \$1,771.⁴³ In Rhode Island, a family of three with an income at the federal poverty level would need to spend 97% 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, 2021, there were 67,119 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 Child support payments represented 57% of the mean personal income of custodial mothers living in poverty who received full child support in 2017 in the U.S.⁴⁹

Table 10.

Children Living Below the Federal Poverty Threshold, Rhode Island, 2016-2020

CHILDREN UNDER AGE 18 LIVING BELOW POVERTY 2016-2020				
CITY/TOWN	ESTIMATES WITH HIGH MARGINS OF ERROR*		ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR	
	N	%	N	%
Barrington			208	4.5%
Bristol			115	3.8%
Burrillville			237	7.2%
Central Falls	2,213	39.4%		
Charlestown	126	11.2%		
Coventry			872	13.4%
Cranston			1,354	8.2%
Cumberland			435	6.1%
East Greenwich			163	4.9%
East Providence			749	9.3%
Exeter	49	4.2%		
Foster			28	2.6%
Glocester			101	4.6%
Hopkinton	159	10.0%		
Jamestown	-	-	-	-
Johnston	438	8.8%		
Lincoln			436	8.7%
Little Compton	-	-	-	-
Middletown	248	8.3%		
Narragansett			41	2.0%
New Shoreham	17	11.7%		
Newport	890	25.0%		
North Kingstown			737	14.1%
North Providence			666	11.0%
North Smithfield	263	10.1%		
Pawtucket			2,981	20.1%
Portsmouth	258	7.7%		
Providence			11,873	31.8%
Richmond	-	-	-	-
Scituate			78	4.4%
Smithfield			10	0.3%
South Kingstown			250	5.5%
Tiverton			131	5.3%
Warren	85	6.2%		
Warwick			991	7.0%
West Greenwich	2	0.2%		
West Warwick	913	17.9%		
Westerly			392	12.0%
Woonsocket	3,120	34.8%		
Four Core Cities			20,187	30.2%
Remainder of State			11,442	8.4%
Rhode Island			31,629	15.6%

Source of Data for Table/Methodology

Data are from a Population Reference Bureau analysis of 2016-2020 American Community Survey data. The data include the poverty rate for all children for whom poverty was determined, including "related" children and "unrelated children" living in the household.

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

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

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

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

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

References

- ^{1,8} National Academies of Sciences, Engineering, and Medicine. (2019). *A roadmap to reducing child poverty*. Washington, DC: The National Academies Press.
- ² Ratcliffe, C. (2015). *Child poverty and adult success*. Washington, DC: Urban Institute.
- ³ National Center for Education Statistics. (2021). *Number of children under 6 years old and not yet enrolled in kindergarten, percentage in center-based programs, average weekly hours in nonparental care, and percentage in various types of primary care arrangements, by selected child and family characteristics: 2019*. Retrieved March 3, 2022, from <https://nces.ed.gov>

(continued on page 177)

Children in Families Receiving Cash Assistance

DEFINITION

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

SIGNIFICANCE

The goal of RI Works is to help very low-income families meet their basic needs by providing cash assistance and work supports, including employment services, SNAP benefits, health insurance, subsidized 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

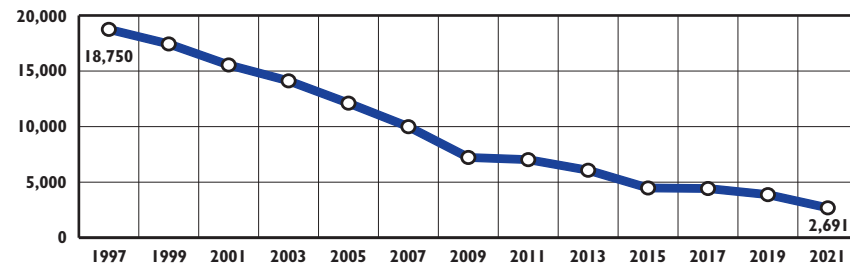
informed about opportunities to seek additional education or training to improve their employability prospects.²

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 2021, the average hourly wage of working parents enrolled in RI Works was \$15.34 per hour.⁴

RI Works connects families to the Office of Child Support Services, which assists families in establishing paternity (when applicable), identifying and locating non-custodial parents, and obtaining child support payments from non-custodial parents.⁵ In Rhode Island, the first \$50 of child support paid on time each month on behalf of a child enrolled in RI Works goes to the custodial parent caring for the child. The balance is kept by the state and federal governments as reimbursement for assistance received through RI Works.^{6,7}

The maximum monthly RI Works benefits for a family of three is \$721 per month.⁸ In 2021, benefits were increased for the first time in 30 years, but maximum benefits are still less than 50% of the federal poverty threshold.^{9,10}

Cash Assistance Caseload, Rhode Island, 1997–2021*



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1996-2015 and RI Bridges Database, December 2016-2021. 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 2010-2021 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 2021, the Rhode Island cash assistance caseload decreased by 85% from 18,428 cases to 2,691 families. There was a small increase in the number of families receiving cash assistance from 2020 (2,339) to 2021 (2,691), but this level was still below the 2019 pre-pandemic caseload of 3,879.¹¹

◆ The RI Works caseload declined due to policies implemented in 2008, when the program changed from the Family Independence Program (FIP) to RI Works. These policies included new time limits (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.^{12,13}

◆ In December 2021, there were 1,924 adults and 4,962 children under age 18 enrolled in RI Works. Seventy-two percent of RI Works beneficiaries were children, and 38% of the children enrolled in RI Works were under the age of six.¹⁴

◆ In December 2021, 61% (1,639) of RI Works cases were single-parent families, 36% (962) were child-only cases, and 3% (90) were two-parent families.¹⁵

◆ From 2019-2020, for every 100 families with children living in poverty in Rhode Island, only 26 families received cash assistance, down from 64 families from 2005-2006.^{16,17}

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.¹⁸

Time Limits and Hardship Extensions

◆ The lifetime limit for RI Works is 48 months (federal limit is 60 months).¹⁹ 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,” including being unable to participate due to COVID-19. 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

Recent Policy Changes

◆ In 2021, the General Assembly enacted several changes to the RI Works program. In addition to a 30% increase in the benefit amount, earnings from work are excluded for the first six months of employment, until the family’s gross income is above 185% of the federal poverty level, or the parent reaches the time limit. The clothing allowance was extended to infants and toddlers, and 18-year-olds can remain in RI Works while they are still in high school.²⁴

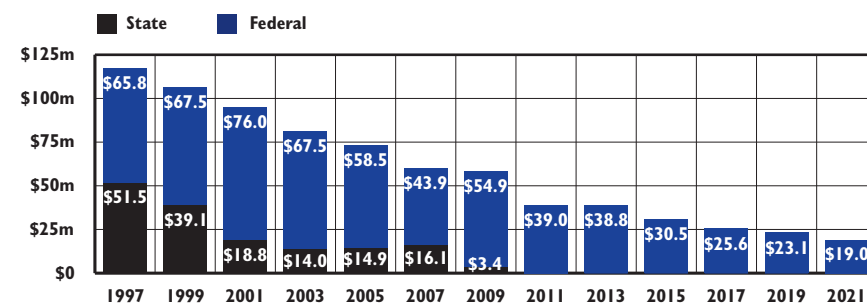
RI Works by Case Type, December 2021

	NUMBER	PERCENTAGE
Child-only cases	962	36%
Cases with adults with a work activity	1,324	49%
Cases with adults exempt from a work activity*	315	12%
Unknown status	90	3%
Total RI Works Caseload	2,691	

Source: Rhode Island Department of Human Services, RI Bridges Database, December 2021.

*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 (143), youngest child under age one (85), second parent is a non-participant (57), in third trimester of pregnancy (23), being a victim of domestic violence (2), or multiple reasons (5).

Rhode Island Cash Assistance Expenditures, State Fiscal Years 1997-2021

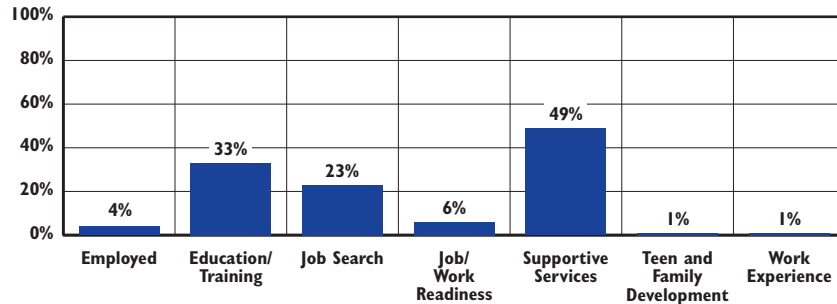


Sources: Rhode Island Department of Human Services. (2007). *Family Independence Program 2007 annual report*. (FY 1996-2001); House Fiscal Advisory Staff. (2004-2019). *Budget as enacted: Fiscal Years 2005-2019*. (FY 2002-2017); House Fiscal Advisory Staff. (2020). *FY 2020 revised budget: 2020-H 7170,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

◆ In State Fiscal Year 2021, for the twelfth year in a row, no state general revenue was allocated for cash assistance. State general revenue spending for cash assistance decreased steadily from 1996 through 2010, and the program is now entirely supported by federal Temporary Assistance for Needy Families (TANF) block grant funds. Total expenditures for cash assistance in Rhode Island (federal and state) decreased by 85% between 1996 (when the program began) and 2021.^{25,26} In 2020, Rhode Island spent 14% of its TANF funds on cash assistance, significantly lower than the national share of 22%.²⁷

Children in Families Receiving Cash Assistance

Families Enrolled in the RI Works Program, by Type of Work Activity, December 2021



Source: Rhode Island Department of Human Services, RI Bridges Database, December 2021. The total number of work activities (1,554) is larger than the number of families with a work activity (1,324) because some families (208) had multiple work activities during the month.

◆ As of December 2021, 4% of families with work activities were employed, and 1% were in community work experience. Most of these families were also engaged in other work activities during the month.²⁸

◆ Parents with limited training and skills can participate in basic education and work skills programs. Parents also can receive up to one year of vocational education as part of their 48-month lifetime limit.²⁹ As of December 2021, 33% of families were participating in education or training programs.³⁰

◆ Twenty-three 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 6% were participating in other job readiness activities. Forty-nine percent of families were receiving supportive services, including mental or physical health and substance abuse treatment, and housing and homelessness services needed to address barriers to employment.^{31,32}

◆ An additional 1% of families received educational support through the Teen and Family Development Program, a program for young parents.³³

Support for Young Parents

◆ Seventy-eight percent of children born to teen mothers who never marry and do not graduate from high school live in poverty.³⁴

◆ RI Works provides additional support to young parents. Parents who are under age 20 and do not have a high school diploma or GED are required to receive parenting skills training and are supported in completing their high school education while enrolled in RI Works. In addition, pregnant or parenting teens under age 18 are required to live with their parent, legal guardian, or adult relative or in an adult-supervised setting.³⁵

◆ In December 2021, there were 79 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.³⁶

Support for Individuals with Disabilities and Their Families

◆ Recent research conducted in several states shows that cash assistance recipients report physical and mental health disabilities at higher rates than the general population. Parents with physical or mental health conditions can face barriers to employment, including discrimination by employers.³⁷

◆ Under RI Works, parents with disabilities may be exempt from work requirements only if they are receiving SSI or SSDI or determined to be eligible for SSI or SSDI. Other parents with disabilities are referred to the Office of Rehabilitation Services for further assessment, vocational rehabilitation services, and help applying for SSI, or to substance abuse or mental health treatment, as appropriate.³⁸

◆ As of December 2021, 467 families (17% of the total RI Works caseload) had hardship extensions, 23 for a physical or mental disability, 11 who were unable to work due to a domestic violence situation, eight to care for a disabled family member, three due to homelessness, and 422 because of economic hardship or another critical condition or circumstance.³⁹ Nationally, many families leave cash assistance not because they find work, but because they reach their time limit or are sanctioned. These families often have barriers to employment, such as a mental or physical impairment, or low levels of education and limited work experience.^{40,41}

Children in Families Receiving Cash Assistance

Table 11. Children in Families Receiving Cash Assistance (RI Works), Rhode Island, December 2021

CITY/TOWN	# OF CHILDREN UNDER AGE 18	NUMBER RECEIVING CASH ASSISTANCE		% OF CHILDREN RECEIVING CASH ASSISTANCE
		FAMILIES	CHILDREN	
Barrington	4,597	6	15	<1%
Bristol	3,623	16	22	1%
Burrillville	3,576	20	37	1%
Central Falls	5,644	110	221	4%
Charlestown	1,506	2	3	<1%
Coventry	7,770	28	35	<1%
Cranston	16,414	117	193	1%
Cumberland	7,535	24	54	1%
East Greenwich	3,436	12	19	1%
East Providence	9,177	106	175	2%
Exeter	1,334	2	4	<1%
Foster	986	5	6	1%
Glocester	2,098	2	4	<1%
Hopkinton	1,845	8	11	1%
Jamestown	1,043	5	5	<1%
Johnston	5,480	46	74	1%
Lincoln	4,751	25	42	1%
Little Compton	654	1	1	<1%
Middletown	3,652	23	39	1%
Narragansett	2,269	3	7	<1%
New Shoreham	163	0	0	0%
Newport	4,083	100	201	5%
North Kingstown	6,322	31	54	1%
North Providence	5,514	58	98	2%
North Smithfield	2,456	7	16	1%
Pawtucket	16,575	304	509	3%
Portsmouth	3,996	9	19	<1%
Providence	41,634	1,058	2,072	5%
Richmond	1,849	4	6	<1%
Scituate	2,272	4	6	<1%
Smithfield	3,625	16	29	1%
South Kingstown	5,416	18	34	1%
Tiverton	2,998	16	24	1%
Warren	1,940	11	17	1%
Warwick	15,825	89	152	1%
West Greenwich	1,477	3	2	<1%
West Warwick	5,746	74	126	2%
Westerly	4,787	18	21	<1%
Woonsocket	9,888	302	593	6%
Other/Unknown	NA	8	16	NA
Four Core Cities	73,741	1,774	3,395	5%
Remainder of State	150,215	909	1,551	1%
Rhode Island	223,956	2,691	4,962	2%

Education and Training Supporting Employment

◆ Between 2016 and 2020, almost 60,000 working-age adults (ages 18 to 64) in Rhode Island did not have a high school diploma or GED.⁴²

◆ Nationally, between 2020 and 2030, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring a high school diploma.⁴³ Between 2016 and 2020, the unemployment rate for Rhode Islanders without a high school diploma was 8.3%, compared to 6.5% for those with a high school degree and 2.7% for those with a bachelor's degree or higher.⁴⁴

◆ Parents enrolled in RI Works face significant barriers to success in the labor market. Twenty-nine percent of parents enrolled in RI Works report not finishing high school. Among a group of parents receiving cash assistance who were tested in March 2020, about one-third (34%) of those tested in English tested at or below the sixth-grade reading level, while more than half (56%) of native Spanish speakers enrolled in RI Works tested at or below the sixth-grade reading level on a Spanish-language version of the test.⁴⁵

◆ Recent research has shown that well-designed and well-implemented programs that focus on building skills and providing support can increase future employment and earnings of cash assistance recipients. Programs that combine education, training, and support services are more effective than standalone job search or skills instruction programs.⁴⁶ States should explore how to meet their work participation rate while offering beneficiaries a chance to improve job skills and long-term work preparedness.⁴⁷

Source of Data for Table/Methodology

Rhode Island Department of Human Services, RI Bridges Database, December 2021. 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

^{1,2,3,5,8,18,19,20,22,23,29,32,35,38} Rhode Island Works Program rules and regulations, 218-RICR-20-00-2 (2021). Retrieved February 16, 2022, from sos.ri.gov

^{4,11,14,15,28,30,31,33,36,39,45} Rhode Island Department of Human Services, InRhodes Database and RI Bridges Database, December 1996-2021.

⁶ Child Support Program rules and regulations, 218-RICR-30-00-1 (2021). Retrieved February 16, 2022, from sos.ri.gov

(continued on page 178)

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

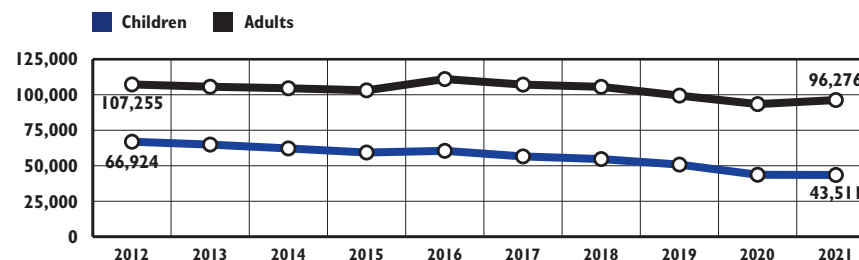
Nationally, SNAP is available to households with gross monthly incomes below 130% of the federal poverty level, net monthly incomes below 100% of the federal poverty level, and no more than \$2,500 in resources.⁵ Rhode Island is one of 41 states that have implemented broad-based categorical eligibility, which allowed Rhode Island to increase the gross income limit and remove the resource limit for most applicants.⁶ The gross monthly income limit for Rhode Island is 185% of the federal poverty level (\$40,626 per

year for a family of three in 2021). 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 2021, 73% of SNAP households had gross incomes below the federal poverty level (\$21,960 for a family of three in 2021).^{11,12} In October 2021, the average monthly SNAP benefit for a family of three in Rhode Island was \$493 (this average does not include supplemental benefits provided during the COVID-19 pandemic).¹³ Beginning October 2021, maximum monthly benefits increased due to an update of the Thrifty Food Plan on which benefits are based.¹⁴

Participation in SNAP in early childhood is associated with improvements in short- and long-term health outcomes, improved high school graduation rates, and increases in adult earnings. In 2020, SNAP and the National School Lunch Program lifted 3.2 million Americans out of poverty and was particularly effective at lifting families out of deep poverty.^{15,16} SNAP is also an effective form of economic stimulus because it moves money directly into the local economy.¹⁷

Participation in the Supplemental Nutrition Assistance Program, Children and Adults, Rhode Island, 2012-2021



Source: Rhode Island Department of Human Services, InRhodes Database, 2012–2015 and RI Bridges Database, 2016–2021. Data represent children under age 18 and adults who participated in SNAP during the month of October.

◆ Of the 139,787 Rhode Islanders enrolled in SNAP in October 2021, 69% were adults and 31% were children. Of the children enrolled in SNAP, 32% were under the age of six.¹⁸

◆ The number of children and adults receiving SNAP benefits decreased each year between 2016 to 2020. Between 2020 and 2021, the number of adults receiving SNAP benefits increased, while the number of children enrolled remained about the same.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 2018 and 2020, 8.2% of Rhode Island households and 10.7% of U.S. households were food insecure. In 2020, 14.8% of all U.S. households with children were food insecure, while 40.5% 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 2021, the number of Rhode Islanders who received emergency food assistance from food pantries and soup kitchens to help to meet their nutritional needs went down to the pre-pandemic level of 53,650 each month, down from the peak of 76,500 in November 2020.²³

Children Receiving SNAP Benefits

Table 12. Children Under Age 18 Receiving SNAP Benefits, Rhode Island, October 2021

CITY/TOWN	NUMBER PARTICIPATING
Barrington	145
Bristol	231
Burrillville	338
Central Falls	2,023
Charlestown	106
Coventry	639
Cranston	2,515
Cumberland	568
East Greenwich	139
East Providence	1,422
Exeter	72
Foster	88
Glocester	97
Hopkinton	155
Jamestown	21
Johnston	854
Lincoln	525
Little Compton	27
Middletown	360
Narragansett	120
New Shoreham	4
Newport	921
North Kingstown	600
North Providence	905
North Smithfield	166
Pawtucket	5,038
Portsmouth	144
Providence	16,376
Richmond	150
Scituate	110
Smithfield	199
South Kingstown	329
Tiverton	232
Warren	278
Warwick	1,595
West Greenwich	72
West Warwick	1,402
Westerly	473
Woonsocket	3,978
Unknown	94
Four Core Cities	27,415
Remainder of State	16,002
Rhode Island	43,511

COVID-19 and SNAP Benefits

◆ According to 2021 survey data from the RI Life Index, 25% of households with children in Rhode Island reported not being able to meet their basic food needs, compared to 18% of all households.²⁴

◆ Since March 2020, SNAP households that were not already receiving the maximum benefit have been receiving supplemental benefits. Beginning in April 2021, all SNAP households were eligible for a supplemental benefit of at least \$95 for as long as the federal government has declared a public health emergency and the state has issued an emergency or disaster declaration. In addition to these supplemental benefits, federal COVID relief bills temporarily increased the maximum monthly benefit by 15% from January 1, 2021 through September 30, 2021.^{25,26}

◆ SNAP participants can now select and pay for their groceries online using their EBT card at participating online retailers.²⁷

◆ Pandemic EBT (P-EBT) provides benefits to replace free and reduced-price school meals missed due to school closures and distance learning during the COVID-19 pandemic. In July 2021, 39% of students receiving P-EBT benefits in Rhode Island also received SNAP benefits.^{28,29}

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 2021.

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

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

References

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- ³ Food Research and Action Center. (2020). *FRAC facts: SNAP strengths*. Retrieved January 26, 2022, from www.frac.org
- ⁴ Carlson, S., & Keith-Jennings, B. (2018). *SNAP is linked with improved nutritional outcomes and lower health care costs*. Washington, DC: Center on Budget and Policy Priorities.
- ^{5,9} U.S. Department of Agriculture, Food and Nutrition Service. (2021). *Supplemental Nutrition Assistance Program (SNAP): SNAP eligibility*. Retrieved January 26, 2022, from www.fns.usda.gov
- ⁶ U.S. Department of Agriculture, Food and Nutrition Service. (2020). *Broad-based categorical eligibility*. Retrieved February 8, 2022, from www.fns.usda.gov
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- ^{8,12} U.S. Department of Health and Human Services. (2021). Annual update of the HHS poverty guidelines. *Federal Register*, 86(19), 7732-7734.
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(continued on page 178)

Women and Children Participating in WIC

DEFINITION

Women and children participating in WIC is the percentage of eligible women, infants, and children enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

SIGNIFICANCE

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a federally funded preventive program that provides participants with nutritious food, nutrition education, and referrals to health care and social services. WIC serves pregnant, postpartum, and breastfeeding women, infants, and children under age five living in low-income households. Any individual who participates in SNAP, RIte Care, Medicaid, or Rhode Island Works is automatically income-eligible for WIC. Participants also must 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

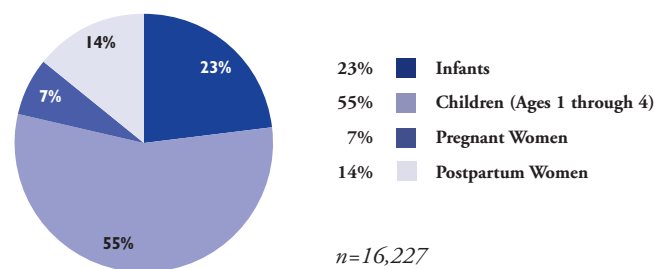
household food insecurity (families that do not have regular access to enough food for an active, healthy life). Food insecurity in early childhood can lead to impaired cognitive, behavioral, and psychosocial development, and can limit academic achievement. Pregnant women also have special nutritional needs that influence pregnancy outcomes and the health of their children.^{3,4,5}

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

Revisions to the WIC food package that were implemented in 2009 increased access to a wider variety of nutritious foods, increased state flexibility to provide culturally appropriate foods, and strengthened breastfeeding support.^{8,9} In Rhode Island in Federal Fiscal Year (FFY) 2021, 32% of infants participating in WIC were fully or partially breastfed and 68% of infants were formula fed.¹⁰

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

Women, Infants, and Children Enrolled in WIC, Rhode Island, September 2021



Source: Rhode Island Department of Health, WIC Program, September 2021.

◆ Infants and children ages one through four comprised more than three-quarters (78%) of the population being served by WIC in September 2021 in Rhode Island. Women accounted for over one-fifth (7% pregnant and 14% postpartum) of the population being served.¹²

◆ In September 2021, 3% of WIC participants in Rhode Island were Asian, 17% were Black, 2% were Native American, 66% were white, and 11% identified as another race or more than one race. Fifty-eight percent of WIC participants identified as Hispanic. Hispanic women and children may be included in any racial category.¹³

◆ The four core cities had participation rates at or exceeding the statewide enrollment rate of 45% in June 2021 – Central Falls (54%), Providence (54%), Woonsocket (53%), and Pawtucket (45%).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 \$17.1 million in federal WIC funding during FFY 2021, slightly higher than the \$16.9 million in FFY 2020.¹⁶

◆ 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, 1,015 WIC participants purchased fresh produce at 26 farmers' markets and 14 farm stands through the FMNP in FFY 2021.¹⁸

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}

COVID-19 and WIC Participation

◆ Waivers granted by the federal government in response to the COVID-19 pandemic provided flexibility in enrollment, benefit issuance and redemption. Nationally, WIC participation increased 2% in February 2021 compared to February 2020 (pre-pandemic). Changes in participation varied widely and 24 states had declines in participation, including in Rhode Island, which had a 3% decline in the number of participants over this period. Community outreach and coordination with other program operators can help increase access to WIC.²¹

Table 13. Women, Infants, and Children Enrolled in WIC, June 2021

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER ENROLLED	% OF ELIGIBLE ENROLLED
Barrington	163	39	24%
Bristol	349	125	36%
Burrillville	393	83	21%
Central Falls	1,956	1,054	54%
Charlestown	141	46	33%
Coventry	802	262	33%
Cranston	2,722	1,244	46%
Cumberland	698	210	30%
East Greenwich	171	36	21%
East Providence	1,493	603	40%
Exeter	135	33	24%
Foster	101	22	22%
Glocester	173	30	17%
Hopkinton	197	121	61%
Jamestown	37	6	16%
Johnston	961	414	43%
Lincoln	519	195	38%
Little Compton	51	11	22%
Middletown	384	151	39%
Narragansett	135	22	16%
New Shoreham	28	0	0%
Newport	728	397	55%
North Kingstown	455	125	27%
North Providence	1,137	362	32%
North Smithfield	226	116	51%
Pawtucket	4,491	2,031	45%
Portsmouth	233	74	32%
Providence	13,402	7,242	54%
Richmond	147	7	5%
Scituate	183	30	16%
Smithfield	369	115	31%
South Kingstown	389	105	27%
Tiverton	286	95	33%
Warren	299	96	32%
Warwick	1,990	672	34%
West Greenwich	94	37	39%
West Warwick	1,267	436	34%
Westerly	576	161	28%
Woonsocket	2,986	1,571	53%
Four Core Cities	22,835	11,898	52%
Remainder of State	18,032	6,481	36%
Rhode Island	40,867	18,379	45%

Source of Data for Table/Methodology

Estimated Number Eligible: Rhode Island Executive Office of Health and Human Services, Medicaid Management Information System, June 30, 2021.

Number Enrolled: Rhode Island Department of Health, WIC Program, June 2021.

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.

References

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- ⁴ Coleman-Jensen, A., McFall, W., & Nord, M. (2013). *Food insecurity in households with children: Prevalence, severity, and household characteristics, 2010-11*, EIB-113. Washington, DC: U.S. Department of Agriculture, Economic Research Service.
- ⁵ U.S. Department of Health and Human Services, Office on Women's Health. (2019). *Pregnancy: Staying healthy and safe*. Retrieved February 25, 2022, from www.womenshealth.gov

(continued on page 178)

Children Participating in School Breakfast

DEFINITION

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

SIGNIFICANCE

The School Breakfast Program helps ensure that the nation's most vulnerable children start their day off with a healthy meal. Nationally, during the 2020-2021 school year, nearly 14.0 million children ate breakfast at school each day through the School Breakfast Program, a decrease of 4.7% from the 2018-2019 school year (pre-pandemic).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 challenges, more likely to repeat a grade, and more likely to be suspended. Children experiencing hunger are also more likely to be tardy or absent from school.^{4,5,6}

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

During the 2020–2021 school year, in the U.S. in response to the COVID-19 pandemic, the vast majority of meals (99.4% of breakfasts and 99.8% of lunches) were offered to children at no charge. In Rhode Island, during the 2020-2021 school year, free breakfasts and lunches were available to all students, regardless of income. An average of 29,335 children participated in school breakfast, a decline of 14.5% from the 2018-2019 school year (pre-pandemic), and an average of 38,653 children participated in school lunch, a 48.4% decline from the 2018-2019 school year (pre-pandemic).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 reduces administrative burdens. In Rhode Island, in the 2020-2021 school year, 67% of eligible schools participated in CEP, up from 57% in 2019-2020.¹⁰
- ◆ 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.¹¹ All schools in Rhode Island offered universal free breakfast during the 2020-2021 and 2021-2022 school years, due to the COVID-19 pandemic.¹²
- ◆ Making breakfast part of the school day is another proven strategy for increasing breakfast participation, reducing stigma, and increasing convenience.¹³



A Response to COVID-19: Pandemic-EBT

- ◆ The COVID-19 pandemic forced schools to close buildings and classrooms and many students had to quarantine to comply with health mandates, impacting students' ability to receive school meals.^{14,15}
- ◆ 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 classroom closures and quarantining. P-EBT provided families whose children qualified for free or reduced-price meals with funds to purchase breakfast and lunch, substantially reducing food insecurity.¹⁶
- ◆ 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. The program was subsequently extended to children under six in SNAP households, as well as into the summer of 2021.^{17,18} In July 2021, 67,672 students received P-EBT benefits in Rhode Island.¹⁹

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 2020 Factbook.

(Sources and References are continued on page 179)

Health

Backyard Bubbles

by Rebecca Kai Dotlich

One bubble
shimmies
from the wand
to waltz around
the backyard lawn.
One fragile globe
of soapy skin--
a glimmering
of breath within
a perfect pearl,
I blow again!
One more bubble
squeezes through,
one blushing bead
of water-blue;
and then
another
rinsed in pink
(shivering
with pastel ink)
dances on
a summer sigh,
shimmering
with shades of sky,
s-l-o-w-l-y slides
right out of sight;
backyard bubbles
taking flight.



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, 2021, 63% of RItE Care members who qualified based on family income and 67% of RItE Share enrollees were children under age 19.⁹

Nationally, poor children, Black and Hispanic children, foreign born, and non-citizen children, are most likely to be uninsured.¹⁰ In 2020, an estimated 3.0% of Rhode Island children were uninsured.¹¹

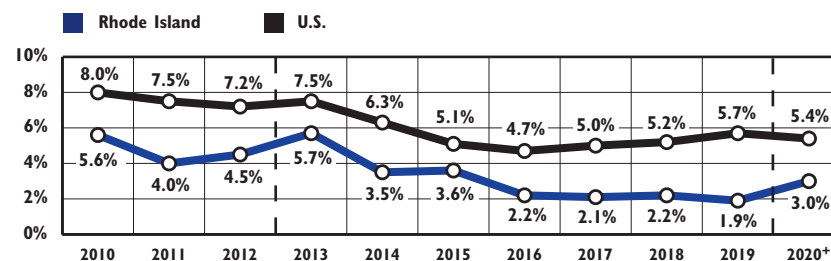
Children Under Age 19 Without Health Insurance			
	2013	2019	2020 ⁺
RI	5.7%	1.9%	3.0%
US	7.5%	5.7%	5.4%
National Rank*			9th
New England Rank**			5th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: For 2020: U.S. Census Bureau, American Community Survey Experimental Table XK202701. For 2019: U.S. Census Bureau, American Community Survey, 2019, Table R2702. For 2013: U.S. Census Bureau, American Community Survey, 2013, Table CP03. *2020 data is based on experimental ACS data. The U.S. Census Bureau urges caution when comparing to standard ACS data due to low response rate during COVID-19 pandemic.

Children Without Health Insurance, Rhode Island, 2010-2020



Source: +U.S. Census Bureau, American Community Survey, 2020, Experimental Table XK202701. The U.S. Census Bureau urges caution when comparing to standard ACS data due to low response rate during COVID-19 pandemic. U.S. Census Bureau, American Community Survey, 2012-2019. Data from 2010 to 2012 are for children under 18 years of age and data from 2013 to 2020 are for children under 19 years of age. Prior Factbooks are not comparable.

◆ In 2019, 1.9% of Rhode Island's children under age 19 were uninsured. Rhode Island ranked 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.^{12,13}

◆ Younger children are more likely to live in low-income families compared to older children and therefore are more likely to meet the income-eligibility threshold for RItE Care (up to 261% of the federal poverty level). Approximately 57% of children under the age of three were enrolled in RItE Care/Medical Assistance in State Fiscal Year 2021.^{14,15,16}

◆ In Rhode Island from 2016-2020, 60% (2,631) of the estimated 4,407 uninsured children under age 18 were eligible for RItE Care based on their family incomes but not enrolled (some due to immigration status). An estimated 1,737 uninsured children lived in families with incomes above the income limit and 59% (1,030) of them may have been eligible for financial assistance through HealthSource RI.¹⁷

◆ As of December 31, 2021, 1,914 children and 927 adults (2,841 total) were enrolled in RItE Share, a 2% increase since 2020.¹⁸

◆ Families can enroll in health coverage through HealthSource RI, Rhode Island's health insurance marketplace under the federal *Affordable Care Act*. As of October 2021, 1,700 children were enrolled in private health coverage through HealthSource RI, 64% of whom received financial assistance through a premium tax credit or a cost sharing reduction.¹⁹

Children's Health Insurance

Table 15. **Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 31, 2021**

CITY/TOWN	RITE CARE	SSI	KATIE BECKETT PROVISION	ADOPTION SUBSIDY	FOSTER CARE	TOTAL
Barrington	583	12	43	33	3	674
Bristol	927	32	16	41	18	1,034
Burrillville	1,194	38	13	72	24	1,341
Central Falls	5,104	223	3	55	26	5,411
Charlestown	443	16	6	18	14	497
Coventry	2,129	94	42	157	61	2,483
Cranston	7,073	213	66	232	105	7,689
Cumberland	1,907	80	52	88	34	2,161
East Greenwich	544	20	34	38	22	658
East Providence	3,991	141	36	123	97	4,388
Exeter	332	10	7	18	12	379
Foster	333	8	7	27	6	381
Glocester	389	16	8	45	23	481
Hopkinton	426	8	6	23	3	466
Jamestown	125	2	8	9	0	144
Johnston	2,696	94	43	87	52	2,972
Lincoln	1,637	51	27	63	29	1,807
Little Compton	154	1	3	6	1	165
Middletown	1,049	42	16	34	20	1,161
Narragansett	362	11	4	25	34	436
New Shoreham	82	0	0	0	0	82
Newport	1,852	109	4	53	40	2,058
North Kingstown	1,511	48	22	69	33	1,683
North Providence	1,520	46	12	36	44	1,658
North Smithfield	633	20	12	51	19	735
Pawtucket	12,173	457	25	197	158	13,010
Portsmouth	721	14	11	43	41	830
Providence	36,444	1,529	57	500	669	39,199
Richmond	396	13	6	34	10	459
Scituate	351	6	11	20	10	398
Smithfield	857	24	27	49	18	975
South Kingstown	1,280	45	27	82	28	1,462
Tiverton	914	19	10	32	14	989
Warren	854	29	10	38	15	946
Warwick	5,373	156	80	267	134	6,010
West Greenwich	222	5	10	20	8	265
West Warwick	3,290	146	19	102	51	3,608
Westerly	1,778	50	22	55	42	1,947
Woonsocket	7,616	480	14	159	115	8,384
Four Core Cities	61,337	2,689	99	911	968	66,004
Remainder of State	47,928	1,619	720	2,090	1,065	53,422
Rhode Island	109,265	4,308	819	3,001	2,033	119,426

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, MMIS Database, December 31, 2021.

The table includes children enrolled in Rlite Care managed care as of December 31, 2021. Children with special health care needs who are covered through Rlite Care or Medical Assistance are also included because they receive SSI, adoption subsidies, or qualify for the Katie Beckett provision.

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

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

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- ⁶ Wagnerman, K., Chester, A., & Alker, J. (2017). *Medicaid is a smart investment in children*. Washington, DC: Georgetown University Health Policy Institute, Center for Children and Families.
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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 2020 the complete series included 4 doses of diphtheria, tetanus and pertussis (DTaP); 3 doses of polio; 1 dose of measles, mumps, rubella (MMR); 3–4 doses of Haemophilus influenzae type b (Hib); 3 doses of hepatitis B vaccines (Hep B); 1 dose of varicella (chickenpox); and 4 doses of pneumococcal conjugate vaccine (PCV).

SIGNIFICANCE

Timely and complete immunization protects children against many infectious diseases that were once common and resulted in death or disability. Vaccines interact with the immune system to produce antibodies that protect the body if it is later exposed to disease. The benefits of immunization include improved quality of life and productivity, reduced health spending, and prevention of illness and death. Society benefits from high vaccination levels because disease outbreaks are minimized, and those who cannot be vaccinated for medical reasons are less likely to be exposed. Although many of the diseases against which children are vaccinated are rare,

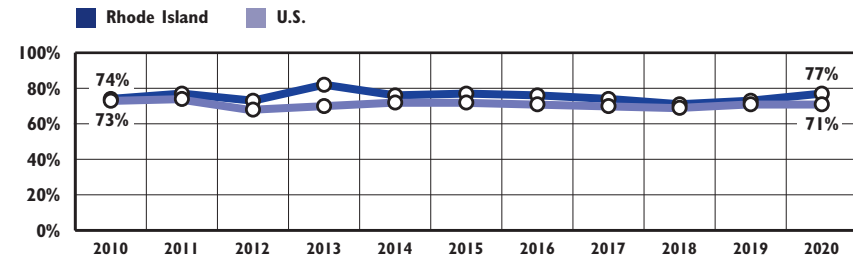
it is important to continue to immunize against them until the diseases are completely eradicated.^{1,2,3}

The federal *Vaccines for Children* program is used to eliminate cost as a barrier to vaccination. It allows states to obtain vaccines at a discounted price. Local providers then administer the vaccines at no cost to eligible children under age 19, including those who are uninsured, underinsured, or Medicaid-eligible.⁴ Due to the federal *Affordable Care Act (ACA)*, children and individuals enrolled in new health insurance plans have access to recommended vaccines without deductibles or copays, when delivered by an in-network provider.⁵

The Rhode Island Department of Health obtains and distributes vaccines and works in partnership with local health care providers to maintain and share KIDSNET immunization data for children from birth through age 18.⁶

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

Fully Immunized Children*, Rhode Island and United States, 2010-2020



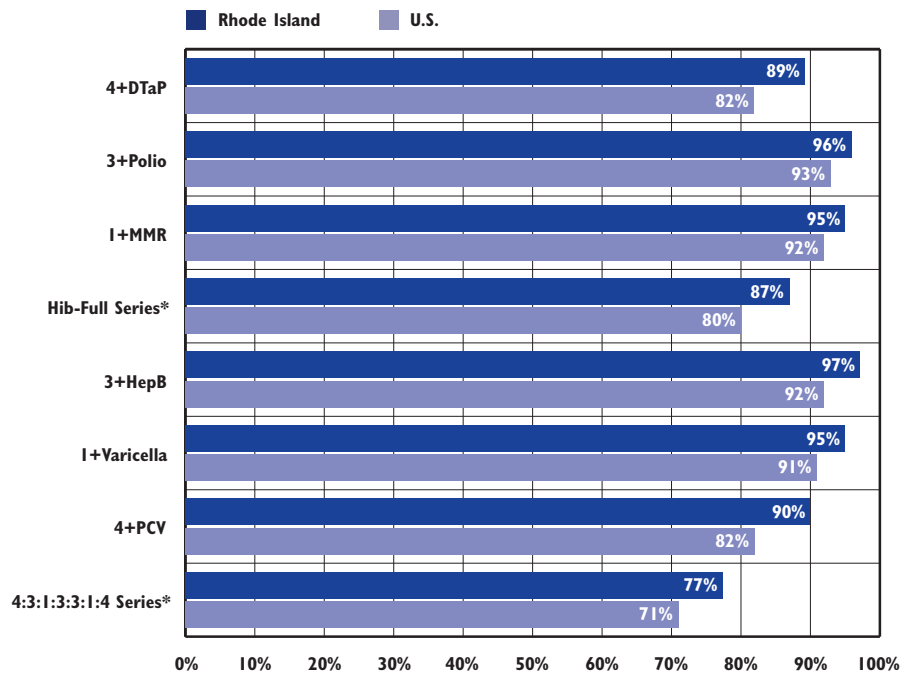
*Fully immunized children received the 4:3:1:0:3:1:4 series in 2008 to 2010; and the 4:3:1:3:3:1:4 series from 2011-2017. In 2018, the National Immunization Survey-Child (NIS-Child) methodology changed from coverage among children 19 to 35 months of age to coverage by age 24 months.

Source: Centers for Disease Control and Prevention, *National Immunization Survey*, 2010-2020.

- ◆ In 2020, 77% of Rhode Island's children were fully immunized by age 24 months, above the national average of 71%.⁹
- ◆ In 2018-2020, the U.S. rate for children fully immunized by age 24 months was 48% for uninsured children, 66% for children with Medicaid coverage, and 78% for children with private health insurance coverage.¹⁰
- ◆ Vaccine concerns have led some parents to request alternative vaccination schedules or to refuse some or all immunizations, which contribute to under-immunization.¹¹ Federal law requires that families be provided with information about each vaccine, including risks and benefits about the vaccine.¹²
- ◆ In Rhode Island, children may be exempt from receiving one or more vaccines for medical or religious reasons.¹³ In the 2021-2022 school year, 124 kindergarten students and 366 students in 7th grade had exemptions from vaccination requirements. Of these exemptions, 92% were for religious reasons and 8% were for medical reasons.¹⁴

Childhood Immunizations

Vaccination Coverage Among Children, by Age 24 Months, Rhode Island and United States, 2020



Source: Rhode Island Department of Health analysis of data from the *National Immunization Survey-Children*, 2020.

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

◆ In December 2020, teens aged 18 and up became eligible to receive the Moderna vaccine for the prevention of COVID-19. In May 2021, the federal government approved the Pfizer vaccine for adolescents aged 12 to 15; and in October 2021, the Pfizer vaccine was approved for children ages 5 to 11.^{15,16,17}

◆ As of February 2022, 42% (32,517) of Rhode Island children aged 5 to 11 and 77% (56,258) of Rhode Island adolescents aged 12 to 17 were at least partially vaccinated for the prevention of COVID-19.¹⁸

References

¹ U.S. Department of Health & Human Services. (2021). *Five important reasons to vaccinate your child*. Retrieved February 14, 2022, from www.vaccines.gov

(continued on page 179)

Immunizations for School Entry

◆ Of the immunizations needed for school entry in 2021, entering kindergarteners had coverage rates between 90% and 98%, while entering 7th grade students had rates between 73% and 82%.¹⁹

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.²⁰

◆ According to the *2020 National Immunization Survey*, 83% of Rhode Island adolescents received the 3+HPV vaccine, compared to 59% nationally; 94% of Rhode Island adolescents received the 1+Tdap vaccine, compared to 90% nationally; and 96% of Rhode Island adolescents received the 1+MenACWY vaccine, compared to 89% nationally.²¹

◆ To ensure that all high school seniors are fully vaccinated before beginning college or work, the Rhode Island Office of Immunization runs the *Vaccinate Before You Graduate (VBYG)* program in high schools throughout the state. The program holds vaccination clinics 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.^{22,23}

◆ During the 2020-2021 school year, 47 schools participated in VBYG, down from 95 schools the year prior. In total, 1,055 vaccine doses were administered to 451 students; down from 3,776 vaccine doses administered to 1,825 students the year prior. Vaccines administered included influenza, HPV, MCV4, hepatitis A, hepatitis B, measles, mumps, and rubella, polio, tetanus, diphtheria, tetanus, diphtheria, pertussis, and varicella (chicken pox).²⁴

◆ 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.²⁵

Access to Dental Care

DEFINITION

Access to dental care is the percentage of children and youth under age 21 who were enrolled in RItE Smiles on June 30, 2021 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. Fourteen percent of uninsured children in the U.S. have delayed health care due to cost, compared with 1% of those with Medicaid and 1% 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.^{4,5}

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

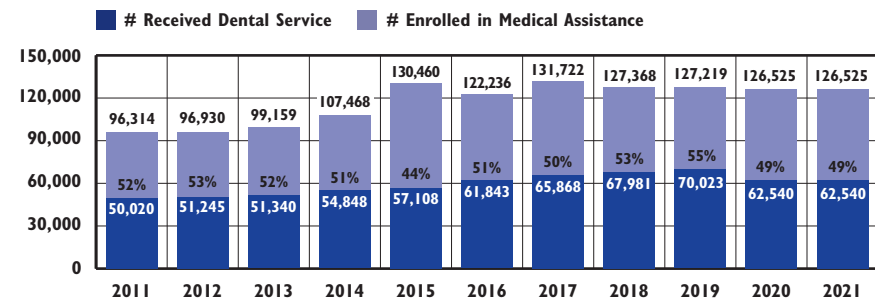
insurance coverage have greater access to dental and medical care than children who have no insurance.^{6,7,8}

Children of Color have the highest rates of tooth decay and untreated dental problems. In Rhode Island and the U.S., higher-income, Asian, and non-Hispanic white children are less likely to have untreated tooth decay than lower income, non-Hispanic Black or Hispanic children.^{9,10,11}

Improving children's dental health can begin with improving pregnant women's oral health. Good oral health during pregnancy is important to maternal health and may decrease the amount of cavity-causing bacteria passed on to their baby. 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. Dental care can be safely provided during pregnancy. Women without insurance and women with low incomes are less likely to receive dental care.^{12,13,14}

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

Children Under 21 Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2011-2021



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2011-2021. *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, 2021 received a dental service during State Fiscal Year (SFY) 2021, the same rate as last year.¹⁷

◆ The federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard requires that states provide comprehensive dental benefits to children with Medicaid coverage, including preventive dental services.¹⁸ In Rhode Island, 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, 2021, 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. Dental providers cite low reimbursement rates and cumbersome administrative requirements as obstacles to providing care. Additional access barriers for children and families with public insurance include difficulty with transportation, lack of child care, and issues with paperwork. Family education, case management, and streamlining administrative procedures can encourage provider enrollment and patient utilization.^{26,27}
- ◆ When RItE Smiles started in 2006, reimbursement rates were raised for RItE Smiles dental providers to encourage participation.²⁸ The number of dentists accepting children with Medicaid coverage increased from 27 before RItE Smiles began to 290 in FY 2021.^{29,30}
- ◆ In 2020, Medicaid reimbursement in Rhode Island was 38% of private insurance reimbursement for pediatric dental services and 36% of private reimbursement for adult dental services.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 of care available in the beginning of the COVID-19 pandemic. 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
- ◆ In Rhode Island in 2020, 398 children under age 20 were treated for a primary dental-related condition in Rhode Island emergency departments.³³
- ◆ In Rhode Island in 2020, 79 children under age 20 were hospitalized with a diagnosis that included an oral health condition. That same year, eight children under age 21 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
- ◆ Children can see general dentists, as well as pediatric dentists. Pediatric dentists are dentists with specialized training to work with only children.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, encourage establishing a dental home, 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 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 National Health Interview Survey. (2022). *Percentage of delayed health care due to cost in the past 12 months for children under age 18 years (95% confidence intervals), United States, 2019.*

^{4,25} HealthSource RI. (n.d.). *HealthSource RI dental coverage.* Retrieved February 28, 2022, 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. In Rhode Island, one in five (19.0%) children ages six to 17 has a diagnosable mental health problem; one in 10 (9.8%) has significant functional impairment.⁵

Risk factors for childhood mental disorders include environmental factors like prenatal exposure to toxins (including alcohol), physical or sexual abuse, adverse childhood experiences, toxic stress, genetic or a family history of mental health issues, involvement with juvenile justice and child welfare systems, and living in poverty.^{6,7,8}

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.^{9,10,11} In Rhode Island in 2020, an estimated 33% of children ages three to 17 who needed mental health treatment or counseling had a problem obtaining needed care.¹² In Federal Fiscal Year (FFY) 2021, there were 837 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 2021 was 3.7 days, compared to 3.2 days in FFY 2020. In FFY 2021, an average of two children per day were ready to leave the psychiatric hospital but were unable due to a lack of step-down availability or there being no other safe placement (including at home).^{13,14}



Infant and Early Childhood Mental Health

◆ Children under age six experience a significant mental health issue at similar rates as older children (16-18%).¹⁵ 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.^{17,18}



Children with Medicaid and RItE Care with a Mental Health Diagnosis

◆ In State Fiscal Year (SFY) 2021, 29% (31,394) of children under age 19 enrolled in Medicaid/RItE Care had a mental health diagnosis. Of those children with a mental health diagnosis, 18% were ages five and under, 43% were ages six to 12, and 39% were ages 13 to 18. In addition, 42% were females and 58% were males.¹⁹

◆ In SFY 2021, 1,096 children under age 19 enrolled in Medicaid/RItE Care were hospitalized due a mental health related condition (up from 1,030 in SFY 2020), and 2,246 children had a mental health related emergency department visit (down from 2,288 in SFY 2020). Ninety percent of those mental health-related emergency department visits did not result in a hospitalization.²⁰

◆ In 2020, 53% percent of all emergency department visits for children ages 17 and under 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 2021, 6,460 children under age 18 were treated at CMHOs.²³

Psychiatric Hospitals

Children Under Age 18 Treated at Rhode Island Psychiatric Hospitals, October 1, 2020 – September 30, 2021 (FFY 2021)

	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	607	27 days	100	55 days	606	9 days
Residential	225	49 days**	36	4.7 years	--	--
Partial Hospitalization	600	36 visits	140	36 visits	758	6 visits
Home-Based	0	NA	21	15 visits	--	--
Outpatient	1,156	**	29	**	251	NA

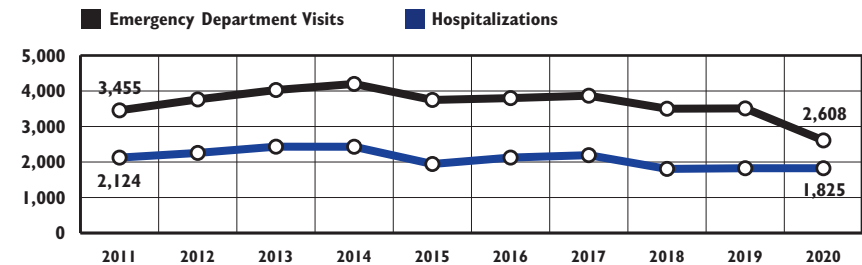
Source: Lifespan, 2020-2021 and Butler Hospital, 2020-2021. Programs can have overlapping enrollment. Number treated is based on the hospital census (i.e., the number of patients seen in any program during FFY 2021). The average length of stay is based on discharges. ** Only total number treated with 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 2021 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 six community-based classrooms/public school partnerships for children with behavioral health problems and developmental disabilities. Together, the programs had an average daily enrollment of 399 students in FFY 2021.²⁶

Emergency Care for Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2011-2020*



Source: Rhode Island Department of Health, Hospital Discharge Database, 2011-2020. *Data are for emergency department visits and hospitalizations, not children. Children may visit emergency department or be hospitalized more than once. *Emergency department counts include all visits regardless of outcome and are not comparable to previous Factbooks. Note: Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th classification to the 10th classification, which may impact comparability across the years.

◆ In 2020, there were 2,608 emergency department visits and 1,825 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 2016 and 2020, there were 2,356 emergency department visits and 1,236 hospitalizations of youth ages 13-19 due to suicide and 13 children ages 15 to 19 died due to suicide.^{30,31}

Covid Impact on Youth Mental Health

◆ While mental health challenges for youth existed before the COVID-19 pandemic, there has been an increase in anxiety and depression among youth, especially among young Children of Color and LGBTQ+ youth since 2020.³² Kids' Link RI, a critical program during the COVID-19 pandemic, 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. In FY 2021, there were 9,702 calls to Kids' Link RI, doubling the calls received in FY 2019 (4,849).³³

(References are on page 180)

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 22% of children in Rhode Island have at least one special health care need.¹ Children with special health care needs (CSHCN) can have impairments of varying degrees in physical, developmental, emotional, and/or behavioral functioning.² In 2020, 51% of parents with young children in Rhode Island and 37% of parents nationally reported completing a developmental screening.³ In Rhode Island, 15% of CSHCN have “more complex health needs”, compared to 14% of CSHCN in the U.S. Nationally, commonly reported health needs among CSHCN include ADHD, behavioral challenges, asthma, learning disabilities, anxiety, developmental delays, and other health conditions.⁴ The COVID-19 pandemic disproportionately affected

children with special needs, including an increased risk of severe illness or death, disruptions in specialized services, loss of in person instruction, and barriers to effective remote learning.⁵

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

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

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



Children Enrolled in Early Intervention

- ◆ States are required by the federal *Individuals with Disabilities Education Act (IDEA) Part C* to identify and provide appropriate Early Intervention (EI) services to all infants and toddlers under age three who have developmental delays or have a diagnosed physical or mental condition that is associated with a developmental delay.¹³
- ◆ As of June 30, 2021, nine certified EI provider agencies served 2,102 children in Rhode Island. Nearly two-thirds (62%) of those children receiving EI services were male and just over one-third (38%) were female. Of these children, 56% were white, 32% were Hispanic, 7% were Black, 3% were Multiracial, 2% were Asian, and <1% were American Indian or Alaska Native.¹⁴



Children Enrolled in Special Education

- ◆ Under *IDEA Part B*, local school systems are responsible for identifying, evaluating, and serving students ages three to 21 who have disabilities that might require special education and related services.¹⁵
- ◆ As of June 30, 2021, in Rhode Island, there were 2,597 children ages three to five who received preschool special education services.¹⁶
- ◆ In Rhode Island as of June 2021, 21,697 students in public schools in grades K-12 received special education services (16% 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 2021, 65% of the 1,027 children who reached age three while in EI were determined to be eligible for preschool special education, 16% were found not eligible, and 13% did not have eligibility determined when exiting EI. The remainder completed their service plan prior to reaching the maximum age for EI, moved out of state, withdrew, or were otherwise unreachable for follow-up.¹⁸

Children with Special Needs

Medical Assistance for Children With Special Health Care Needs

◆ As of December 31, 2021, there were 4,308 Rhode Island children and youth under age 19 receiving Medical Assistance benefits through their enrollment in the federal SSI program.^{19,20}

◆ In Rhode Island, the Katie Beckett eligibility provision provides Medical Assistance coverage to children under age 19 who have serious disabling conditions, to enable them to be cared for at home instead of in an institution.²¹ As of December 31, 2021, there were 819 Rhode Island children enrolled through the Katie Beckett provision, a decline of 54% from the peak enrollment of 1,770 in 2007.^{22,23}

◆ Children with special health care needs have a variety of coverage options under Medicaid. Medicaid coverage also provides access to the Early and Periodic Screening, Diagnostic, and Treatment benefit, which requires that children receive all the services they need.^{24,25}

Children With Special Needs in the Child Welfare System

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

◆ As of December 31, 2021, 2,033 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 86% of all eligible former foster youth were enrolled in Medicaid coverage as of December 31, 2021.³⁰

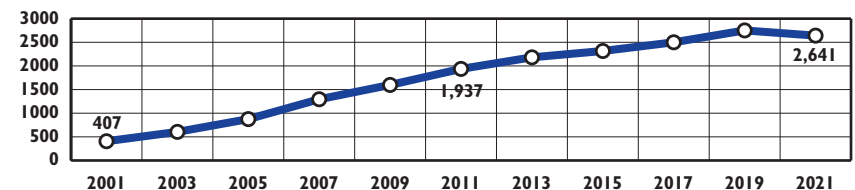
◆ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for Medical Assistance coverage.³¹ As of December 31, 2021, 3,001 children were enrolled in Medical Assistance because of special needs adoptions.³²

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 23.0 per 1,000 children. ASD prevalence is significantly higher among boys (36.5 per 1,000 boys) than girls (8.8 per 1,000 girls). ASD prevalence is similar among Hispanic children, non-Hispanic Black children, Asian/Pacific Islander children, and non-Hispanic white children (22.5, 22.3, 22.2, and 21.2 per 1,000 children, respectively).³⁴

Children Ages Three to 21 With Autism Spectrum Disorder (ASD), Rhode Island, June 2001 – June 2021



Source: Rhode Island Department of Education, June 2001– June 2021. Numbers include parentally-placed students.

◆ In June 2021, there were 2,641 Rhode Island children ages three to 21 with ASD who received special education services.³⁵ The increase in number of children with ASD has been attributed, in part, to improved awareness and better screening and evaluation tools, as well as the broadening of the definition of ASD.³⁶ Early and appropriate identification and sustained interventions by skilled professionals can result in improvements in the levels of independent functioning of children and youth with ASD.^{37,38}

References

¹ Child and Adolescent Health Measurement Initiative. (n.d.). *2019-2020 National Survey of Children's Health: Children with special health care needs*. Retrieved March 16, 2022, from childhealthdata.org

² Health Resources & Services Administration, Maternal and Child Health Bureau. (2021). *Children and youth with special health care needs*. Retrieved March 16, 2022, from mchb.hrsa.gov

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Babies Born

DEFINITION

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

SIGNIFICANCE

Births have been declining for most of the past decade, both nationally and in Rhode Island. In 2020, the U.S. general fertility rate hit a record low at 56.0 births per 1,000 women ages 15 to 44, and Rhode Island has the fifth lowest fertility rate among states (48.7 births per 1,000 women ages 15 to 44). The decline in the fertility rate is due to women delaying childbearing, as well as having fewer total children.^{1,2}

Nationally, fertility rates have declined across all racial and ethnic groups; however, Black and Hispanic women have higher fertility rates than Asian and white women.^{3,4} Fertility rates, as well as immigration, an increase in multiracial marriages, and differences in the proportion of women of childbearing age among racial and ethnic groups has led to an increasingly diverse child population, both in Rhode Island and nationally.⁵ In 2019 in Rhode Island, 44% of babies born were Babies of Color.⁶

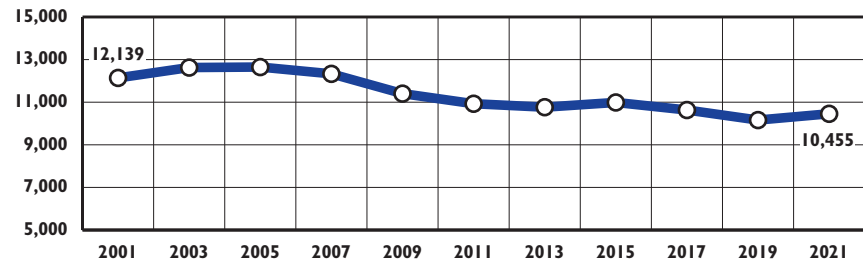
One factor that contributes to the decision to have a child is the high cost of raising a child in the U.S. A middle-class family spends an average of \$279,000 from birth to age 18. Housing accounts for the largest share of the cost of raising a child, with food as second.

Child care, transportation, health care, and clothing also account for large shares of the cost of raising a child.⁷ Policies such as paid family leave, subsidized housing and child care, universal free Pre-K, and tax credits can help families afford the high cost of raising a child in this country and improve the health and well-being of children.^{8,9}

The basic architecture of the human brain develops during the infant and toddler years. 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. 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.^{10,11,12}

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, exposure to violence, child maltreatment, parental substance use disorders, 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.^{13,14,15}

Rhode Island Births, 2001-2021



Source: Rhode Island Department of Health, Vital Records, Rivers Database 2001-2021. Note: Includes babies born to mothers living in Rhode Island at the time of birth whether the baby was born in Rhode Island or elsewhere.

- ◆ The number of babies born to mothers living in Rhode Island at the time of birth declined from 2005 to 2020, and in 2020 the number of babies born was at the lowest point in a century (10,099) before there was a slight uptick in babies born in 2021 (10,455).^{16,17}
- ◆ The U.S. teen birth rate reached a record low in 2020, with 15.4 births per 1,000 teens ages 15 to 19. Rhode Island had the seventh lowest teen birth rate in the U.S. in 2020, with 9.4 births per 1,000 teens ages 15 to 19.¹⁸

Births by Key Risk Factors, Rhode Island, 2021

- ◆ All babies born in Rhode Island are screened through the Rhode Island Department of Health's Newborn Risk Assessment Program. In 2021, there were 6,431 newborns (65%) who had developmental, socio-economic and/or health factors that potentially put them at risk for later poor outcomes.^{19,20}
- ◆ Of the 9,892 babies born in Rhode Island to Rhode Island women in 2021, 4,059 (41%) had a mother with a documented history of treatment for mental health conditions, 823 (8%) had a mother with a documented history of substance use disorders, and 285 (3%) had a mother with documented involvement in the child welfare system (either as an adult or as a child).²¹

Table 16.

Babies Born, Rhode Island, 2021

CITY/TOWN	# OF BABIES BORN TO FAMILIES WITH MEDICAID/RITECARE	# OF BABIES BORN TO MOTHERS YOUNGER THAN AGE 20	# OF BABIES BORN WHO SCREENED RISK POSITIVE	TOTAL # OF BIRTHS
Barrington	14	*	39	123
Bristol	35	0	73	133
Burrillville	53	*	86	128
Central Falls	249	19	272	305
Charlestown	17	0	34	60
Coventry	73	*	151	285
Cranston	296	15	454	762
Cumberland	72	5	147	298
East Greenwich	10	0	45	128
East Providence	142	9	267	448
Exeter	14	*	20	40
Foster	8	0	19	44
Glocester	19	0	33	63
Hopkinton	21	0	40	74
Jamestown	6	0	11	28
Johnston	106	*	166	281
Lincoln	57	*	102	181
Little Compton	7	0	7	15
Middletown	34	0	65	141
Narragansett	19	0	30	53
New Shoreham	4	0	5	6
Newport	87	7	112	189
North Kingstown	48	*	107	225
North Providence	144	*	210	324
North Smithfield	19	0	38	88
Pawtucket	445	25	586	759
Portsmouth	21	*	57	119
Providence	1,561	123	1,774	2,276
Richmond	12	*	35	70
Scituate	18	0	53	94
Smithfield	30	0	72	143
South Kingstown	44	*	90	170
Tiverton	24	*	38	71
Warren	31	0	44	75
Warwick	204	9	423	730
West Greenwich	11	0	30	66
West Warwick	134	15	215	279
Westerly	59	*	88	151
Woonsocket	336	27	393	467
Four Core Cities	2,591	194	3,025	3,807
Remainder of State	1,893	88	3,406	6,085
Rhode Island	4,484	282	6,431	9,892

Source of Data for Table/Methodology

Rhode Island Department of Health, KIDSNET Database, 2021. Birth data from 2021 are provisional. Data include only babies born in Rhode Island to Rhode Island residents.

*Data for cities and towns with fewer than five babies are suppressed by the Rhode Island Department of Health due to the policy regarding sensitive reproductive health information of a potentially socially-stigmatizing age group. These births are still counted in the remainder of state and state totals.

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

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

References

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- ² Kearney, M. S., & Levine, P. (2021). *Will births in the US rebound? Probably not*. Retrieved April 7, 2022, from www.brookings.edu
- ⁴ Population Reference Bureau. (n.d.). *Why is the U.S. birth rate declining?* Retrieved April 7, 2022, from www.prb.org
- ⁵ Frey, W. H. (2021). *New 2020 census results show increased diversity countering decades-long declines in America's white and youth populations*. Retrieved April 12, 2022, from www.brookings.edu
- ⁶ The Annie E. Casey Foundation KIDS COUNT Data Center, datacenter.kidscount.org
- ⁷ Parker, T. (2022). *The cost of raising a child in the United States*. Retrieved April 7, 2022, from www.investopedia.com
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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

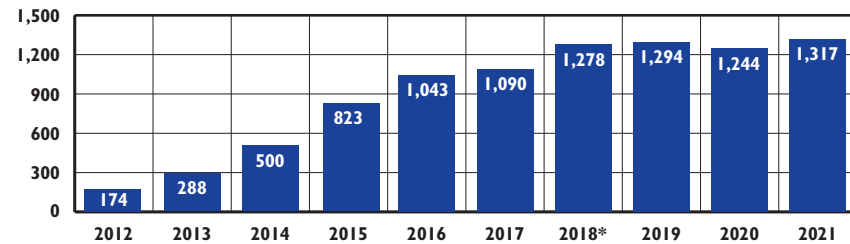
Parents are the most important individuals in a child's life, particularly during infancy and early childhood. Infants and toddlers who receive responsive, nurturing care and are provided with opportunities to learn have a strong foundation for success. When parents face obstacles that impact their ability 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 2021, there were 22 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, 2012-2021



Source: Rhode Island Department of Health, Family Home Visiting, Family Visiting Database, October 2012-2021. *Beginning in 2018, enrolled families includes all families participating in Parents as Teachers programs, including those without MIECHV funding.

◆ As of October 2021, of the 1,317 families participating in evidence-based home visiting programs 10% had mothers under age 20, 68% had mothers ages 20 to 24, and 22% had mothers ages 25 or older at enrollment. At the time of enrollment, 59% of mothers were single, 31% were married, 5% were divorced, separated, or widowed, and 4% had an unknown marital status. Among the enrolled children, 9% were not born yet, 84% were under age one, 4% were age one, 2% were age two, <1% were age three, and none were age four. Forty-five percent of enrolled children were white, 18% were Black, 6% were Multiracial, 2% were Asian, 1% were Native American, 1% were Native Hawaiian or other Pacific Islander, and 28% were of an unknown race or declined to answer. Within these race categories, 49% 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 2021 in Rhode Island, there were 241 children and pregnant women 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 2021, there were 2,102 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 2021, 3,391 children received at least one First Connections home visit (55% lived in one of the four core cities and 45% in the remainder of the state).¹⁷

Evidence-Based Family Home Visiting

Table 17.

Evidence Based Family Home Visiting, Rhode Island, 2021

CITY/TOWN	COMMUNITY CONTEXT, 2021			# RECEIVED FIRST CONNECTIONS VISIT IN 2021	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2021			
	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	123	39	14	13	2	0	1	3
Bristol	133	73	36	16	5	0	29	34
Burrillville	128	86	53	16	2	0	0	2
Central Falls	305	272	250	119	58	27	20	105
Charlestown	60	34	17	22	5	1	4	10
Coventry	285	151	73	81	15	0	5	20
Cranston	762	454	296	297	39	6	23	68
Cumberland	298	147	72	21	13	0	2	15
East Greenwich	128	45	10	22	2	1	1	4
East Providence	448	267	142	68	11	2	11	24
Exeter	40	20	14	10	2	0	2	4
Foster	44	19	8	1	2	0	0	2
Gloicester	63	33	19	7	0	0	0	0
Hopkinton	74	40	21	15	2	0	5	7
Jamestown	28	11	7	6	0	0	1	1
Johnston	281	166	106	46	7	2	6	15
Lincoln	181	102	57	36	3	1	4	8
Little Compton	15	7	7	3	1	0	0	1
Middletown	141	65	34	30	6	0	7	13
Narragansett	53	30	19	21	2	0	3	5
New Shoreham	6	5	4	3	0	0	3	3
Newport	189	112	87	62	19	0	9	28
North Kingstown	225	107	48	72	4	3	15	22
North Providence	324	210	144	65	7	3	6	16
North Smithfield	88	38	19	7	0	0	1	1
Pawtucket	759	586	445	230	99	34	43	176
Portsmouth	119	57	21	28	8	0	6	14
Providence	2,276	1,774	1,567	1,404	254	61	137	452
Richmond	70	35	12	24	1	0	0	1
Scituate	94	53	18	10	1	0	0	1
Smithfield	143	72	30	17	0	0	2	2
South Kingstown	170	90	45	64	12	0	3	15
Tiverton	71	38	24	10	6	0	1	7
Warren	75	44	31	7	4	0	8	12
Warwick	730	423	204	211	29	3	17	49
West Greenwich	66	30	11	8	2	1	1	4
West Warwick	279	215	134	133	23	4	8	35
Westerly	151	88	59	63	8	0	37	45
Woonsocket	467	393	337	121	49	4	37	90
Unknown	0	0	0	2	3	0	0	3
Four Core Cities	3,807	3,025	2,599	1,874	460	126	237	823
Remainder of State	6,085	3,406	1,896	1,515	243	27	221	491
Rhode Island	9,892	6,431	4,495	3,391	706	153	458	1,317

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/RtCare) or no insurance. Birth data includes babies born in Rhode Island to Rhode Island residents.

*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 181)

Women with Delayed Prenatal Care

DEFINITION

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

SIGNIFICANCE

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

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

Early prenatal care is especially important for women who face multiple risks for poor birth outcomes, as is ensuring access to health care services before pregnancy. Effective monitoring

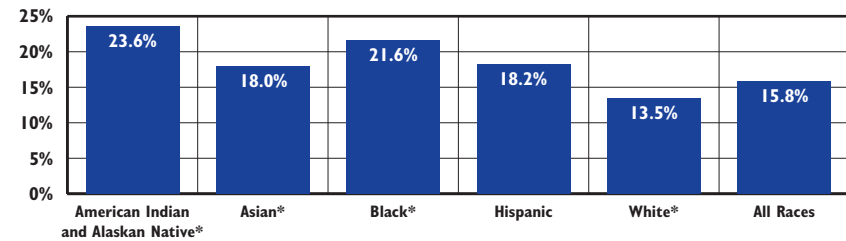
and treatment of chronic disease, providing health education, implementing and enhancing Medicaid policies, improving health insurance coverage, and ensuring access to culturally and linguistically competent health providers can improve prenatal care for women of childbearing age.^{5,6}

Barriers to prenatal care include not knowing one is pregnant, not being able to get an appointment or start care when desired, lack of transportation or child care, inability to get time off work, and financial constraints (including lack of insurance or money to pay for 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 2016 and 2020, 15.0% of women who gave birth did not begin care until the second or third trimester if at all. 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, 2016-2020



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020. * Race categories are non-Hispanic.

◆ Between 2016 and 2020 in Rhode Island, American Indian and Alaskan Native (23.6%), Black women (21.6%), Hispanic women (18.2%), and Asian women (18.0%) were more likely to receive delayed prenatal care than white women (13.5%).¹⁰

◆ Between 2016 and 2020 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 (18.9% compared to 12.7%). One in five (20.0%) 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 2016 and 2020, pregnant women with health coverage through RItE Care (Rhode Island's Medicaid managed care health program) were much less likely (20.2%) to receive delayed prenatal care than women who were uninsured (39.3%). Pregnant women with private insurance coverage were the least likely to receive delayed prenatal care (11.5%) 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

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 (SMM) is defined as unintended outcomes of labor and delivery that result in significant consequences to a woman's health.²²

◆ In 2020, the Rhode Island severe maternal morbidity rate was 89 per 10,000 delivery hospitalizations down from 122 per 10,000 in 2019. Black (155 per 10,000) and Hispanic (106 per 10,000) women all had higher rates of maternal morbidity than white women (86 per 10,000) in 2020. The definition of SMM now excludes blood transfusions, so this data is not comparable to previous years.²³

Table 18. Delayed Prenatal Care, Rhode Island, 2016-2020

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	526	75	14.3
Bristol	660	91	13.8
Burrillville	574	82	14.3
Central Falls	1,448	303	20.9
Charlestown	261	20	7.7^
Coventry	1,438	163	11.3
Cranston	3,695	597	16.2
Cumberland	1,604	210	13.1
East Greenwich	521	55	10.6
East Providence	2,131	307	14.4
Exeter	234	20	8.5^
Foster	179	21	11.7^
Glocester	326	52	16.0
Hopkinton	319	30	9.4
Jamestown	122	10	*
Johnston	1,249	170	13.6
Lincoln	858	122	14.2
Little Compton	70	10	14.3^
Middletown	769	82	10.7
Narragansett	256	23	9.0
New Shoreham	33	8	*
Newport	1,117	144	12.9
North Kingstown	1,050	119	11.3
North Providence	1,474	217	14.7
North Smithfield	426	72	16.9
Pawtucket	4,298	826	19.2
Portsmouth	644	67	10.4
Providence	11,351	2,294	20.2
Richmond	284	33	11.6
Scituate	414	73	17.6
Smithfield	705	105	14.9
South Kingstown	826	81	9.8
Tiverton	542	76	14.0
Warren	382	55	14.4
Warwick	3,485	417	12.0
West Greenwich	216	28	13.0
West Warwick	1,497	194	13.0
Westerly	923	93	10.1
Woonsocket	2,480	485	19.6
Unknown**	147	19	12.9^
Four Core Cities	19,577	3,908	20.0
Remainder of State	29,810	3,922	13.2
Rhode Island	49,534	7,849	15.8

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020.

The denominator is the total number of live births to Rhode Island residents from 2016-2020.

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

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

**Unknown: Specific city/town information unavailable

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

Due to birth certificate changes that began in 2015, comparisons with previous years should be made with caution. Delayed prenatal care is now a calculated variable that is based on the number of visits over 90 days (3 months). "No prenatal care" is not broken out.

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(continued on page 181)

Preterm Births

DEFINITION

Preterm births is the percentage of births occurring before the 37th week of pregnancy. The data are reported by place of mother's residence, not place of infant's birth.

SIGNIFICANCE

Preterm birth is a major determinant of infant mortality and morbidity in the U.S. Infants born before 37 weeks gestation are at higher risk than full-term infants for neurodevelopmental, respiratory, gastrointestinal, immune system, central nervous system, hearing, dental, and vision problems. Children who were born preterm may experience physical disabilities, learning difficulties, and behavioral problems later in life.^{1,2,3}

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, more and longer hospitalizations, 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 declined between 2019 and 2020, from 10.23% to 10.09%. This is the first decline since 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 2020. Hispanic women had a preterm birth rate of 9.8% in 2020 and non-Hispanic white women had a rate of 9.1%. The rate decreased for each group between 2019 and 2020.^{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

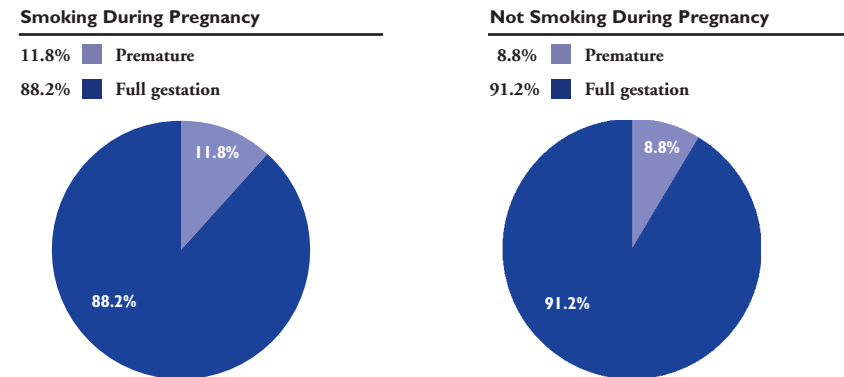
Preterm Births		
	2010	2020
RI	10.8%	9.1%
US	12.0%	10.1%
National Rank*		7th
New England Rank**		4th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: For 2010: Martin, J. A., et al. (2012). Births: Final data for 2010. *NVSR*, 61(1), 1-19. For 2020: Martin, J. A., et al. (2022). Births: Final data for 2020. *NVSR*, 70(17), 1-19.

Preterm Births by Smoking Status, Rhode Island, 2016-2020



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020. *See note regarding new methodology for calculating preterm births, starting with the 2016 *Factbook*.

◆ Between 2016 and 2020, 72.1% of all preterm births in Rhode Island were late preterm births (34-36 weeks gestation), and 16.3% of all preterm births were very preterm (<32 weeks gestation).¹³

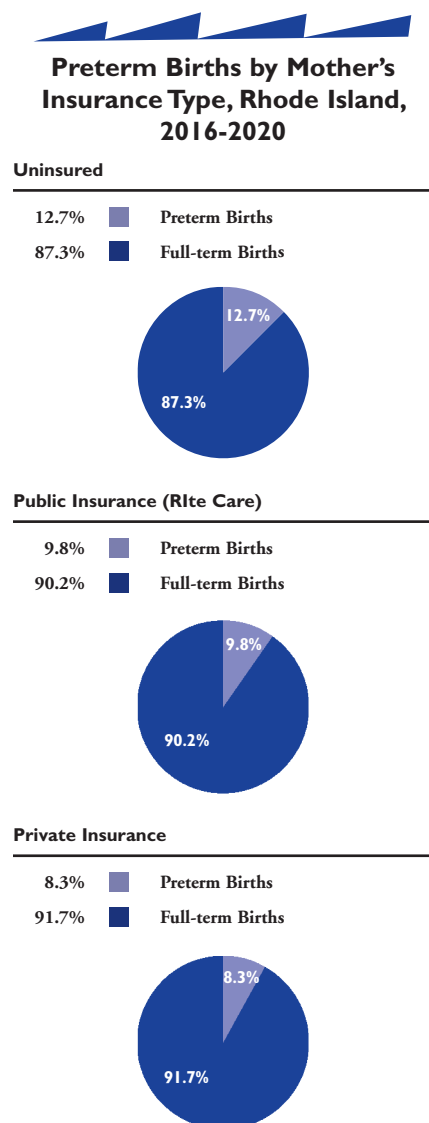
◆ Multiple births are more likely to be born preterm. In Rhode Island between 2016 and 2020, 60.3% of multiple births were preterm, compared with 7.1% of singleton births.¹⁴

◆ Between 2016 and 2020, 13.1% of births of non-Hispanic Native American and 11.2% of births of Non-Hispanic Black infants in Rhode Island were preterm, compared with 8.1% of non-Hispanic Asian and 8.2% of non-Hispanic white infants. During this same time, 9.7% of births to Hispanic women in Rhode Island were preterm.¹⁵

◆ In Rhode Island between 2016 and 2020, 9.9% of births to women with a high school degree or less were preterm, compared with 8.4% of those with higher education levels.¹⁶

◆ Social determinants of health, including poverty, racism, and access to care are important factors in preterm birth disparities.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



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

Table 19.

Preterm Births, Rhode Island, 2016-2020

CITY/TOWN	# BIRTHS	# PRETERM BIRTHS	% PRETERM BIRTHS
Barrington	549	40	7.3%
Bristol	681	58	8.5%
Burrillville	631	55	8.7%
Central Falls	1,561	168	10.8%
Charlestown	267	37	13.9%
Coventry	1,488	110	7.4%
Cranston	3,840	348	9.1%
Cumberland	1,713	123	7.2%
East Greenwich	543	47	8.7%
East Providence	2,256	172	7.6%
Exeter	243	22	9.1%
Foster	185	16	8.6%^
Glocester	344	23	6.7%
Hopkinton	330	22	6.7%^
Jamestown	124	8	*
Johnston	1,309	124	9.5%
Lincoln	898	78	8.7%
Little Compton	76	5	*
Middletown	794	63	7.9%
Narragansett	265	24	9.1%^
New Shoreham	34	5	*
Newport	1,174	89	7.6%
North Kingstown	1,085	96	8.8%
North Providence	1,540	144	9.4%
North Smithfield	471	40	8.5%
Pawtucket	4,594	449	9.8%
Portsmouth	660	45	6.8%
Providence	11,983	1,179	9.8%
Richmond	295	29	9.8%
Scituate	430	35	8.1%
Smithfield	726	53	7.3%
South Kingstown	849	80	9.4%
Tiverton	563	46	8.2%
Warren	398	35	8.8%
Warwick	3,627	310	8.5%
West Greenwich	227	15	6.6%^
West Warwick	1,575	137	8.7%
Westerly	949	70	7.4%
Woonsocket	2,734	266	9.7%
Unknown	157	12	*
Four Core Cities	20,872	2,062	9.9%
Remainder of State	31,296	2,616	8.4%
Rhode Island	52,168	4,678	9.0%

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020.

The denominator is the total number of live births to Rhode Island residents from 2016-2020.

*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 2016-2020 five-year preterm birth percentage and the single year average are measured by OE. Because of this change, preterm birth data reported prior to the 2016 Factbook are not comparable. National preterm birth data use the OE measurement as of the 2007 data year at the time of publication of this Factbook.

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

References

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(continued on page 181)

Low Birthweight Infants

DEFINITION

Low birthweight infants is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces). The data are reported by place of mother's residence, not place of infant's birth.

SIGNIFICANCE

An infant's birthweight is a key indicator of newborn health. Infants born weighing less than 5 pounds, 8 ounces are at greater risk for physical and developmental problems than infants of normal weights. Factors that influence infant birthweight include maternal smoking, poverty, level of educational attainment, infections, exposure to violence, stress, prenatal nutrition, and environmental hazards.^{1,2,3}

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

Cigarette smoking during pregnancy is a leading cause of low birthweight.^{5,6} In Rhode Island between 2016 and 2020, 5.5% of births were to mothers who smoked during their pregnancy. During that time, Rhode Island smokers (13.7%) 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}

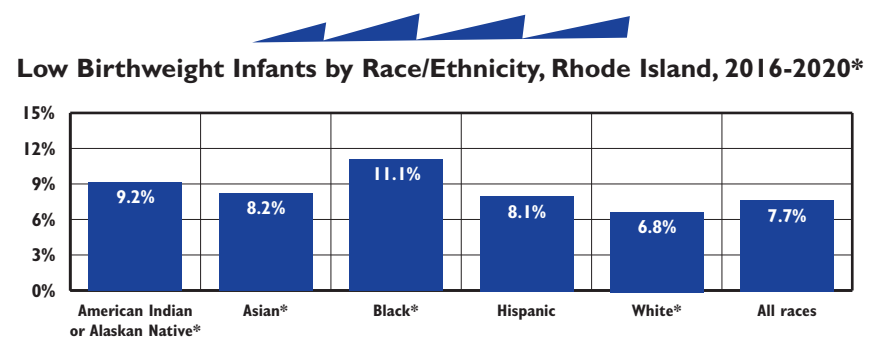
In the U.S. in 2020, 8.2% of infants were born at low birthweight, which is a slight increase from 8.1% in 2010. In Rhode Island in 2020, 7.7% of Rhode Island's infants were born at low birthweight, which is the same as in 2010.^{11,12} The *Healthy People 2020* national target was 7.8%, which was not met.¹³

Low Birthweight Infants		
	2010	2020
RI	7.7%	7.7%
US	8.1%	8.2%
National Rank*		17th
New England Rank**		5th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: For 2010: Martin, J. A., et al. (2012). Births: Final data for 2010. *National Vital Statistics Reports*, 61(1), 1-70. For 2020: Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Drake, P. (2022). Births: Final data for 2020. *National Vital Statistics Reports*, 70(17), 1-43.



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020. * Race categories are non-Hispanic.

◆ There are racial and ethnic disparities in rates of low birthweight.¹⁴ In Rhode Island between 2016 and 2020, 9.2% of American Indian and Alaskan Native infants, 8.2% of Asian infants, 11.1% of Black infants, and 8.1% of Hispanic infants, were born at low birthweight, compared to 6.8% of white infants.¹⁵

◆ Factors that persist throughout Women of Color's lives, such as increased stress, income inequality, insufficient health care, toxic environmental exposures, lack of safe and affordable housing, and/or discrimination, have been shown to increase the likelihood of delivering a low birthweight baby.^{16,17}

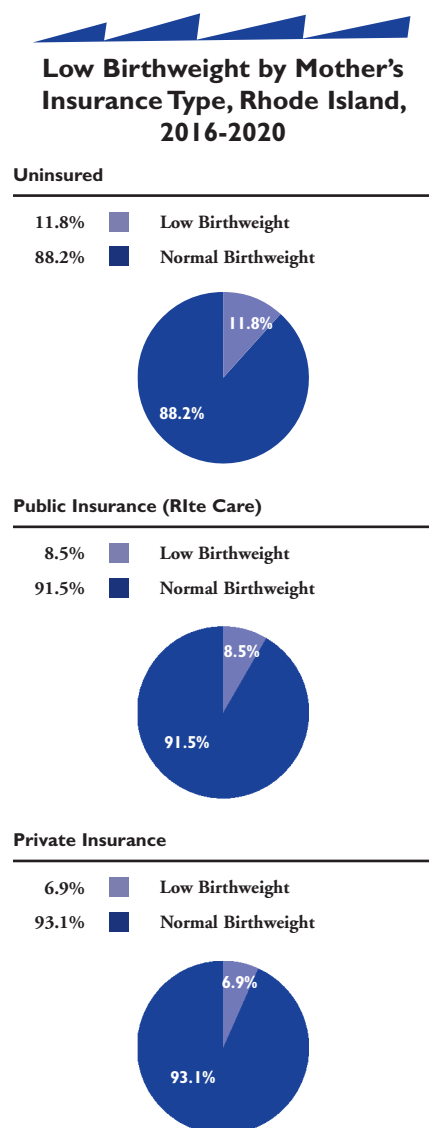
◆ Between 2016 and 2020 in Rhode Island, 9.1% of births among women under age 20 were low birthweight compared to 7.5% of those over age 20; 8.8% of infants born to women living in the four core cities were low birthweight compared to 6.9% in the remainder of the state; and 8.8% of infants born to women 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 domestic violence; as well as health issues during their pregnancy (such as high blood pressure or hypertension) than those with a normal weight baby.^{19,20}

◆ Between 2016 and 2020 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 Infants

Table 20. Low Birthweight Infants, Rhode Island, 2016-2020



Source: Rhode Island Department of Health, Center for Health Data and Analysis. Maternal and Child Health Database, 2016-2020. Data for births in 2020 are provisional.

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	549	36	6.6
Bristol	681	44	6.5
Burrillville	631	38	6.0
Central Falls	1,561	132	8.5
Charlestown	267	22	8.2^
Coventry	1,488	92	6.2
Cranston	3,840	287	7.5
Cumberland	1,713	106	6.2
East Greenwich	543	34	6.3
East Providence	2,256	159	7.0
Exeter	243	14	5.8^
Foster	185	14	7.6^
Glocester	344	19	5.5^
Hopkinton	330	19	5.8^
Jamestown	124	8	*
Johnston	1,309	104	7.9
Lincoln	898	58	6.5
Little Compton	76	2	*
Middletown	794	63	7.9
Narragansett	265	23	8.7
New Shoreham	34	3	*
Newport	1,174	89	7.6
North Kingstown	1,085	69	6.4
North Providence	1,540	131	8.5
North Smithfield	471	31	6.6
Pawtucket	4,594	416	9.1
Portsmouth	660	36	5.5
Providence	11,983	1,053	8.8
Richmond	295	18	6.1^
Scituate	430	26	6.0
Smithfield	726	40	5.5
South Kingstown	849	54	6.4
Tiverton	563	42	7.5
Warren	398	24	6.0
Warwick	3,627	244	6.7
West Greenwich	227	18	7.9^
West Warwick	1,575	119	7.6
Westerly	949	67	7.1
Woonsocket	2,734	233	8.5
Unknown	157	10	*
Four Core Cities	20,872	1,834	8.8
Remainder of State	31,139	2,153	6.9
Rhode Island	52,168	3,997	7.7

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020.

The denominator is the total number of live births to Rhode Island residents between 2016 and 2020.

*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 2021 KIDS COUNT data book: State trends in child well-being. (2021). Baltimore, MD: The Annie E. Casey Foundation.
- ^{2,4,10} March of Dimes. (2021). *Low birthweight*. Retrieved April 6, 2022, from marchofdimes.org
- ³ Gage, T. B., Fang, F., O'Neill, E., & DiRienzo, G. (2013). Maternal education, birth weight, and infant mortality in the United States. *Demography* 50(2), 615-635.
- ⁵ Healthy Children (2019). *Where we stand: Smoking during pregnancy*. Retrieved April 6, 2022, from www.healthychildren.org
- ⁶ Centers for Disease Control and Prevention. (2020). *Tobacco use and pregnancy*. Retrieved February 25, 2022, from cdc.gov
- ^{7,15,18,19,21} Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020.
- ⁸ American Psychological Association. (2017). *Low birth weight babies at higher risk for mental health problems later in life*. [Press release]. Retrieved February 25, 2022, from www.apa.org
- ⁹ Ely, D. M. & Driscoll, A. K. (2021). Infant mortality in the United States, 2019: Data from the period linked birth/infant death file. *National Vital Statistics Reports*, 70(14), 1-12.

(continued on page 182)

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 2019, the five main causes of infant death in the U.S. were congenital malformations, low birthweight, unintentional injuries, sudden infant death syndrome (SIDS), and maternal complications. Unintentional injuries now rank third and maternal complications rank fifth, exchanging rankings since 2018.³ While infant mortality has declined nationally across all racial and ethnic groups, disparities remain. Nationally in 2019, the non-Hispanic Black infant mortality rate was 10.6 deaths per 1,000 births, the Native Hawaiian or other Pacific Islander rate was 8.2, the American Indian/Alaska Native rate was 7.9, the Hispanic rate was 5.0, the non-Hispanic white rate was 4.5, and the Asian rate was 3.4.⁴

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 2016 and 2020 was 4.4 deaths per 1,000 live births. The infant mortality rate was 5.5 per 1,000 live births in the four core cities, compared with 3.5 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 (4.9 per 1,000 live births) than mothers with higher educational attainment (2.7 per 1,000 live births) between 2016 and 2020.¹⁰

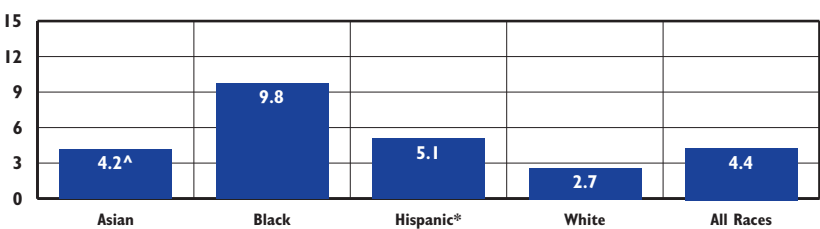
Infant Mortality Rate (rate per 1,000 live births)		
	2010	2020
RI	7.1	4.2
US	6.1	5.4
National Rank*	5 th	
New England Rank**	2 nd	

*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, 2016-2020



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020. [^]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 2016 and 2020, the Black infant mortality rate was 9.8 deaths per 1,000 live births, which is more than three times the white infant mortality rate of 2.7 deaths per 1,000 live births.¹²
- ◆ Between 2016 and 2020, 227 infants died in Rhode Island before their first birthday, a rate of 4.4 per 1,000 live births. Between 2016 and 2020, 69% of infants who died were low birthweight (less than 2,500 grams) and 27% were born at normal weights.¹³
- ◆ Preterm birth is the leading cause of infant death in Rhode Island.¹⁴ Between 2016 and 2020, 69% (157) of all infant deaths were preterm (born before the 37th week of pregnancy).¹⁵
- ◆ Of the 227 infant deaths between 2016 and 2020 in Rhode Island, 72% (164) 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 2016 and 2020, 28% (63) of the 227 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 2021, there were 1,317 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, 2016-2020

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
Barrington	549	0	0.0
Bristol	681	1	*
Burrillville	631	2	*
Central Falls	1,561	6	*
Charlestown	267	2	*
Coventry	1,488	4	*
Cranston	3,840	14	3.6^
Cumberland	1,713	5	*
East Greenwich	543	2	*
East Providence	2,256	13	5.8^
Exeter	243	0	0.0
Foster	185	0	0.0
Glocester	344	0	0.0
Hopkinton	330	3	*
Jamestown	124	0	0.0
Johnston	1,309	6	*
Lincoln	898	2	*
Little Compton	76	0	0.0
Middletown	794	6	*
Narragansett	265	1	*
New Shoreham	34	0	0.0
Newport	1,174	5	*
North Kingstown	1,085	1	*
North Providence	1,540	9	*
North Smithfield	471	1	*
Pawtucket	4,594	21	4.6
Portsmouth	660	2	*
Providence	11,983	79	6.6
Richmond	295	1	*
Scituate	430	2	*
Smithfield	726	1	*
South Kingstown	849	0	0.0
Tiverton	563	1	*
Warren	398	0	0.0
Warwick	3,627	14	*
West Greenwich	227	0	0.0
West Warwick	1,575	8	*
Westerly	949	2	*
Woonsocket	2,734	9	*
Unknown**	157	4	*
Four Core Cities	20,872	115	5.5
Remainder of State	31,139	108	3.5
Rhode Island	52,168	227	4.4

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020.

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

** Unknown/Missing: Deaths were to Rhode Island residents, but specific city/town information was unavailable. Includes 4 infant deaths that did not link to birth certificate.

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

References

¹ Federal Interagency Forum on Child and Family Statistics. (2021). *America's children: Key national indicators of well-being, 2021*. Washington, DC: U.S. Government Printing Office.

² Centers for Disease Control and Prevention. (n.d.). *Infant mortality*. Retrieved March 18, 2022, from www.cdc.gov

³ Kochanek, K. D., Xu, J., & Arias, E. (2020). Mortality in the United States, 2019. *NCHS Data Brief*, 395, 1-7.

⁴ Ely D. M., & Driscoll A. K. (2021). Infant mortality in the United States, 2019: Data from the period linked birth/infant death file. *National Vital Statistics Reports*, 70(14), 1-18.

⁵ MacDorman, M. F. & Rosenberg, H. M. (1993). Trends in infant mortality by cause of death and other characteristics, 1960-88. *National Vital Statistics Reports*, 20(20), 1-51.

⁶ The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

^{7,8} *Child health USA 2014*. (2015). Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration.

^{9,10,12,13,15,16,18} Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020.

(continued on page 182)

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, stronger immune systems, and reduced risk for Sudden Infant Death Syndrome and chronic conditions such as asthma, obesity, type 1 diabetes, and ear infections. Breastfeeding benefits mothers by creating a strong bond with infants and decreasing risk for postpartum depression, type 2 diabetes, and hypertension. Breastfeeding provides significant social and economic benefits, including reduced cost to the family, reduced health care costs, and reduced employee absenteeism.^{4,5,6}

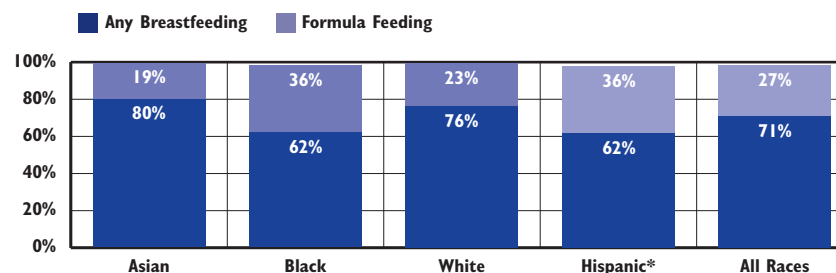
Breastfeeding can be effectively promoted by hospital and other birth facility policies and practices that take

place before, during, and after labor and delivery, including access to professional lactation consultants and involvement in community breastfeeding support networks.⁷ In 2015, Women & Infants Hospital became the second-largest hospital in the U.S. to achieve the “Baby-Friendly” designation, which recognizes breastfeeding support and promotion by birth facilities.⁸ There are now four Baby-Friendly hospitals in Rhode Island: Kent Hospital, Newport Hospital, South County Hospital, and Women & Infants Hospital.⁹

Breastfeeding rates generally increase with higher educational attainment and higher income levels.¹⁰ Whether the pregnancy was intentional or not also affects rate of breastfeeding. In Rhode Island between 2018-2020, 8.4% of babies from intended pregnancies were not breastfed at all, compared with 13.2% 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% breastfed at any extent 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.¹³ In 2018, Rhode Island reported rates of 85% of infants ever having been breastfed, 54% at six months, and 37% at one year of age.¹⁴

Breastfeeding and Formula Feeding at Birth by Race/Ethnicity, Rhode Island, 2016-2020*



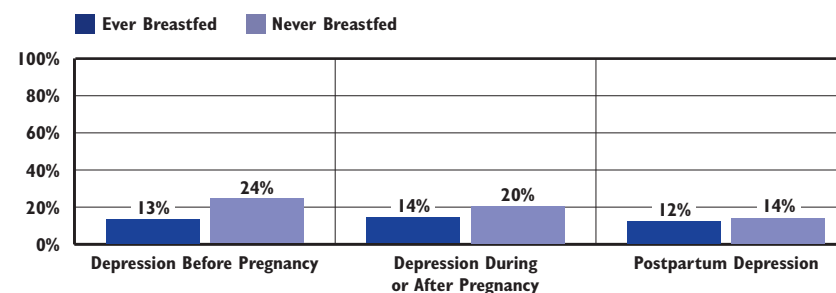
Source: Rhode Island Department of Health, Center for Health Data and Analysis, KIDSNET, 2016-2020.

Breastfeeding and formula feeding are defined as intended feeding method at hospital discharge. *Hispanic infants can be of any race. Totals may not sum to 100% because data on feeding methods were not available for all births.

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 2016 and 2020, 71% of new mothers in Rhode Island indicated that they intended to breastfeed when discharged from the hospital and 27% intended to formula feed.¹⁵ Black and Hispanic infants are less likely to be breastfed than white and Asian infants, due to structural, interpersonal, and cultural barriers that Women of Color face. Structural barriers include lack of support and discrimination from the health care setting, and minimal paid family leave. Interpersonal barriers include lack of family support and inadequate workplace policies for breastfeeding moms.¹⁶

Maternal Depression by Breastfeeding Status, Rhode Island, 2018-2020



Source: Rhode Island Department of Health, Pregnancy Risk Assessment Monitoring System (PRAMS), 2018-2020.

Rhode Island Supports for Breastfeeding

◆ All 50 states have passed legislation that provides mothers with the explicit right to breastfeed in all public or private places.¹⁷ 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.¹⁸

◆ 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 March 2022, Rhode Island had 63 licensed IBCLCs.^{19,20}

◆ 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.²¹ Access to paid leave increases the overall duration of breastfeeding, and the likelihood of breastfeeding for at least six months, compared to mothers with no paid leave.²²

Table 22. Breastfeeding at Time of Birth, Rhode Island, 2016-2020

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER ANY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING
Barrington	529	474	90%
Bristol	618	488	79%
Burrillville	572	423	74%
Central Falls	1,541	890	58%
Charlestown	244	204	84%
Coventry	1,448	1,130	78%
Cranston	3,806	2,751	72%
Cumberland	1,585	1,249	79%
East Greenwich	588	512	87%
East Providence	2,179	1,545	71%
Exeter	238	199	84%
Foster	187	155	83%
Glocester	294	225	77%
Hopkinton	242	193	80%
Jamestown	118	113	96%
Johnston	1,283	907	71%
Lincoln	861	673	78%
Little Compton	46	37	80%
Middletown	750	632	84%
Narragansett	236	208	88%
New Shoreham	35	27	77%
Newport	1,096	865	79%
North Kingstown	1,088	940	86%
North Providence	1,511	1,043	69%
North Smithfield	405	319	79%
Pawtucket	4,328	2,809	65%
Portsmouth	574	503	88%
Providence	11,620	7,200	62%
Richmond	309	266	86%
Scituate	437	363	83%
Smithfield	686	556	81%
South Kingstown	827	729	88%
Tiverton	362	283	78%
Warren	369	260	70%
Warwick	3,517	2,685	76%
West Greenwich	221	182	82%
West Warwick	1,538	1,082	70%
Westerly	706	612	87%
Woonsocket	2,473	1,551	63%
Four Core Cities	19,962	12,450	62%
Remainder of State	29,506	22,833	77%
Rhode Island	49,468	35,283	71%

Sources of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020.

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 American Academy of Pediatrics. (2012). Policy statement: Breastfeeding and the use of human milk. *Pediatrics*, 129(3), 827-841.
- ^{2,19} *Breastfeeding: 2015-2020 Rhode Island strategic plan*. (2015). Providence, RI: Rhode Island Department of Health.
- ^{3,5} Centers for Disease Control and Prevention. (2022). *Frequently asked questions*. Retrieved March 13, 2022, from cdc.gov
- ⁴ *The benefits of breastfeeding for baby & for mom*. (2018). Cleveland, OH: The Cleveland Clinic.
- ⁶ Hauck, K., Miraldo, M., & Singh, S. (2020). Integrating motherhood and employment: A 22-year analysis investigating impacts of US workplace breastfeeding policy. *SSM – Population Health*, 11, 1-10.

(continued on page 182)

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 $\mu\text{g}/\text{dL}$) at any time prior to December 31, 2021.^{1,2} These data are for children eligible to enter kindergarten in the fall of 2023 (i.e., children born between September 1, 2017 and August 31, 2018).

SIGNIFICANCE

Lead poisoning is a preventable childhood disease. Infants, toddlers, and preschool-age children are most susceptible to the toxic effects of lead because they absorb lead more readily than adults and have inherent vulnerability due to developing central nervous systems.³ Lead exposure, even at very low levels, can cause irreversible damage, including slowed growth and development, learning disabilities, behavioral problems, and neurological damage. Though rare, severe poisoning can result in seizures, comas, and even death.^{4,5} The societal costs of childhood lead poisoning include the loss of future earnings due to cognitive impairment, and increased medical, special education, and juvenile justice costs.^{6,7} Children can be exposed to lead in the places they spend the most time. Homes, schools, and child care settings can be contaminated with lead from

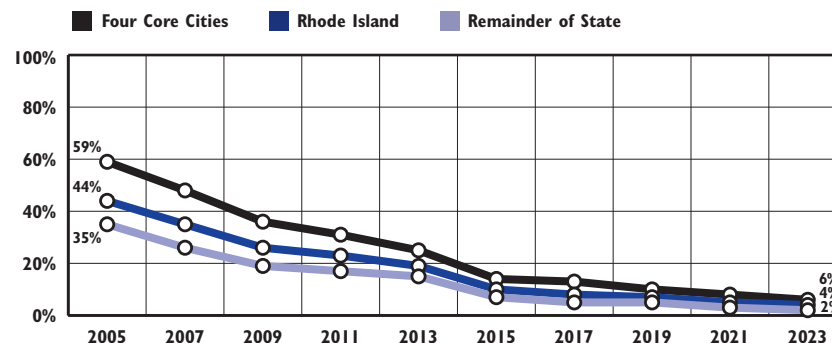
paint or paint dust if built before 1978. Children can also be exposed to lead poisoning through corrosion of lead service lines where the water pipe from a house or building connects to the public water main.⁸

There is no safe lead level in children. In late 2021, the Centers for Disease Control and Prevention lowered the threshold for which a child is considered to have an elevated blood lead level from 5 $\mu\text{g}/\text{dL}$ to 3.5 $\mu\text{g}/\text{dL}$. This new lower reference value will allow 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 2021, 602 (2.7%) of the 22,385 Rhode Island children under age six who were screened had confirmed elevated blood lead levels of ≥ 5 $\mu\text{g}/\text{dL}$. Children living in the four core cities (4.4%) were three times as likely than children in the remainder of the state (1.4%) to have confirmed elevated blood lead levels of ≥ 5 $\mu\text{g}/\text{dL}$.¹⁴

Children Entering Kindergarten with History of Elevated* Blood Lead Level Screening (≥ 5 $\mu\text{g}/\text{dL}$), Rhode Island, Four Core Cities, and Remainder of State, 2005-2023



Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 2005 and 2023. *Elevated blood lead level of ≥ 5 $\mu\text{g}/\text{dL}$.

◆ 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 three times 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 risk 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}

Children with Lead Poisoning

Table 23. Lead Poisoning in Children Entering Kindergarten in the Fall of 2023, Rhode Island

CITY/TOWN	NUMBER TESTED FOR LEAD POISONING	CONFIRMED WITH BLOOD LEAD LEVEL ≥ 5 $\mu\text{g/dL}$	
		NUMBER	PERCENT
Barrington	173	<5	*
Bristol	135	<5	*
Burrillville	123	<5	*
Central Falls	314	25	8.0%
Charlestown	48	0	0.0%
Coventry	290	0	0.0%
Cranston	791	30	3.8%
Cumberland	357	8	2.2%
East Greenwich	149	<5	*
East Providence	515	20	3.9%
Exeter	56	<5	*
Foster	36	0	0.0%
Glocester	57	0	0.0%
Hopkinton	64	0	0.0%
Jamestown	26	0	0.0%
Johnston	267	<5	*
Lincoln	180	<5	*
Little Compton	13	0	0.0%
Middletown	181	<5	*
Narragansett	43	<5	*
New Shoreham	<5	0	0.0%
Newport	238	6	2.5%
North Kingstown	267	<5	*
North Providence	339	<5	*
North Smithfield	97	<5	*
Pawtucket	969	43	4.4%
Portsmouth	175	<5	*
Providence	2,633	174	6.6%
Richmond	57	<5	*
Scituate	100	<5	*
Smithfield	145	<5	*
South Kingstown	166	<5	*
Tiverton	118	<5	*
Warren	110	<5	*
Warwick	742	11	1.5%
West Greenwich	52	0	0.0%
West Warwick	310	5	1.6%
Westerly	157	5	3.2%
Woonsocket	531	24	4.5%
Four Core Cities	4,447	266	6.0%
Remainder of State	6,579	125	1.9%
Rhode Island	11,026	391	3.5%

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 $\mu\text{g/dL}$ has decreased by 78% over the past 16 years, from 349 in 2005 to 76 in 2021.²¹

◆ An environmental inspection of a child's home is offered when a single venous test is ≥ 10 $\mu\text{g/dL}$. 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 2021, 110 environmental inspections were offered, of which 63 were performed, 32 were refused or had no response, and four 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 2021 (the most recent year data are available), 73% of Rhode Island three-year-olds had received at least one blood test, 51% had received at least two blood tests, and 19% were never tested.^{24,25,26}

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 2023 reflect the number of Rhode Island children eligible to enter school in the fall of 2023 (i.e., born between 9/1/17 and 8/31/18).

Children confirmed positive for lead poisoning (blood lead level ≥ 5 $\mu\text{g/dL}$) 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 2021. 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 $\mu\text{g/dL}$ receive a confirmatory venous test.

The denominator for percent confirmed is the number of children entering kindergarten in the fall of 2023 who were tested for lead poisoning. Data include both venous and confirmed capillary tests.

Of the 481 children entering kindergarten in 2023 who had an initial blood lead screen of ≥ 5 $\mu\text{g/dL}$, 128 did not receive a confirmatory second test. Their lead poisoning status is unknown.

*The data are not reported in accordance with the Rhode Island Department of Health's small number data policy.

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

See Methodology Section for more information.

References

^{1,10} Centers for Disease Control and Prevention. (2021). *Blood lead reference value*. Retrieved March 11, 2022, from www.cdc.gov

^{2,24} Rhode Island Department of Health. (n.d.). *Childhood lead poisoning prevention program referral intervention process*. Retrieved March 11, 2022, from <https://health.ri.gov>

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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. 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}

Nationally, asthma is the most common chronic condition among children.⁴ Current asthma prevalence among U.S. children fell from 8.4% in 2015 to 7.0% in 2019. Despite the decline in asthma prevalence, disparities in asthma rates continue to persist. Puerto Rican and non-Hispanic Black children have much higher rates of asthma than non-Hispanic white children. Rates of asthma are also higher among males than females and among

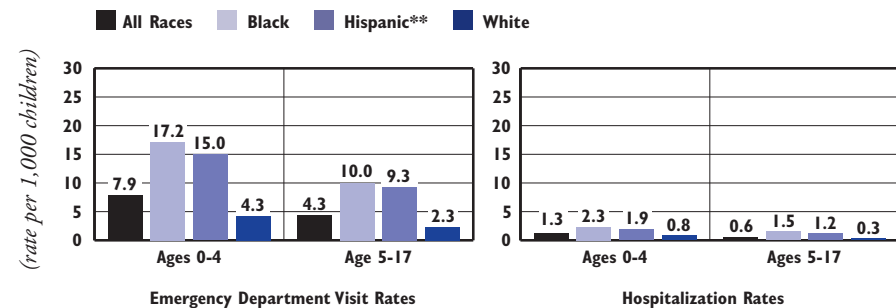
children living in poverty than among children in higher income families.^{5,6,7} Racial and ethnic differences in asthma prevalence are believed to be correlated with poverty, exposure to air pollution, stress, acute exposure to violence, and access to health care.^{8,9}

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

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.^{12,13,14}

In 2018, 69% of middle and high schools in the U.S. 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.¹⁵

Asthma* Emergency Department and Hospitalization Rates, by Age and Race/Ethnicity, Rhode Island Children, 2016-2020*



Source: Rhode Island Department of Health, Emergency Department Visit and Hospital Discharge Data, 2016-2020; U.S. Census Bureau, Census 2010. *Rates are for primary diagnosis of asthma. *Asthma-related emergency department visits and hospitalizations decreased substantially in spring 2020, due to the COVID-19 pandemic. **Hispanic children can be of any race.

◆ In Rhode Island between 2016 and 2020, 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. Diagnosing asthma in infants and toddlers is difficult, and tests are not always accurate for children under age six. A number of childhood conditions can have similar symptoms to those caused by asthma. Children of all ages were more likely to visit the emergency department than to be hospitalized for asthma.¹⁶

◆ In Rhode Island between 2016 and 2020, boys under age 18 had higher asthma emergency department visit and hospitalization rates (6.8 and 0.9 per 1,000 boys respectively) than girls under age 18 (4.3 and 0.7 per 1,000 girls respectively).¹⁷

◆ Among all children who had an emergency department visit for a primary diagnosis of asthma in Rhode Island between 2016 and 2020, 72% had RIte Care/Medicaid coverage, 23% 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, 64% had RIte Care/Medicaid coverage, 31% had private health insurance, 4% were self-pay, and 1% were unknown/other.¹⁸

Table 24. Asthma Emergency Department Visits for Children Under Age 18, Rhode Island, 2016-2020

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	90	3.9
Bristol	3,623	47	2.6
Burrillville	3,576	34	1.9
Central Falls	5,644	276	9.8
Charlestown	1,506	9	*
Coventry	7,770	120	3.1
Cranston	16,414	297	3.6
Cumberland	7,535	86	2.3
East Greenwich	3,436	23	1.3 [^]
East Providence	9,177	197	4.3
Exeter	1,334	16	2.4 [^]
Foster	986	9	*
Glocester	2,098	16	1.5 [^]
Hopkinton	1,845	19	2.1 [^]
Jamestown	1,043	11	*
Johnston	5,480	99	3.6
Lincoln	4,751	71	3.0
Little Compton	654	6	*
Middletown	3,652	94	5.1
Narragansett	2,269	17	1.5 [^]
New Shoreham	163	1	*
Newport	4,083	167	8.2
North Kingstown	6,322	71	2.2
North Providence	5,514	168	6.1
North Smithfield	2,456	24	2.0 [^]
Pawtucket	16,575	611	7.4
Portsmouth	3,996	45	2.3
Providence	41,634	2,156	10.4
Richmond	1,849	13	1.4 [^]
Scituate	2,272	9	*
Smithfield	3,625	33	1.8
South Kingstown	5,416	48	1.8
Tiverton	2,998	23	1.5 [^]
Warren	1,940	29	3.0
Warwick	15,825	241	3.0
West Greenwich	1,477	12	1.6 [^]
West Warwick	5,746	145	5.0
Westerly	4,787	68	2.8
Woonsocket	9,888	442	8.9
Unknown	0	20	NA
Four Core Cities	73,741	3,485	9.5
Remainder State	150,215	2,378	3.2
Rhode Island	223,956	5,863	5.2

Child Hospitalization Rates for Asthma

◆ In 2019, Rhode Island parents reported rates of current asthma prevalence of their children of 8.7%, compared to the average of 7.4% for parents surveyed in 29 states and Washington, DC. Rhode Island has the 5th highest self-reported child asthma prevalence among the 29 ranked states.¹⁹

◆ In Rhode Island between 2016 and 2020, there were 870 hospitalizations with primary asthma diagnosis of children under age 18, a rate of 0.8 per 1,000 children. The rate of primary asthma hospitalizations was more than twice as high in the four core cities (1.3 per 1,000 children) than in the remainder of the state (0.5 per 1,000 children).²⁰

◆ There was a steep decline in pediatric asthma emergency department visits and hospitalizations in the spring of 2020, due to the COVID-19 pandemic. Families may have been reluctant to visit the hospital emergency room due to the surge in COVID-19 cases and the governor's statewide stay-at-home order issued in March 2020. In addition, with public schools closed in the spring of 2020, it is likely that children with asthma had less exposure to viral infections and environmental allergens than in prior years, which may have decreased the severity of asthma problems.²¹

Source of Data for Table/Methodology

Rhode Island Department of Health, Emergency Department Visits and Hospital Discharge Data, 2016-2020.

**Data for 2020 are not comparable to prior years. Asthma-related emergency department visits and hospitalizations decreased substantially in spring 2020, due to the COVID-19 pandemic.

The Rhode Island Department of Health defines emergency department visits with primary asthma diagnosis as those resulting in a home discharge or discharge to 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 2016-2020 rate of emergency department visits is the number of children according to the 2010 U.S. Census, multiplied by five.

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

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

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

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

References

¹ National Institutes of Health. (2020). *Asthma*. Retrieved February 2, 2022, from www.nhlbi.nih.gov

² Sheffield, P. E., Knowlton, K., Carr, J. L., & Kinney, P. L. (2011). Modeling of regional climate change effects on ground-level ozone and childhood asthma. *American Journal of Preventive Medicine* 41(3), 251-257.

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Housing and Health

DEFINITION

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

SIGNIFICANCE

Homes that are dry, clean, pest-free, safe, contaminant-free, well-ventilated, well-maintained, and thermally-controlled can provide a healthy environment for children and residents.¹ Safe, affordable, and stable housing maintains the health and well-being of families and children, supporting mental and emotional health as well as physical safety. Healthy housing also protects families from weather, environmental hazards, and injury and provides a safe place for children to eat, sleep, play, and grow.^{2,3}

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

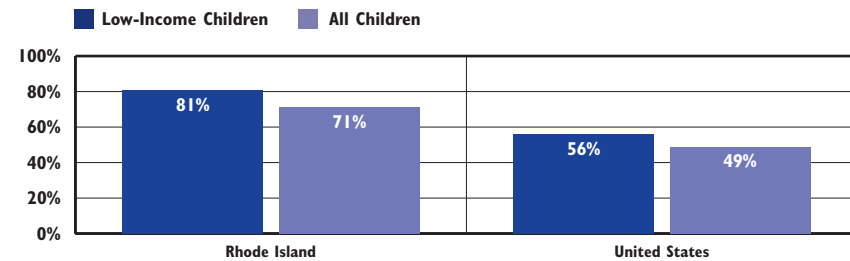
deteriorating housing.^{4,5}

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

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

Adopting a comprehensive "healthy homes" approach that addresses multiple housing deficiencies simultaneously can help prevent housing-related injuries and illnesses, reduce health care costs, and improve children's quality of life. Because the causes of many health conditions related to the home environment are interconnected, it can be cost-effective to address multiple hazards simultaneously.^{8,9,10}

Children Living in Older Housing*, 2016-2020, Rhode Island and the United States



Source: Population Reference Bureau analysis of 2016-2020 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 2016 and 2020, Rhode Island had the highest percentage of low-income children (81%) and the second highest percentage of children of all incomes (71%) living in older housing in the U.S., after New York.**¹¹

◆ **Lead Poisoning:** Children living in homes built before 1978 are at risk for lead poisoning. Even at low levels, lead exposure can negatively affect a child's health, development, and brain.¹² In 2021, 2.7% (602) of Rhode Island children under age six who were screened had a confirmed blood lead level of ≥ 5 $\mu\text{g}/\text{dL}$.¹³

◆ **Asthma:** Asthma is the most common chronic condition in children and a leading cause of school absences and hospitalization for children under age 18 in the U.S.¹⁴ Between 2016 and 2020, there were 3,202 emergency department visits of Rhode Island children ages six and under (7.9 per 1,000) for which asthma was the primary diagnosis.¹⁵

◆ **Unintentional Injuries:** Falls are the leading cause of non-fatal unintentional injuries among children in the U.S.¹⁶ In 2020, housing-related falls resulted in 933 emergency room visits by Rhode Island children ages six and under.¹⁷

◆ **Weatherization Assistance Program:** This program helps income-eligible households reduce heating bills by providing whole-house energy efficiency and safety services. In 2021, 409 Rhode Island children under age 18 benefited from 295 completed weatherization projects, a decline from previous years due to the pandemic.^{18,19}

Table 25.

Housing and Health, Rhode Island

CITY/TOWN	TOTAL # OF CHILDREN AGES 6 AND UNDER 2010	CHILDREN WITH LEAD POISONING 2021			PRIMARY ASTHMA ED VISITS 2016-2020**		HOUSING RELATED FALLS 2020	WEATHERIZATION PROJECTS 2021	% HOUSING STOCK PRE-1980
		#	TESTED	%	#	RATE PER 1,000			
Barrington	1,213	<5	479	*	50	8.2	12	0	82%
Bristol	1,316	<5	338	*	26	4.0	8	1	68%
Burrillville	1,186	8	226	3.5%	13	2.2^	5	20	63%
Central Falls	2,374	38	684	5.6%	153	12.9	25	2	84%
Charlestown	493	<5	86	*	6	*	12	4	49%
Coventry	2,508	5	583	0.9%	72	5.7	21	11	68%
Cranston	5,814	30	1,694	1.8%	156	5.4	61	14	77%
Cumberland	2,603	6	659	0.9%	41	3.2	15	7	64%
East Greenwich	930	<5	331	*	11	*	11	3	61%
East Providence	3,545	25	1,075	2.3%	118	6.7	39	9	81%
Exeter	390	<5	107	*	7	*	<5	4	50%
Foster	315	<5	67	*	6	*	<5	1	59%
Glocester	633	<5	103	*	5	*	5	10	62%
Hopkinton	618	0	123	0.0%	10	*	0	2	63%
Jamestown	287	<5	49	*	7	*	7	0	53%
Johnston	1,930	6	530	1.1%	42	4.4	22	21	69%
Lincoln	1,490	7	359	1.9%	38	5.1	10	3	69%
Little Compton	188	0	41	0.0%	6	*	<5	0	68%
Middletown	1,331	<5	295	*	54	8.1	13	0	66%
Narragansett	739	0	74	0.0%	6	*	6	1	61%
New Shoreham	57	<5	9	*	1	*	0	0	49%
Newport	1,792	16	362	4.4%	91	10.2	26	0	83%
North Kingstown	1,965	<5	476	*	36	3.7	23	4	62%
North Providence	2,040	9	639	1.4%	90	8.8	22	24	68%
North Smithfield	752	<5	208	*	8	*	6	3	66%
Pawtucket	6,835	64	1,920	3.3%	350	10.2	78	42	85%
Portsmouth	1,206	<5	269	*	28	4.6	8	0	58%
Providence	16,934	285	6,001	4.7%	1,202	14.2	251	39	85%
Richmond	635	<5	106	*	10	*	0	0	47%
Scituate	608	<5	188	*	5	*	8	2	69%
Smithfield	1,076	<5	303	*	21	3.9^	14	1	60%
South Kingstown	1,707	6	316	1.9%	20	2.3^	<5	2	55%
Tiverton	1,006	<5	260	*	12	2.4^	<5	2	60%
Warren	727	<5	203	*	19	5.2^	<5	0	77%
Warwick	5,561	15	1,366	1.1%	144	5.2	62	27	79%
West Greenwich	446	0	92	0.0%	3	*	<5	0	33%
West Warwick	2,351	12	573	2.1%	77	6.6	35	15	69%
Westerly	1,735	<5	226	*	23	2.7^	<5	0	62%
Woonsocket	4,212	32	965	3.3%	229	10.9	66	21	86%
Unknown	NA	NA	NA	NA	6	NA	40	NA	NA
Four Core Cities	30,355	419	9,570	4.4%	1,934	12.7	420	104	85%
Remainder of State	51,193	183	12,815	1.4%	1,268	5.0	473	191	68%
Rhode Island	81,548	602	22,385	2.7%	3,202	7.9	933	295	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, 2021. The numerator is the number of Rhode Island children with a confirmed blood lead level ≥ 5 $\mu\text{g/dL}$ in calendar year 2021. The denominator is the number of children who were tested in calendar year 2021. Data are for children under age six.

Children with Asthma: Rhode Island Department of Health, Hospital Discharge Database, 2016-2020. The Rhode Island Department of Health defines emergency department (ED) visits for children with a primary asthma diagnosis as those resulting in a home discharge or another facility, but not admitted to the hospital as an inpatient. Children with multiple ED visits are counted as a new event for each admission, so some children are counted more than once. For details, see Children with Asthma indicator. Data are for children ages six and under.

**Asthma data for 2020 are not comparable to prior years. Asthma-related emergency department visits and hospitalizations decreased substantially in spring 2020, due to the COVID-19 pandemic.

Housing Related Falls: Rhode Island Department of Health, Center for Health Data and Analysis, 2020. 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, 2021. Weatherization projects are defined as those receiving a final inspection by end of calendar year 2021.

Housing Stock Pre-1980: Population Reference Bureau analysis of 2016-2020 American Community Survey (ACS) data. Table B25034. Older housing is defined as built before 1980. The ACS reports housing year built by decade, so this is the best available approximation for housing built before 1978 when interior lead paint was banned.

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

(Continued with references on page 183)

Child Overweight and Obesity

DEFINITION

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

SIGNIFICANCE

Children and adolescents who are overweight or obese are at 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 2017-2018 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 six to eleven years.^{6,7}

Prior to 2018, Rhode Island did not have adequate clinical childhood BMI

data. A recent study of data collected in 2020 found that 15% of Rhode Island children ages two to 17 are overweight and 20% 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 physical activity.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

The COVID-19 pandemic has impacted childhood overweight and obesity, with one study reporting that the prevalence of overweight and obesity for children ages 5 to 11 in the U.S. increased from 36% to 46% during the pandemic.¹¹ Reducing overweight and obesity will require a comprehensive, multi-system approach.

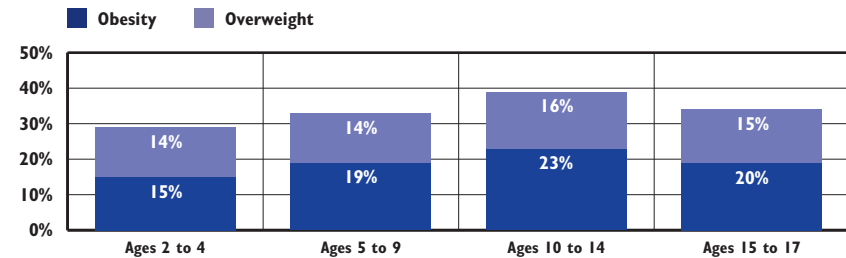
Overweight and Obesity Among Children Age 10-17 (Combined Overweight and Obesity)	
2019-2020	
RI	34%
US	32%
National Rank*	35th
New England Rank**	6th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: Data Resource Center for Child and Adolescent Health, 2019-2020 National Survey of Children's Health, childhealthdata.org

Rhode Island Childhood Overweight and Obesity by Age, 2020



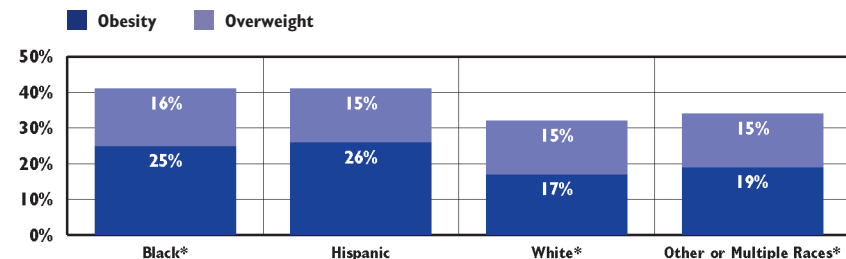
Source: Brown University School of Public Health analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Department of Health, 2021.

◆ Fifteen percent of Rhode Island children ages two to 17 are overweight and 20% are obese.¹²

◆ Older children are more likely to be overweight or obese. Twenty-three percent of children ages 10 to 14 and 20% of children ages 15 to 17 are obese.¹³

◆ Twenty-five percent of children covered by RItE Care are obese compared to 15% of children with private health insurance.¹⁴

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



Source: Brown University School of Public Health analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Department of Health, 2021. *Non-Hispanic.

◆ Hispanic children (15% overweight and 26% obese) and non-Hispanic Black children (16% overweight and 25% obese) have the highest rates of overweight and obesity.¹⁵

Table 26.

Prevalence of Overweight and Obesity in Rhode Island Children Ages 2 to 17, 2020

CITY/TOWN	% OVERWEIGHT	% OBESE	% OVERWEIGHT AND OBESE COMBINED
Barrington	14.2%	8.2%	22%
Bristol	16.0%	17.4%	33%
Burrillville	18.1%	18.0%	36%
Central Falls	18.7%	33.6%	52%
Charlestown	16.1%	12.6%	29%
Coventry	12.1%	16.2%	28%
Cranston	15.7%	19.6%	35%
Cumberland	15.9%	19.5%	35%
East Greenwich	12.2%	9.1%	21%
East Providence	17.0%	21.3%	38%
Exeter	11.4%	11.8%	23%
Foster	16.7%	13.1%	30%
Glocester	16.9%	14.3%	31%
Hopkinton	13.4%	18.9%	32%
Jamestown	11.6%	9.7%	21%
Johnston	15.7%	22.7%	39%
Lincoln	16.7%	18.1%	35%
Little Compton	*	*	24%
Middletown	11.6%	14.3%	26%
Narragansett	15.3%	11.7%	27%
New Shoreham	*	*	39%
Newport	12.5%	21.3%	34%
North Kingstown	11.3%	12.5%	24%
North Providence	20.3%	23.0%	43%
North Smithfield	17.5%	14.6%	32%
Pawtucket	16.9%	25.6%	43%
Portsmouth	9.3%	10.2%	19%
Providence	13.6%	22.4%	36%
Richmond	14.2%	12.0%	26%
Scituate	15.0%	13.7%	29%
Smithfield	15.3%	13.8%	29%
South Kingstown	14.1%	12.4%	27%
Tiverton	13.5%	19.4%	33%
Warren	17.1%	19.7%	37%
Warwick	15.8%	17.9%	34%
West Greenwich	13.5%	12.7%	26%
West Warwick	13.9%	21.7%	36%
Westerly	13.7%	18.0%	32%
Woonsocket	17.4%	30.8%	48%
Four Core Cities	15%	25%	40%
Remainder of State	15%	17%	32%
Rhode Island	15%	20%	35%

Nutrition and Physical Activity

◆ Nutrition is a key component 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, and 18% reported drinking a sugar sweetened beverage at least once a day.¹⁸

◆ Regular physical activity, including school-based physical education and recess, has been shown to have physical, social, emotional, cognitive, academic, and health benefits.^{19,20} 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.²¹

◆ The COVID-19 pandemic limited children's access to nutritious food and physical activity. Early data shows that the rate of BMI increase for children ages two to 19 nearly doubled during the pandemic.²² Policy strategies to reduce obesity include improving access to nutritious 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.^{23,24}

Source of Data for Table/Methodology

Brown University School of Public Health analysis of BMI clinical and billing records of children ages 2 – 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Department of Health, 2021.

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

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

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^{8,12,13,14,15} Brown University School of Public Health analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Department of Health, 2021.

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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 academic achievement, have more health issues, 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.³ Teen girls in foster care are twice as likely as their peers to become pregnant by age 19.⁴

Disparities exist in the teen birth rate by age, race, and ethnicity. Nationally, most teen births are to teens aged 18 or older. In 2019, 76% of teen births in the United States were to 18- and 19-year-old mothers. The teen birth rate is higher among Native American, Black, and Hispanic adolescents compared to teens overall, and the teen birth rate is lowest among Asian adolescents.^{5,6}

Effective teen pregnancy prevention programs address the social

determinants of health, and work within the community to support the health of adolescents. This includes access to quality reproductive health care and education.⁷

After peaking in 1991, the U.S. teen birth rate declined almost every year and reached a historic low in 2020 when the birth rate for teens overall declined 8% from 2019 to 2020 (from 16.7 per 1,000 to 15.4 per 1,000). 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 2020 at a rate of 9.4 births per 1,000 teen girls.^{11,12} In Rhode Island between 2016-2020, 4% (465) of babies were born to teen mothers.¹³ Nationally, fewer teens are having sex and those that are sexually active are more likely to use contraception.^{14,15}

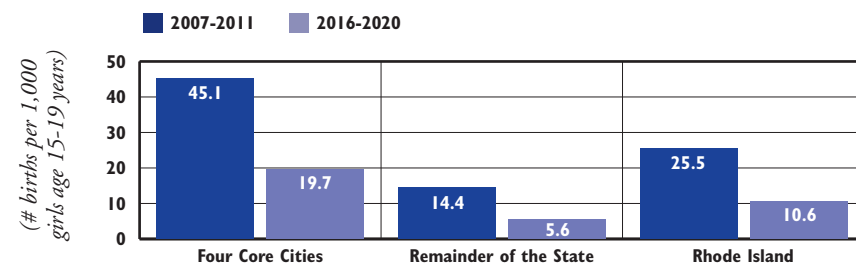
Teen Birth Rates (rate per 1,000 girls ages 15-19)		
	1991	2020
RI	44.7	9.4
US	61.8	15.4
National Rank*		7 th
New England Rank**		5 th

*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 2020, Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K. & Drake, P. (2022). Births: Final data for 2020. *NVSR*, 70(17), 1-24.

Teen Birth Rates, Rhode Island, Five-Year Average Comparisons: 2007-2011, 2016-2020



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2007-2020.

- ◆ In 2020, the birth rate for U.S. teens (15.4 births per 1,000 teen girls) was the lowest ever recorded.¹⁶
- ◆ In Rhode Island, the statewide five-year average teen birth rate declined 58% between 2007-2011 and 2016-2020, from 25.5 births per 1,000 teen girls to 10.6. 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 2016 and 2020, the teen birth rates for Hispanic (28.3 per 1,000), Native American (15.9 per 1,000), and Black (14.6 per 1,000) teens were higher than the rates of their white (6.4 per 1,000) and Asian (3.2 per 1,000) peers.¹⁹

Repeat Births to Teens, Rhode Island, 2016-2020

AGE	TOTAL NUMBER OF BIRTHS	NUMBER OF REPEAT BIRTHS	PERCENT REPEAT BIRTHS
15-17	465	33	7%
18-19	1,482	216	15%
Total 15-19	1,947	249	13%

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

- ◆ Nationally, 16% of all births to teens ages 15-19 in 2019 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 2016 and 2020, the rate of births to teens ages 15-19 in the core cities (19.7 per 1,000) was more than three times higher than the remainder of the state (5.6 per 1,000).²²

◆ Three percent of teen births in the core cities were repeat births, while 8% 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 people 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 2009 and 2020, the rates of chlamydia have increased by 8% (1,442 to 1,564 per 100,000) and the rates of gonorrhea have almost tripled (81 to 236 per 100,000).²⁶

Table 27. Births to Teens, Ages 15-19, Rhode Island, 2016-2020

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	1	7	8	*
Burrillville	3	13	16	5.6 [^]
Central Falls	35	98	133	36.1
Charlestown	0	9	9	*
Coventry	3	19	22	4.0 [^]
Cranston	25	79	104	9.9
Cumberland	3	22	25	5.0
East Greenwich	0	2	2	*
East Providence	14	46	60	13.6
Exeter	0	2	2	*
Foster	1	4	5	*
Glocester	0	2	2	*
Hopkinton	0	8	8	*
Jamestown	0	1	1	*
Johnston	3	17	20	5.0 [^]
Lincoln	3	17	20	6.6 [^]
Little Compton	0	0	0	0.0
Middletown	1	9	10	*
Narragansett	2	1	3	*
New Shoreham	0	0	0	0.0
Newport	13	37	50	8.7
North Kingstown	5	14	19	4.6 [^]
North Providence	13	38	51	13.2
North Smithfield	2	5	7	*
Pawtucket	45	154	199	21.2
Portsmouth	1	3	4	*
Providence	205	539	744	16.3
Richmond	0	3	3	*
Scituate	5	7	12	7.6 [^]
Smithfield	2	4	6	*
South Kingstown	2	11	13	0.8 [^]
Tiverton	4	10	14	12.7 [^]
Warren	2	11	13	10.5 [^]
Warwick	13	70	83	9.2
West Greenwich	0	4	4	*
West Warwick	11	42	53	15.6
Westerly	2	21	23	7.1
Woonsocket	44	143	187	33.2
Unknown	2	8	10	*
Four Core Cities	329	934	1,263	19.7
Remainder of State	136	548	684	5.7
Rhode Island	465	1,482	1,947	10.6

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020.

* 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.

References

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- ⁴ Brooks, K. (2019). *Teen pregnancy and foster care*. Washington, DC: National Center for Health Research.
- ^{6,9} *Teen Birth Trends: In Brief*. (2020). Washington, DC: Congressional Research Service.
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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 2018-2019, 2% of youth ages 12-17 (about 1,000) needed but did not receive specialty treatment for their alcohol use problem, the 20th highest rate among all states. Three percent of Rhode Island youth ages 12-17 (about 2,000), needed but did not receive specialty treatment for their illicit drug use, the 11th highest rate 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-cigarettes, 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 and electronic vapor products 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 Rhode Island law prohibits 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. Forty-six percent of Rhode Island high school students who reported current cigarette use in 2019 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 and electronic nicotine delivery systems from 18 to 21 years, effective immediately.²⁵ Despite this law, there is still a 23% noncompliance rate in Rhode Island with some vendors continuing to sell to underage groups.²⁶

Alcohol, Tobacco, Substance Use, and Exposure

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 (82%) or used an e-cigarette product (51%).²⁸

◆ Cigarette excise taxes are a potential funding stream for state tobacco control programs.²⁹ Between SFY 2002-2021, Rhode Island cigarette tax revenue increased from \$79.4 million to \$160 million and state tobacco control funding decreased from \$3 million to \$201,009. Only .13% of the cigarette tax in SFY 2021 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 a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids. Neonatal opioid withdrawal syndrome, more specifically, refers to the withdrawal symptoms related to opioid exposure. Not all substance exposed newborns are diagnosed with NAS.^{36,37}

◆ In Rhode Island in 2020, 82 newborns were diagnosed with NAS, at a rate of 80 per 10,000 newborn hospitalizations, which represents a decrease from 2019 at 100 per 10,000 newborn hospitalizations.³⁸

◆ NAS rates will not decrease until Opioid Use Disorder rates decrease in the general population. Adequate treatment options and services for those struggling with Opiate Use Disorder are needed before and during pregnancy, at birth, and throughout parenting for the whole family.³⁹ The Rhode Island Department of Health has launched a public awareness campaign to support the unique needs of pregnant people and mothers who use substances and their substance-exposed newborns.⁴⁰

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³ Substance Abuse and Mental Health Services Administration. (2017). *National survey on drug use and health: Comparison of 2014-2015 and 2015-2016 population percentages (50 states and the District of Columbia)*. Retrieved March 13, 2020, from www.samhsa.gov

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Safety

A CHILD BEFORE MY EYES

by Wujuudat Balogun

Start life as a ball that rolls over every day I grow older
get bigger my mothers eyes make me see clearer reach
new heights every year learning new skills every day till
I stand on my own 2 feet and say my idols name MaMa;
now I'm walking around reaching shelves opening doors
to where? You ask to everywhere counting steps so that
one day I come back to where I took my first step and
now I am a woman standing before my mother as a child;
And there's no more steps to take so i make my own ball
and watch it roll.



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 die at higher rates than children ages five to 14. The child and teen death rate is higher for boys than girls and higher for Black and Native American children and teens than for 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.⁹

Factors that protect against teen deaths include parent and family involvement, safe driving policies (such as zero tolerance on drunk driving, and graduated licenses), as well as violence and substance use prevention programs. Developmentally appropriate health education, access to preventive health care and integrated mental health services, and safe, supportive environments can support positive behavior changes and overall teen health.^{10,11,12}

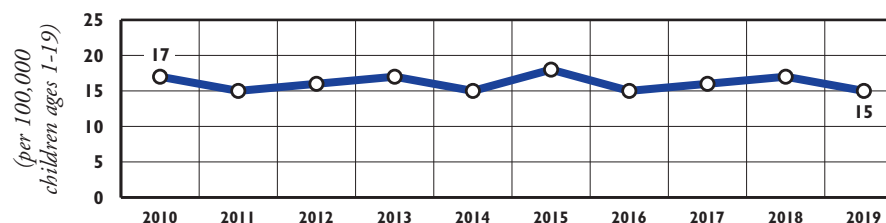
Child and Teen Death Rate (per 100,000 Children Ages 1-19)		
	2010	2019
RI	17	15
US	26	25
National Rank*	1st	
New England Rank**	1st	

*1st is best; 50th is worst

**1st is best; 6th is worst

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

Child and Teen Death Rate per 100,000 Children Ages One to 19, Rhode Island, 2010-2019



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

◆ In 2019, Rhode Island's child and teen death rate for children ages one to 19 was 15 per 100,000 children and teens, which was a decrease from 2018. Rhode Island's child and teen death rate is the lowest in the nation.¹³

Child Deaths Due to Injury, by Cause, Children Ages One to 14, Rhode Island, 2016-2020

Drowning	9
Other Unintentional Injury	6
Motor Vehicle	<5
Suicide	<5
Fire/Burn	<5
TOTAL	23

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

◆ Between 2016 and 2020, 23 Rhode Island children ages one to 14 died as a result of injury. Drowning was the leading cause of these child deaths in Rhode Island during this period.¹⁴

Teen Deaths Due to Injury by Cause, Teens Ages 15 to 19, Rhode Island, 2016-2020

Motor Vehicle	21
Suicide	13
Overdose	12
Assault	7
Drowning	2
Other	<5
TOTAL	57

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Vital Records 2016-2020. This chart and the first bullet below report deaths of teens ages 15-19 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 2016 and 2020 in Rhode Island, 37% of all teen injury deaths involved motor vehicles, and 23% of the 57 teen deaths caused by injury were suicide.¹⁵
- ◆ Among the 25 teens killed in Rhode Island motor vehicle crashes between 2016 and 2020, 12 were driving, eight were passengers in vehicles driven by others, four were pedestrians, and one was a bicyclist.¹⁶
- ◆ Three (12%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2016 and 2020 had been drinking, and three (12%) teen fatalities occurred with adult drivers who had been drinking.¹⁷
- ◆ Eleven (44%) of the teen drivers and passengers killed in automobile accidents in Rhode Island between 2016 and 2020 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*. 14 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 13 youth ages 15 to 19 who died from suicide between 2016 and 2020 in Rhode Island, 92% were male.²¹
- ◆ In 2020 in Rhode Island, 467 teens ages 13 to 19 were admitted to the emergency department after a suicide attempt. Of these attempts, 75% percent of teens admitted were girls, and 25% were boys.²²
- ◆ In 2020 in Rhode Island, 334 teens ages 13 to 19 were hospitalized after a suicide attempt. Of these hospitalizations, 79% were girls and 21% were boys.²³
- ◆ Nationally, even before the COVID-19 pandemic, mental health issues and suicide attempts among adolescents had increased with sharper increases among girls and young women than among males. This may be due to the rise in digital media/social media use.²⁴ Mental health problems, physical or sexual abuse, substance use, exposure to bullying or violence, experiencing partner violence, and having a family member or friend attempt suicide are associated with an increased risk of suicide or attempted suicide among youth.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 In 2020 in Rhode Island, there were 239 juvenile arrests for assault offenses and 51 juvenile arrests for weapons offenses.¹¹ Violent crimes made up 6% (175) of the 2,858 juvenile offenses referred to Rhode Island Family Court.¹²



	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.¹³ In Rhode Island in 2019, 8% of high school students reported not going to school due to safety concerns.¹⁴
 - ◆ Bullying adversely affects all children involved, including victims, perpetrators, and witnesses of bullying behaviors. Victims of bullying are at risk of emotional, behavioral, and mental health problems. Both victims and perpetrators of bullying are more likely to contemplate or attempt suicide.¹⁵
 - ◆ Cyberbullying is bullying that takes place online or by digital communication through text messages, instant messengers, social media, and/or other digital applications.¹⁶ In 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.¹⁷
- 
- ### Youth Witnessing Violence and Youth Gun Violence
- ◆ Witnessing violence (like domestic violence) can cause emotional, physical, and mental harm, even for children who are not the direct victims of violence. Early, chronic exposure to violence can damage a child's brain development and condition them to react with fear and anxiety to a range of circumstances.¹⁸
 - ◆ In 2018, for the first time in history, gun violence surpassed motor vehicle accidents as the leading cause of death for all children and teens ages.¹⁹ In Rhode Island between 2016 and 2020, there were 189 emergency department visits, 22 hospitalizations, and five deaths of children and youth attributed to firearms.²⁰

Table 28.

Youth Violence, Rhode Island

Youth Violence

CITY/TOWN	COMMUNITY CONTEXT		VIOLENCE IN HIGH SCHOOLS, 2021		JUVENILE ARRESTS FOR VIOLENCE, 2020		
	VIOLENT CRIME OFFENSES (ALL AGES) 2019	TOTAL POPULATION AGES 11-17 2010	% OF STUDENTS WHO WORRY ABOUT VIOLENCE IN SCHOOL	% OF STUDENTS WHO REPORT PHYSICAL FIGHTS IN SCHOOL	# FOR ASSAULT/ VIOLENT OFFENSES	# FOR WEAPONS OFFENSES	TOTAL # FOR ASSAULT AND WEAPONS OFFENSES
Barrington	4	2,186	2%	1%	2	0	2
Bristol	16	1,545	10%	9%	3	0	3
Burrillville	9	1,526	8%	5%	7	0	7
Central Falls	82	2,089	17%	10%	8	1	9
Charlestown	6	659	8%	6%	0	0	0
Coventry	31	3,509	9%	6%	10	0	10
Cranston	127	6,984	9%	10%	8	3	11
Cumberland	25	3,271	5%	1%	4	1	5
East Greenwich	5	1,671	4%	1%	1	1	2
East Providence	62	3,730	12%	16%	12	0	12
Exeter	NA	673	19%	17%	0	0	NA
Foster	3	467	4%	2%	0	0	0
Glocester	4	1,000	4%	2%	2	1	3
Hopkinton	4	826	8%	6%	0	1	1
Jamestown	4	528	NA	NA	0	0	0
Johnston	32	2,376	7%	8%	2	0	2
Lincoln	25	2,189	4%	1%	9	1	10
Little Compton	2	284	NA	NA	0	0	0
Middletown	11	1,504	5%	1%	11	1	12
Narragansett	14	1,052	2%	2%	5	0	5
New Shoreham	3	64	0%	0%	0	0	0
Newport	68	1,484	9%	8%	10	0	10
North Kingstown	23	2,917	4%	4%	17	0	17
North Providence	44	2,303	8%	7%	8	2	10
North Smithfield	6	1,132	4%	1%	2	0	2
Pawtucket	293	6,268	13%	21%	45	10	55
Portsmouth	11	1,881	4%	1%	1	3	4
Providence	892	16,024	11%	6%	25	12	37
Richmond	3	759	8%	6%	0	0	0
Scituate	6	1,143	3%	1%	1	0	1
Smithfield	6	1,729	3%	2%	8	1	9
South Kingstown	19	2,498	5%	5%	11	2	13
Tiverton	11	1,318	9%	6%	2	0	2
Warren	18	777	10%	9%	6	1	7
Warwick	76	6,781	12%	11%	8	2	10
West Greenwich	4	678	19%	17%	0	0	0
West Warwick	54	2,139	7%	7%	9	1	10
Westerly	15	2,003	9%	7%	3	1	4
Woonsocket	237	3,649	18%	32%	24	6	30
State Police/Other	NA	NA	NA	NA	13	0	13
Four Core Cities	1,504	28,030	13%	14%	102	29	131
Remainder of State	751	65,586	7%	6%	162	22	184
Rhode Island	2,255	93,616	8%	8%	277	51	328

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 April 19, 2022, 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 2020-2021 administration of *SurveyWorks*, Rhode Island Department of Education. Percentages reflect students answering frequently or almost always to the question of “how often do you worry about violence at your school” and “how often do students get into physical fights in your school.” *SurveyWorks* data for communities that belong to regional districts reflect the district’s overall survey results. Students from Little Compton attend high school in Portsmouth, and students from Jamestown can choose to attend high school in North Kingstown or Narragansett. Rhode Island total and remainder of state include charter schools, state operated schools, and UCAP.

Juvenile arrests for assault and weapons offenses data are from Rhode Island Department of Public Safety, Unified Crime Reporting/National Incident Based Reporting, 2020. NA indicates that the data are not available. Exeter arrest numbers are included in the State Police/Other totals.

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

References for Youth Violence

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Gun Violence

DEFINITION

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

SIGNIFICANCE

Children and youth can experience gun violence as victims of firearm assaults, self-inflicted firearm injuries, or accidental shootings.¹ Gun violence also can impact children and youth when someone they know is the victim or perpetrator of a shooting. Exposure to violence at home, in schools, and in the community can lead to lasting psychological and emotional damage, including post-traumatic stress disorder, substance abuse, 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 2020, 64% (2,811) of the 4,368 firearm deaths of children and youth under age 20 were the result of homicide, 30% (1,293) were the result of suicide, 3% (149) were the result of unintentional injuries, 2% (90), were the result of shootings with an undetermined intent, and 1% (25) were the result of a "legal intervention" (e.g., law enforcement shooting).⁴

In 2018, gun violence was the leading cause of death in the U.S.

overall among children and teens.⁵ In the U.S., there was a 29% increase in gun-related deaths from 2019 (3,390) to 2020 (4,368).⁶ Of the 4,368 U.S. children and youth under age 20 killed by firearms during 2020, 83% (3,617) were ages 15 to 19.⁷ Nationally in 2020 males ages 15 to 19 were more than seven times more likely to die from a firearm-related incident than females of the same age. Black and Native American children and teens are disproportionately more likely to be hurt or killed by gun violence. Among teens ages 15 to 19 in the U.S., the rate of firearm deaths for non-Hispanic Black males (101.1 per 100,000) was approximately six times the rate of non-Hispanic white males (15.8 per 100,000) in 2020.⁸

Preventing access to guns is an important measure in preventing firearm-related injuries and death in children and youth. During the early months of the COVID-19 pandemic, while more children were at home due to school closures, accidental gun deaths among children increased by 30% compared to previous years.⁹ The presence and availability of a gun is also 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.^{10,11}

Gun-Related Emergency Department (ED) Visits, Hospitalizations, and Deaths Among Children and Youth, Rhode Island, 2016-2020

AGE	# OF ED VISITS	# OF HOSPITALIZATIONS	# OF DEATHS
1 to 14	58	<5	0
15 to 17	71	7	<5
18 to 19	60	12	<5
TOTAL	189	22	5

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

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 2016 and 2020 in Rhode Island, five (6%) of the 80 injury deaths of children and youth under age 20 were the result of firearms.¹² Of these, the majority of child deaths due to firearms were among youth over the age of 15.¹³ Between 2016 and 2020 in Rhode Island, there were fewer than five youth under age 20 who committed suicide using a firearm.¹⁴
- ◆ In Rhode Island between 2016 and 2020, there were 189 emergency department visits, up from 145 between 2015 and 2019 while hospitalizations of children and youth for gun-related injuries decreased from 31 to 22.^{15,16}

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.^{17,18}

References

¹ Xu, J., Murphy, S. L., Kochanek, K. D., & Arias, E. (2021). Deaths: Final data for 2019. *National Vital Statistics Reports*, 70(8).

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Youth and Young Adult Homelessness

DEFINITION

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

SIGNIFICANCE

There are three primary causes of homelessness among youth and young adults – family conflict, residential instability resulting from foster care and institutional placements, and economic problems. Many youth run away from home due to abuse, strained family relationships, substance abuse by a family member, and/or parental neglect. 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 youth or 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 a proper transition plan or permanent families are more likely to experience homelessness.^{3,4}

Youth who identify as lesbian, gay, bisexual, transgender, and questioning (or queer) (LGBTQ) are overrepresented in the homeless youth population, some of whom report being forced out of their homes by parents who disapprove of their sexual orientation or gender identity. LGBTQ homeless youth experience greater levels of violence and physical and sexual exploitation than their heterosexual peers while on the streets and in shelters.^{5,6}

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

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



Homeless Youth and Young Adults in Rhode Island

- ◆ In 2021, 183 youth or young adults ages 18 to 24 stayed at an emergency shelter, or transitional housing facility, including 116 unaccompanied youth, 39 parenting youth, and 28 youth who were sheltered with their parents.¹³
- ◆ In January 2022, outreach workers identified 63 youth or young adults ages 18 to 24 who had slept outside or in their cars for at least one night during the previous 30 days, including eight parenting youth or young adults. No youth under age 18 were identified.¹⁴
- ◆ In 2021, no youth under age 18 received emergency shelter services without their families, but starting in 2022 Family Service of Rhode Island began operating a Basic Center Program that provides emergency host homes, food, clothing, and counseling services to youth under age 18.^{15,16}
- ◆ During the 2020-2021 school year, Rhode Island public school personnel identified 21 unaccompanied homeless youth living in doubled up situations or in shelters.¹⁷
- ◆ On December 31, 2021, there were 34 youth between the ages of 12 and 20 in the care of the Rhode Island Department of Children, Youth and Families who were classified as absent from care (formerly called AWOL), 21 females and 13 males. These youth were absent from either foster care or juvenile justice placements.¹⁸
- ◆ In 2021, the federal Housing and Urban Development (HUD) agency awarded Rhode Island \$3.5 million in Youth Homeless Demonstration Program (YHDP) funds. These funds are designed to support Rhode Island in developing and implementing a coordinated approach to preventing and ending youth homelessness that centers the voice, agency, and leadership of youth.¹⁹

References

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^{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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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 2021, 1,534 youth (1% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court, up from 1,477 youth during 2020. Although the number of offenses referred during 2021 (2,858) also increased from 2020 (2,536), the number of offenses referred in 2021 is

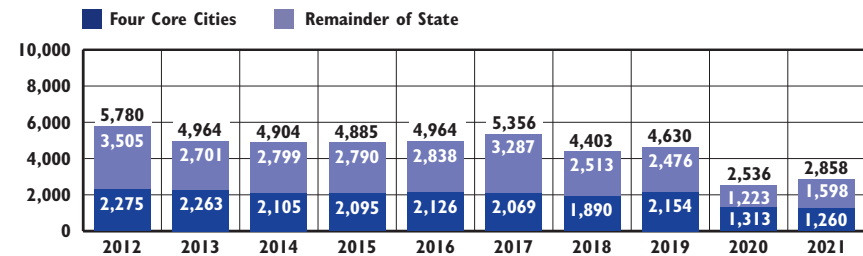
still drastically lower than in 2019 (4,630) prior to the COVID-19 pandemic. Of the juvenile offenses in 2021, 175 (6%) involved violent crimes.^{3,4}

In 2021 in Rhode Island, 21% of juvenile offenses referred to Family Court involved youth from Providence, 23% involved youth from the other three core cities, and 56% 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 the Family Court in 2021, 68% were referred for the first time, 16% had been referred once before, and 17% 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, 2012-2021



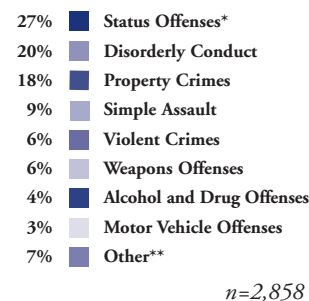
Source: Rhode Island Family Court, 2012-2021 Juvenile Offense Reports.

◆ The number of juvenile offenses has fallen by 51% since 2012, from 5,780 to 2,858 in 2021. Although the number of offenses in 2021 slightly increased from 2020 (2,536), the number of offense referrals have remained lower than prior to the COVID-19 pandemic.^{10,11}

◆ Youth of Color are disproportionately referred to the Family Court compared to their representation in the youth population. For example, in 2021, 22% of offenses involved Black youth who only make up 6% of the Rhode Island child population.^{12,13}

◆ In 2021, 73% of offenses referred to the Family Court involved males and 27% females. In 2021, 18% of offenses referred to Family Court involved youth ages 13 or younger, 33% youth ages 14 to 15, 45% youth ages 16 to 17, and 4% youth of other or unknown age.¹⁴

Juvenile Offenses, By Type of Offense, 2021



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

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

Source: Rhode Island Family Court, 2021 Juvenile Offense Report.

Youth Referred to Family Court



Alternatives to Incarceration for Juvenile Offenders in Rhode Island

◆ Juvenile courts have a wide range of options for handling juvenile offenders, including restitution, community service, revocation of driving privileges, counseling, substance abuse treatment, and probation.¹⁵ In 2021 in Rhode Island, 45% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing, down from 55% in 2020.¹⁶

◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2021, 214 juveniles were referred to the Truancy Court by schools, down from 375 in 2020. In 2021, 71 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication, up from 57 in 2021.¹⁷

◆ In 2021, there were 36 Juvenile Hearing Boards in Rhode Island. Three communities did not have Juvenile Hearing Boards (Little Compton, 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 260 cases in 2021.^{18,19}



LGBTQ Youth in the Juvenile Justice Systems

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



Age of Jurisdiction for Family Court

◆ The Rhode Island Family Court is responsible for all referrals for wayward and delinquent offenses committed by youth under age 18. Unless discharged previously, these youth will remain under the jurisdiction of the Family Court until they reach age 19.²²

◆ Developmentally, young children are unable to understand court proceedings and participate meaningfully in their defense. They are also more likely to experience trauma through the court process and physical harm if sentenced to custody. Rhode Island is one of 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.²³

◆ 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.^{24,25}

◆ 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 2021, six motions to waive jurisdiction to try juveniles as adults and seven certification motions were filed. Four waiver motions were pending at the end of 2021, and four motions to certify were certified.^{26,27,28}

(References are on page 185)

Youth in the Juvenile Justice System

DEFINITION

Youth in the juvenile justice system is the number of youth ages 21 or under who were on probation and the number of youth ages 18 and under who were at the Rhode Island Training School at any time during the calendar year.

SIGNIFICANCE

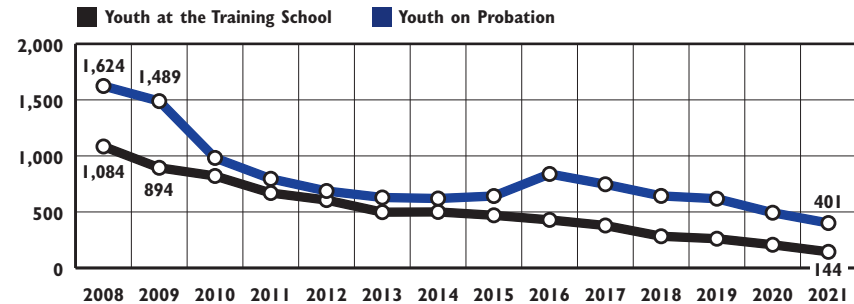
The juvenile justice system is responsible for ensuring community safety by promoting positive youth development, recognizing that the needs of children and adolescents in the justice system are different than adults. During adolescence, the frontal cortex – the part of the brain that controls reasoning, 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.^{1,2,3}

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 more effective in preventing recidivism and more cost effective than incarceration. The most successful programs involve family in treatment and promote healthy development at the individual, family, school, and peer levels.^{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.⁸ On December 31, 2021, 49 youth were in the care or custody of the Training School, 37 of whom were physically at the Training School.⁹ 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).¹⁰ On January 4, 2022, there were 262 youth on probation, down 11% from 293 youth on January 5, 2021.^{11,12}

Youth in the Juvenile Justice System, Calendar Years 2008-2021



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2021. Some youth may have spent time at the Training School and on probation during any calendar year.

◆ Between 2008 and 2021, the annual total number of youth at the Training School at any point during the year declined by 87% from 1,084 to 144. 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 144 youth were at the Training School during 2021, down 30% from 207 during 2020.^{15,16}

◆ Between 2008 and 2021, the annual total number of youth on probation during the year declined by 75% from 1,624 to 401. A total of 401 youth were on probation during 2021, down 19% from 493 in 2020. Of the 401 youth on probation, 84% (337) were on probation at home, and 16% (64) were on probation in out-of-home placements.^{17,18,19,20}

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

Youth in the Juvenile Justice System

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, 2021	% OF YOUTH ON PROBATION, 2021
American Indian	<1%	1%	<1%
Asian	3%	0%	0%
Black	6%	26%	21%
Hispanic	21%	34%	35%
Multiracial	5%	13%	9%
White	64%	26%	34%
Unknown	NA	1%	<1%
TOTAL	223,956	144	401

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, 2021. 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 2021, non-Hispanic Black youth made up 26% of youth at the Training School and 21% of youth on probation, while making up only 6% of the total child population. Hispanic youth made up 34% of youth at the Training School and 35% 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

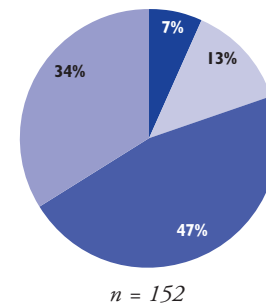
◆ During 2021, 13% of the 144 youth at the Training School were girls and 86% were boys. Similarly, 13% of the 401 youth on probation were girls and 87% were boys.^{25,26}

◆ 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, 2021

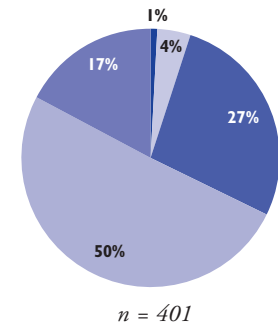
Youth at the Training School by Age

7% (10)	Under Age 14
13% (19)	Age 14
47% (72)	Ages 15 to 16
34% (51)	Ages 17 to 18



Youth on Probation by Age

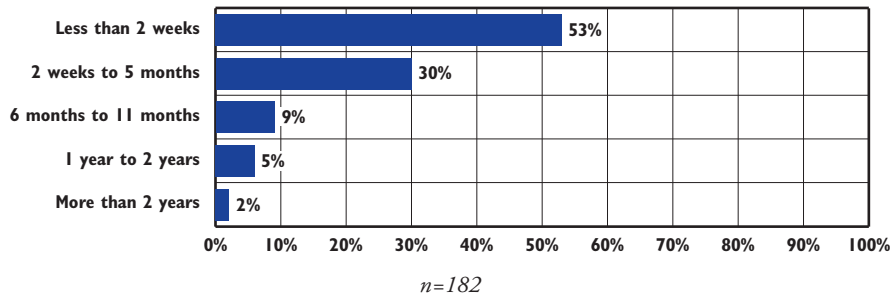
1% (6)	Under Age 14
4% (15)	Age 14
27% (110)	Ages 15 to 16
50% (201)	Ages 17 to 18
17% (69)	Ages 19 to 21



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2021. Total number of youth at the Training School by age (152) is larger than the total number of youth at the Training School (144) due to some youth having birthdays while at the Training School and therefore being counted twice. Percentages may not sum to 100% due to rounding.

Youth in the Juvenile Justice System

**Discharges From the Rhode Island Training School,
by Length of Time in Custody, 2021**



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2021. Total number of discharges (182) is larger than the total number of youth who passed through the Training School (144) due to some youth being discharged from the Training School more than once in 2021. Percentages may not sum to 100% due to rounding.

Promoting Rehabilitation and Preventing Recidivism

◆ The Division of Youth Development is a resource for rehabilitating youth who have committed serious offenses. Youth who 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.^{28,29,30} Of the 144 youth at the Training School during 2021, 74% (106) were admitted once, 19% (28) were admitted twice, and 7% (10) were admitted three or more times.³¹

◆ Objective admissions screening tools help limit the use of secure detention to serious offenders and reduce bias in decision making for which youth are sent to secure detention. The Rhode Island General Assembly passed a law in 2008 that mandates the use of a screening tool called the Risk Assessment Instrument (RAI) for youth being considered for secure detention. The RAI has been piloted but has not yet been fully implemented.^{32,33,34}

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.³⁵ In 2021, 13% (18) of the 144 youth at the Training School had at some point in their childhood been victims of documented child neglect or abuse.³⁶

Behavioral Health Services

◆ In 2021, 84 youth (58%) of the 144 youth at the Training School received mental health services at the Training School for psychiatric diagnoses other than conduct and adjustment disorders, including 47% (9) of female youth and 60% (75) of male youth. During 2021, 54 youth (38%) of the 144 youth at the Training School received substance abuse treatment services, including 32% (6) of female youth and 39% (48) of male youth. Of these, 37 (35 male and 2 female) received residential substance abuse treatment.³⁷

Educational Services

◆ While the average age of youth at the Training School in 2021 was 16 years, students' math and reading skills were on average at a fifth-grade level at entry to the Training School. Average grade levels for math and reading increased by one year and 2 years, respectively, at the time of departure.^{38,39}

Special Educational Services

◆ Of the 68 youth ages 13 to 18 who received educational services at the Training School during the 2020-2021 academic year, 59% (40) received special education services based on Individualized Education Programs (IEPs).⁴⁰

Educational Achievements

◆ During 2020-2021, eight youth completed high school at the Training School (either graduated with a high school diploma or earned a GED). Four youth received post-secondary education services, nine youth completed certifications in retail customer service (CCAP), 13 youth completed CPR and First Aid, and 23 youth completed ServSafe Food handling certifications.⁴¹

Driving

◆ During 2020-2021, 12 youth completed their driver's education certification.⁴²

Youth in the Juvenile Justice System

Table 29. Youth in the Juvenile Justice System, Rhode Island, 2021

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	1	0	0	0
Bristol	1,780	4	3	0	3
Burrillville	1,319	5	1	0	1
Central Falls	1,859	17	5	1	6
Charlestown	554	1	0	0	0
Coventry	3,010	6	4	0	4
Cranston	6,184	12	3	2	2
Cumberland	2,746	8	2	1	2
East Greenwich	1,362	4	2	2	3
East Providence	3,243	7	3	2	4
Exeter	642	0	0	0	0
Foster	430	2	1	0	1
Glocester	878	0	0	0	0
Hopkinton	693	0	0	0	0
Jamestown	436	0	0	0	0
Johnston	2,025	6	3	1	4
Lincoln	1,851	6	2	0	2
Little Compton	228	0	0	0	0
Middletown	1,229	2	0	0	0
Narragansett	948	0	0	0	0
New Shoreham	50	0	0	0	0
Newport	1,604	10	2	0	2
North Kingstown	2,407	5	1	0	1
North Providence	2,027	4	0	1	1
North Smithfield	970	1	0	0	0
Pawtucket	5,514	47	8	8	13
Portsmouth	1,596	4	2	0	2
Providence	16,515	117	49	18	51
Richmond	637	0	0	0	0
Scituate	963	1	0	1	0
Smithfield	1,856	2	0	0	0
South Kingstown	3,540	7	2	2	5
Tiverton	1,115	0	0	0	0
Warren	675	5	2	0	2
Warwick	5,883	21	2	1	3
West Greenwich	568	0	0	0	0
West Warwick	1,891	10	1	0	1
Westerly	1,705	5	2	2	3
Woonsocket	3,112	42	19	6	21
Out-of-State	NA	25	7	2	6
Four Core Cities	27,000	223	81	33	91
Remainder of State	58,847	139	38	15	46
Rhode Island	85,847	362	119	48	137

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2021; and the U.S. Census Bureau, Census 2010.

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

Total number of youth includes adjudicated and pre-adjudicated youth who were at the Rhode Island Training School during calendar year 2021 who had data recorded for city/town origin (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 pre-adjudicated youth because some youth may have spent time at the Training School both before and after sentencing.

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

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

References

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(continued on page 185)

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 182 discharges from the Training School during 2021, 21% resulted in stays of two days or less, 32% resulted in stays of three days to two weeks, and 47% resulted in stays of more than two weeks.⁴⁵

Children of Incarcerated Parents

DEFINITION

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

SIGNIFICANCE

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

Nationally, most children of incarcerated parents live with their other parent, a grandparent, or other relatives.⁶ Of the 1,318 parents incarcerated in Rhode Island on September 30, 2021 (including those

awaiting trial), 94% (1,236) were fathers and 6% (82) were mothers.⁷ Parents of minor children represent over half of the U.S. prison population.⁸

Children of incarcerated parents are more likely than other children to be involved with the child welfare system. In the U.S., 40% of children in foster care had experienced parental incarceration at some point in their lives.⁹ These children often represent complex cases for child welfare agencies, involving balancing parental rights with the safety and well-being of the child.¹⁰

Programs and policies 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 1,318 parents incarcerated in Rhode Island on September 30, 2021 41% were white, 28% Black, 27% Hispanic, and 3% another/unknown race.¹⁴

Parents at the Rhode Island Adult Correctional Institutions (ACI), September 30, 2021

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	640	433	68%	1,088
Serving a Sentence	1,491	885	59%	2,031
TOTAL	2,131	1,318	62%	3,119

Source: Rhode Island Department of Corrections, September 30, 2021. *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 2,131 inmates awaiting trial or serving a sentence at the ACI on September 30, 2021 who answered the question on number of children, 1,318 inmates reported having 3,119 children. Thirty-five percent of sentenced mothers and 9% of sentenced fathers had sentences that were six months or less.¹⁵

◆ Of the 40 sentenced mothers on September 30, 2021, 45% were serving a sentence for a violent offense, 38% for a nonviolent offense, 13% for a drug-related offense, and 5% for a sex-related offense. Of the 845 sentenced fathers, 53% were serving sentences for a violent offense, 17% for a sex-related offense, 16% for a nonviolent offense, 10% for a drug-related offense, and 4% for breaking and entering.¹⁶

◆ Thirty-five percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2021 had less than a high school diploma, 51% had a high school diploma or a GED, and 13% had at least some college education.¹⁷

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

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

Children of Incarcerated Parents

Table 30.

Children of Incarcerated Parents, Rhode Island, September 30, 2021

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2010 POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	0	0	4,597	0.0
Bristol	4	12	3,623	3.3
Burrillville	8	18	3,576	5.0
Central Falls	34	78	5,644	13.8
Charlestown	1	1	1,506	0.7
Coventry	15	26	7,770	3.3
Cranston	59	134	16,414	8.2
Cumberland	7	22	7,535	2.9
East Greenwich	5	15	3,436	4.4
East Providence	16	32	9,177	3.5
Exeter	1	2	1,334	1.5
Foster	1	1	986	1.0
Glocester	2	7	2,098	3.3
Hopkinton	5	11	1,845	6.0
Jamestown	0	0	1,043	0.0
Johnston	11	21	5,480	3.8
Lincoln	4	5	4,751	1.1
Little Compton	1	4	654	0.0
Middletown	7	14	3,652	3.8
Narragansett	3	9	2,269	4.0
New Shoreham	1	3	163	18.4
Newport	21	57	4,083	14.0
North Kingstown	5	13	6,322	2.1
North Providence	16	36	5,514	6.5
North Smithfield	3	4	2,456	1.6
Pawtucket	77	159	16,575	9.6
Portsmouth	1	2	3,996	0.5
Providence	271	618	41,634	14.8
Richmond	0	0	1,849	0.0
Scituate	3	4	2,272	1.8
Smithfield	8	20	3,625	5.5
South Kingstown	6	13	5,416	2.4
Tiverton	5	17	2,998	5.7
Warren	4	8	1,940	4.1
Warwick	43	100	15,825	6.3
West Greenwich	1	1	1,477	0.7
West Warwick	27	52	5,746	9.0
Westerly	11	21	4,787	4.4
Woonsocket	69	156	9,888	15.8
Unknown Residence	78	211	NA	NA
Out-of-State Residence**	51	124	NA	NA
Four Core Cities	451	1,011	73,741	13.7
Remainder of State	305	685	150,215	4.6
Rhode Island	756	1,696	223,956	7.6

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2021. 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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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 2020 (the most recent year for which full data are available), police reports indicate that children were present at 26% of domestic violence incidents resulting in arrests.³

Children can be exposed to domestic violence in several ways. They may witness it directly (by seeing and/or hearing violent incidents), have their lives disrupted by 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

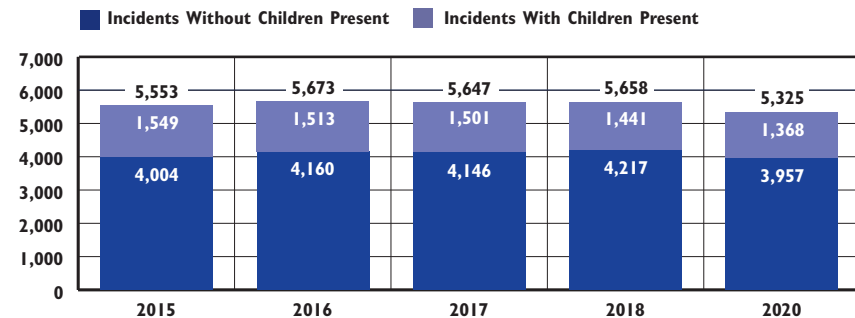
abuse, and they are at an increased risk of entering into abusive relationships or becoming an abuser themselves.^{7,8}

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, 2015-2018, 2020



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2015-2018, 2020. Includes domestic violence reports resulting in an arrest by local police and Rhode Island State Police.

◆ In Rhode Island in 2020, there were 5,325 domestic violence incidents that resulted in arrests, down 6% from 5,658 incidents in 2018. Children were reported present in 26% (1,368) of incidents in 2020.¹⁵ 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 2020, police reported that children saw the domestic violence incident in 1,036 arrests and children heard the incident in 1,160 arrests. These incidents were not mutually exclusive, and more than one child may have witnessed each incident.¹⁷

◆ Rhode Island's domestic violence shelters and advocacy programs provide emergency and support services to victims of domestic violence, dating violence, sexual violence, and stalking.¹⁸ During 2021, Rhode Island's domestic violence shelters provided services to 10,311 individuals, including 504 children. In 2021, 149 children and 146 adults spent a total of 31,319 nights in domestic violence shelters, 81 children and 58 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence) for a total of 12,826 nights. Seven families, 11 adults, and nine children moved into permanent supportive housing, and 45 families accessed Rapid Re-housing.^{19,20}

Children Witnessing Domestic Violence

Table 31. Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2020

CITY/TOWN	TOTAL # INCIDENTS RESULTING IN ARREST	TOTAL # OF INCIDENTS RESULTING IN ARREST WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	34	4	12%
Bristol	59	12	20%
Burrillville	74	18	24%
Central Falls	100	40	40%
Charlestown	28	5	18%
Coventry	144	44	31%
Cranston	317	87	27%
Cumberland	108	31	29%
East Greenwich	28	5	18%
East Providence	188	54	29%
Exeter*	NA	NA	NA
Foster	16	6	38%
Glocester	22	3	14%
Hopkinton	26	10	38%
Jamestown	2	1	50%
Johnston	121	28	23%
Lincoln	51	9	18%
Little Compton	6	0	0%
Middletown	67	17	25%
Narragansett	41	7	17%
New Shoreham	0	0	0%
Newport	140	30	21%
North Kingstown	86	25	29%
North Providence	206	51	25%
North Smithfield	72	13	18%
Pawtucket	711	146	21%
Portsmouth	75	13	17%
Providence	1039	283	27%
Richmond	24	8	33%
Scituate	22	7	32%
Smithfield	52	15	29%
South Kingstown	84	22	26%
Tiverton	51	13	25%
Warren	39	9	23%
Warwick	323	91	28%
West Greenwich	4	1	25%
West Warwick	364	111	30%
Westerly	148	44	30%
Woonsocket	409	100	24%
Rhode Island State Police	44	5	11%
Four Core Cities	2,259	569	25%
Remainder of State	3,022	794	26%
Rhode Island	5,325	1,368	26%

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, 2020 and December 31, 2020.

The data are only the incidents during which an arrest was made in which children were present, and do not represent the total number of children who experienced domestic violence in their homes. More than one child may have been present at an incident.

*Reports of domestic violence in Exeter are included in the Rhode Island State Police numbers. Rhode Island State Police numbers are included in the Rhode Island state totals.

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

References

- ¹ Chamberlain, L. (2018). *Futures without violence: Updated comprehensive review of interventions for children exposed to domestic violence*. Retrieved March 3, 2021, from www.promising.futureswithoutviolence.org
- ² Berger, A., Wildsmith, E., Manlove, J., & Steward-Streng, N. (2012). *Relationship violence among young adult couples*. Retrieved March 9, 2022, from www.childtrends.org
- ^{3,15,17} Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit. Based on data from Domestic Violence and Sexual Assault/Child Molestation Reporting Forms, 2015-2018, 2020.
- ⁴ Stop Violence Against Women. (2010). *Effects of domestic violence on children*. Retrieved March 9, 2022, from www.stopvaw.org
- ^{5,9} Wathen, C. N. & MacMillan, H. L. (2013). Children's exposure to intimate partner violence: Impacts and interventions. *Pediatrics & Child Health*, 18(8), 419-422.
- ^{6,14} Zeoli, A. (2018). *Children, domestic violence, and guns*. Minneapolis, MN: The National Resource Center on Domestic Violence and Firearms.

(continued on page 186)

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.²¹

Domestic Homicide and Guns

◆ When firearms are present in domestic violence situations, victims are six times more likely to die.²²

◆ In 2018, "red flag" legislation passed that authorizes the Rhode Island Supreme Court to issue "extreme risk protection orders" requiring the surrender of all firearms from persons determined to be capable of causing personal injury and prevents them from purchasing, receiving or attempting to purchase or receive firearms.²³

Child Neglect and Abuse

DEFINITION

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

SIGNIFICANCE

Children need love, affection, and nurturing from their parents and caregivers for healthy physical and emotional development. Experiencing child neglect or abuse can have lifelong consequences for a child's health, well-being, and relationships with others. Parents and caregivers are at increased risk for maltreating children if they are overwhelmed by multiple risk factors such as poverty, substance abuse, intergenerational trauma, isolation, or unstable housing.¹ Children who have been maltreated often face long-term consequences including chronic health and psychological problems. They are at increased risk for delinquency, substance 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. Focusing on prevention is equally critical and more cost-effective. In

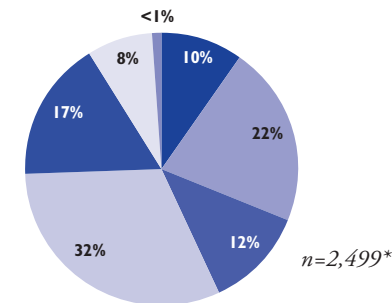
Rhode Island, if an investigation does not reveal maltreatment but family stressors and risk factors are identified, the Department of Children, Youth and Families (DCYF) refers families to community-based support services to reduce the risk of future involvement with DCYF. When maltreatment has occurred, a determination may be made that it is safe for the children to remain at home with support services provided to their family.⁴ In both cases, DCYF makes referrals to regional Family Care Community Partnership (FCCP) agencies that work with families to identify services and resources, including natural supports (persons and resources that families can access independent from formal services).⁵ In 2020, DCYF established a referral line (1-888-RI-FAMILY) that families in the community can call to access home and community-based services previously available only through DCYF involvement.⁶

In 2021 in Rhode Island, there were 1,655 indicated investigations of child neglect and abuse involving 2,520 children. The rate of child neglect and abuse per 1,000 children under age 18 was almost twice as high in the four core cities (16.5 victims per 1,000 children) than in the remainder of the state (8.7 victims per 1,000 children). Almost half (43%) of the victims of child neglect and abuse were young children ages five and under and one-third (32%) were ages three and younger.⁷

Child Neglect and Abuse, Rhode Island, 2021

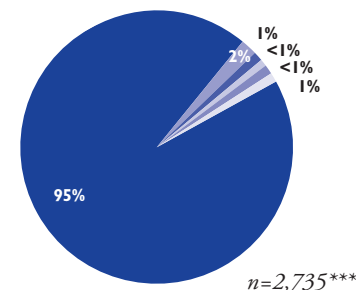
By Age of Victim*

10% (254)	Under Age 1
22% (538)	Ages 1 to 3
12% (292)	Ages 4 to 5
32% (791)	Ages 6 to 11
17% (427)	Ages 12 to 15
8% (195)	Ages 16 and Older
<1% (2)	Unknown



By Relationship of Perpetrator to Victims***

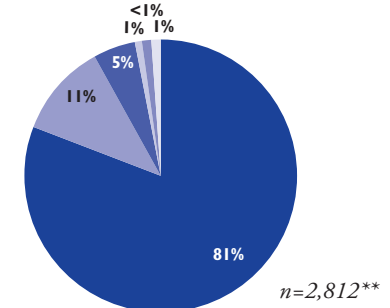
95% (2,604)	Parents
2% (55)	Relatives/Household Members
1% (27)	Foster Parents
<1% (8)	Residential Facility Staff
<1% (4)	Child Care Providers
1% (37)	Other or Unknown



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**

81% (2,281)	Neglect
11% (317)	Physical Abuse
5% (127)	Sexual Abuse
1% (35)	Medical Neglect
<1% (10)	Emotional Abuse
1% (42)	Other



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, 2012-2021

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
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
2021	14,876	34% (4,978)	1,704

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2012-2021.

**One investigation can be generated by multiple hotline calls. Investigations can result in a finding of indicated, unfounded, or unable to complete (as when essential party cannot be found).*

◆ From 2019 to 2021 in Rhode Island, the number of unduplicated child maltreatment reports decreased by 23%, the number of completed investigations decreased by 31%, and the number of indicated investigations decreased by 24%. In 2021, 34% of completed investigations were indicated investigations in which there is a “preponderance of evidence” that a child has been neglected and/or abused.” The decrease in reports is the result of the sharp decrease in reporting at the onset of the COVID-19 pandemic when school buildings were closed, as well as targeted prevention efforts focused on ways to help families before a CPS call is warranted.^{8,9,10}

◆ Of the 14,876 maltreatment reports in 2021, 59% (8,790) were classified as “information/ referrals”.¹¹ Information/referrals are reports made to the CPS Hotline that contain a concern about the well-being of a child but do not meet the criteria for an investigation. Criteria for investigation include that the victim is a minor, the alleged perpetrator is responsible for the child’s welfare, there is reasonable cause to believe that neglect or abuse exist, and there is a specific incident or pattern of incidents suggesting that harm can be identified. In 2019, DCYF began using a standardized screening tool to determine whether Hotline reports that do not meet the criteria for investigation should be referred for family assessment, which may lead to the development of a safety plan with the family, including referral and delivery of other services.¹²

Emergency Department Visits, Hospitalizations, and Deaths Due to Child Neglect and/or Abuse, Rhode Island, 2016-2020

YEAR	# OF EMERGENCY DEPARTMENT VISITS*	# OF HOSPITALIZATIONS*	# OF DEATHS**
2016	90	15	<5
2017	125	24	<5
2018	110	25	0
2019	88	40	<5
2020	102	98	<5
TOTAL	515	202	5

Source: Rhode Island Department of Health, 2016-2020.

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.*

***Data contain small numbers. Counts from 1-4 are suppressed as <5. Rates should not be calculated from counts <5.*

◆ Between 2016 and 2020, there were 515 emergency department visits, 202 hospitalizations, and five deaths of Rhode Island children under age 18 due to child neglect and/or abuse.¹³ Nationally in 2020, 74% of child maltreatment deaths involved neglect and 43% involved physical abuse (because a victim may have suffered more than one type of maltreatment, these categories are not mutually exclusive).¹⁴

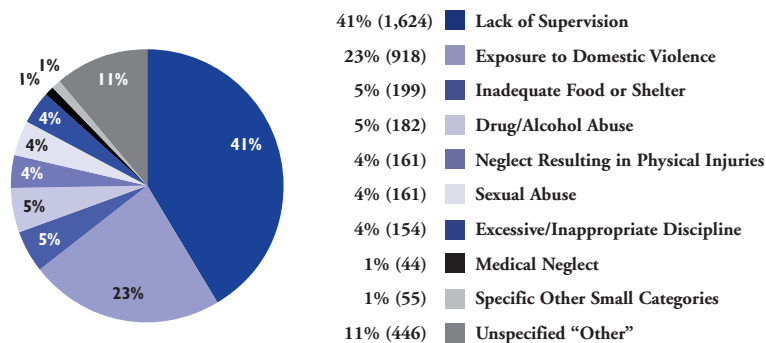
Child Neglect and Abuse in Rhode Island Communities

◆ Many parents at risk of child neglect and abuse 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.¹⁵ Providing access to economic resources, housing, health care, child care, early childhood learning programs, and evidence-based home visiting programs to families can prevent the occurrence and recurrence of child neglect and abuse.^{16,17}

◆ In 2021, Rhode Island had 11.3 child victims of neglect and abuse per 1,000 children, down from 12.0 in 2020. Woonsocket (28.9 victims per 1,000 children), West Warwick (20.9), and Central Falls (20.2) had the highest rates of child victims of neglect and abuse in the state.¹⁸

Child Neglect and Abuse

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2021



*n=3,944**

Source: Rhode Island Department of Children, Youth and Families, RIC HIST, 2021.

**The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation.*

◆ Of the 3,944 indicated allegations (confirmed claims) of neglect of children under age 18 in Rhode Island in 2021, 41% involved lack of supervision. This highlights the importance of access to high-quality, affordable child care, preschool, and after-school programs.¹⁹

◆ The second largest category of neglect (23%) is “exposure to domestic violence.” These are instances where the neglect is related to the child witnessing domestic violence in the home.²⁰

◆ The “specific other small categories” include educational neglect (27), tying/close confinement (8), emotional abuse (7), emotional neglect (5), inappropriate restraint (4), poisoning/noxious substances (2), abandonment (1), and corporal punishment (1).²¹

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2021

◆ In Rhode Island in 2021, there were 161 indicated allegations (confirmed claims) of child sexual abuse. Some children were victims of sexual abuse more than once. There were 132 (82%) female victims, 27 (17%) male victims, and two (1%) victims whose gender was unknown with confirmed allegations. Forty-one percent of the female victims were under age 12, while 70% of the male victims were under age 12.²²

◆ In the majority of child sexual abuse cases, the perpetrator is a relative or person known to the victim. Sexual abuse by a stranger is less likely.²³

Services & Supports for Young Children in the Child Welfare System

◆ 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.²⁴ Rhode Island specifically allows infants and toddlers who have experienced trauma, neglect, or abuse, to be determined eligible for Early Intervention under “informed clinical opinion - family circumstances” even if the child does not have a measurable developmental delay or diagnosed condition.²⁵

◆ In Rhode Island in State Fiscal Year 2021, there were 693 infants and toddlers involved with indicated cases of child neglect or abuse who were not already enrolled in Early Intervention or screened; 176 (25%) were referred to Early Intervention for a full evaluation and 500 (72%) were referred to First Connections for developmental screening. Outside of direct referrals from DCYF, only 86 additional victims were referred for an Early Intervention evaluation by First Connections or other programs. Of the 262 maltreated infants and toddlers who were referred to Early Intervention (directly or through First Connections), 161 (61%) were determined eligible. Ultimately, only 161 of the 693 children (23%) under age three who were victims of maltreatment were determined eligible for Early Intervention.²⁶

◆ Evidence-based Family Home Visiting programs promote positive parenting and provide new and expectant parents with information, support and referrals to community resources. Several models have been found to prevent and reduce neglect and abuse.^{27,28} Of the 728 infants and toddlers who experienced child neglect or abuse in Rhode Island in FY 2021, 52 (7%) were enrolled in an evidence-based family home visiting program.²⁹

Child Neglect and Abuse

Table 32.

Indicated Investigations of Child Neglect and Abuse, Rhode Island, 2021

CITY/TOWN	# OF CHILDREN UNDER AGE 18	# OF INDICATED INVESTIGATIONS OF CHILD NEGLECT/ABUSE	INDICATED INVESTIGATIONS PER 1,000 CHILDREN	# OF VICTIMS OF CHILD NEGLECT/ABUSE	VICTIMS OF CHILD NEGLECT/ABUSE PER 1,000 CHILDREN
Barrington	4,597	12	2.6	13	2.8
Bristol	3,623	24	6.6	30	8.3
Burrillville	3,576	20	5.6	31	8.7
Central Falls	5,644	71	12.6	114	20.2
Charlestown	1,506	6	4.0	6	4.0
Coventry	7,770	43	5.5	77	9.9
Cranston	16,414	90	5.5	105	6.4
Cumberland	7,535	42	5.6	45	6.0
East Greenwich	3,436	7	2.0	7	2.0
East Providence	9,177	75	8.2	117	12.7
Exeter	1,334	6	4.5	6	4.5
Foster	986	3	3.0	6	6.1
Glocester	2,098	9	4.3	8	3.8
Hopkinton	1,845	7	3.8	11	6.0
Jamestown	1,043	1	1.0	2	1.9
Johnston	5,480	31	5.7	42	7.7
Lincoln	4,751	18	3.8	29	6.1
Little Compton	654	4	6.1	4	6.1
Middletown	3,652	18	4.9	27	7.4
Narragansett	2,269	16	7.1	21	9.3
New Shoreham	163	0	0.0	0	0.0
Newport	4,083	41	10.0	66	16.2
North Kingstown	6,322	22	3.5	47	7.4
North Providence	5,514	67	12.2	101	18.3
North Smithfield	2,456	12	4.9	10	4.1
Pawtucket	16,575	179	10.8	286	17.3
Portsmouth	3,996	16	4.0	20	5.0
Providence	41,634	367	8.8	534	12.8
Richmond	1,849	5	2.7	14	7.6
Scituate	2,272	8	3.5	14	6.2
Smithfield	3,625	3	0.8	13	3.6
South Kingstown	5,416	31	5.7	54	10.0
Tiverton	2,998	17	5.7	23	7.7
Warren	1,940	15	7.7	25	12.9
Warwick	15,825	84	5.3	135	8.5
West Greenwich	1,477	4	2.7	4	2.7
West Warwick	5,746	68	11.8	120	20.9
Westerly	4,787	35	7.3	67	14.0
Woonsocket	9,888	178	18.0	286	28.9
Unknown Residence	NA	12	NA	0	NA
Out of State	NA	37	NA	NA	NA
Four Core Cities	73,741	795	10.8	1,220	16.5
Remainder of State	150,215	860	5.7	1,300	8.7
Rhode Island	223,956	1,655	7.4	2,520	11.3

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 2021. 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.

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

References

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- 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.
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- ⁴ Rhode Island Department of Children, Youth and Families, Child Protective Services, 2018.
- ^{5,10} Rhode Island Department of Children, Youth and Families. (n.d.). *Program: Family Care Community Partnerships (FCCPs)*. Retrieved February 7, 2022, from www.dcyf.ri.gov

(continued on page 186)

Children in Out-of-Home Placement

DEFINITION

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

SIGNIFICANCE

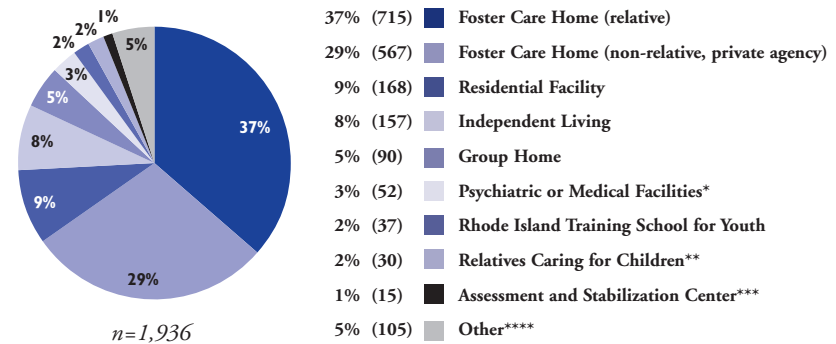
Children need stability, permanency, and safety for healthy development. Whenever possible, it is best for children and families to remain together. Removal from the home may be necessary for the child's safety and well-being; however, critical connections and a sense of permanency may be lost when a child is placed out-of-home.¹ Permanency planning efforts should begin as soon as a child enters the child welfare system so that a permanent living situation can be secured as quickly as possible.² The federal *Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections Act)* promotes permanency through supports for relative guardianship and incentives for adoption.³

Rhode Island children in out-of-home care 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 As of the 2017-2018 school year in Rhode Island, data on reading and math proficiency and high school graduation is publicly available for students in foster care.⁹

Children of Color are overrepresented at various points in the child welfare system, including reporting, screening, investigation, and assessment, and child welfare systems often fail to find and retain foster and adoptive Families of Color.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, 2021



*Medical facilities data include medical hospitals (13) and psychiatric hospitals (39).

**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 (58), runaway youth in DCYF care or those with unauthorized absences (34), minor with a mother in an assessment stabilization center, group home, or residential facility (3), prison (2), military service (1), and other (7).

Source: RI Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2021. Percentages may not sum to 100% due to rounding.

◆ As of December 31, 2021, there were 1,936 children under age 21 in the care of DCYF who were in out-of-home placements.¹²

◆ The total DCYF caseload on December 31, 2021 was 6,371, including 1,874 children living in their homes under DCYF supervision and 2,561 children living in adoption settings.¹³

◆ The total DCYF caseload also included 58 children in out-of-state placements/other agency custody, three children receiving respite care services, one youth in military service, and seven children in other placements.¹⁴

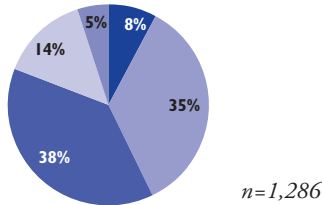
◆ On December 31, 2021, 258 children were living in a residential facility or group home, a decrease of 6% from 274 children on December 31, 2020. The percentage of children in out-of-home placement who were in a relative foster care home slightly decreased from 39% (817) on December 31, 2020 to 37% (715) on December 31, 2021.^{15,16}

Children in Out-of-Home Placement

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

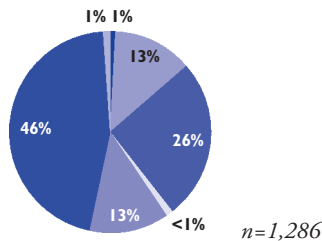
In Foster Care Homes
by Age

8% (105)	Under Age 1
35% (451)	Ages 1 to 5
38% (484)	Ages 6 to 13
14% (186)	Ages 14 to 17
5% (60)	Ages 18 and Over



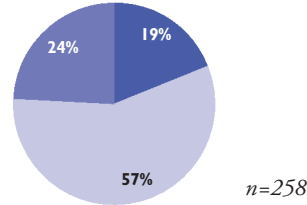
In Foster Care Homes
by Race and Ethnicity

1% (7)	Asian
13% (164)	Black
26% (338)	Hispanic*
<1% (3)	Native American
13% (171)	Multiracial
46% (597)	White
1% (6)	Other or Unknown



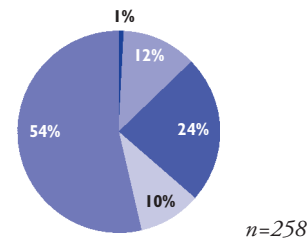
In Group Homes and Residential Facilities
by Age

0% (0)	Under Age 1
0% (0)	Ages 1 to 5
19% (49)	Ages 6 to 13
57% (148)	Ages 14 to 17
24% (61)	Ages 18 and Over



In Group Homes and Residential Facilities
by Race and Ethnicity

1% (2)	Asian
12% (30)	Black
24% (61)	Hispanic*
0% (0)	Native American
10% (26)	Multiracial
54% (139)	White
0% (0)	Other or Unknown



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

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2021-2022. Pie charts show data for a single point-in-time: Foster Care Homes on January 4, 2022 and Group Homes and Residential Facilities on December 31, 2021. Data may not match chart on previous page due to different report dates. Residential facilities do not include psychiatric hospitals, medical hospitals, the Rhode Island Training School, or out-of-state/other agency custody. Percentages may not sum to 100% due to rounding.

Ensuring Children Grow Up in Families

◆ Whenever safely possible, it is important to support families so that children can remain at home with their parents. The *Family First Prevention Services Act (FFPSA)* of 2018 enables states to use funds from the entitlement of Title IV-E of the *Social Security Act* that pays for child welfare, for time-limited services aimed at preventing the use of foster care in cases of maltreatment. States can spend money on services to address mental health issues, in-home parent skill-based programs, and substance abuse treatment for parents and relatives caring for children.^{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, 2021, of the 1,286 children in foster care placements in Rhode Island, 56% (715) 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, 2021, of the 258 children placed in groups homes and residential facilities, 81% (209) were ages 14 and older.²⁴

◆ Compared to their representation in the child population, Black and Multiracial children in Rhode Island are twice as likely to be in both foster care and congregate care placements. Hispanic children are slightly more likely to be in foster care and congregate care placements.^{25,26}

(References are on page 186)

Permanency for Children in DCYF Care

DEFINITION

Permanency for children in DCYF care is the percentage of children in out-of-home care who transition to a permanent living arrangement through reunification, adoption, or guardianship. Data are for all children under age 18 who entered out-of-home placement with the Rhode Island Department of Children, Youth and Families (DCYF) during a 12-month period.

SIGNIFICANCE

Children who are removed from their families 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 both the primary goal and the most common permanency outcome. When reunification is not possible, child welfare agencies focus on placing children in another permanent family through adoption or guardianship, a legal arrangement where an adult is named a child's caregiver and given custody and legal authority to make decisions about the child, often without terminating parental rights.^{7,8,9}

Children and youth who live with families while in the child welfare system are better prepared to thrive in permanent homes. To promote permanency through placements with family members, federal law requires states to notify relatives when a child is placed in foster care, provides funding for states offering kinship guardianship assistance, provides incentive payments for adoptions of older children and children with special needs, and requires that states inform families about the availability of the federal adoption tax credit.^{10,11}

Older youth who age out of foster care are at risk for low educational attainment, homelessness, unemployment, and unintended pregnancy. *The Families First Prevention Services Act* allows states to extend eligibility for services up to age 23 to help youth transition to independent living with better outcomes into adulthood.^{12,13}

Among Rhode Island FY 2020 Entry Cohort, Children Who Achieved Permanency Within 12 Months, by Discharge Reason

DISCHARGE REASON	NUMBER	PERCENTAGE	MEDIAN DAYS IN PLACEMENT
Reunification with Parents	177	98%	292
Guardianship	1	1%	48
Adoption – Direct Consent	1	1%	329
Living with Relative(s)	1	1%	144
Adoption	1	1%	230
Total Number	181	100%	292

Source: *Permanency analytic report FY21* Rhode Island Department of Children, Youth and Families. Data cannot be compared to Factbooks prior to 2018 because of differences in reporting methodology. The FY 2020 cohort includes a total of 924 children, 181 of whom achieved permanency within 12 months.

- ◆ Of the 924 Rhode Island children in the FY 2020 entry cohort, 20% (181) 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 as DCYF and Court procedures were adjusted.^{14,15}
- ◆ Of the 181 children in the FY 2020 entry cohort who achieved permanency within 12 months, 54% were under age six, 23% were ages six to 11, and 23% were ages 12 and older. Nineteen percent of these children were Black, 30% of children were Hispanic (of any race), 11% were Multiracial or other, 38% were white, and 2% were of unknown race.¹⁶
- ◆ Of the 181 children in the FY 2020 cohort who achieved permanency within 12 months, 98% achieved permanency through reunification with their family of origin. Child welfare agencies can promote reunification comprehensive family assessment, active case management, and reunification and post-reunification services tailored to the family's needs.^{17,18}
- ◆ Rhode Island's guardianship assistance program defines kin as any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy. Among the 181 children in the FY 2020 cohort who achieved permanency within 12 months, 1% achieved permanency through guardianship.^{19,20}
- ◆ Of the 1,122 children in the FY 2019 entry cohort, 20% (221) exited foster care to permanency within 12 months of removal and 29% (323) within 13 to 24 months.²¹

Permanency for Children in DCYF Care

Voluntary Extension of Care (VEC)

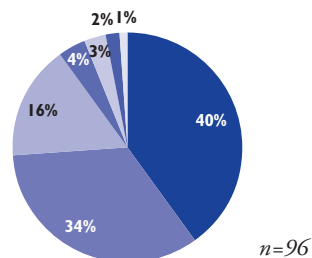
◆ In 2018, Rhode Island established the VEC program, allowing youth ages 18 to 21 who were in foster care the option of continuing to receive services. VEC helps older youth in care transition to adulthood by supporting them in making life decisions about housing, education, employment, health care,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

◆ On December 31, 2021, 96 youth ages 18 to 21 were enrolled in VEC with approved court petitions. An additional 12 youth were in VEC case management and 11 were in transition to VEC. Of these 96 youth, 68% were female and 32% were male. Twelve percent were age 18, 25% were age 19, and 64% were age 20. Eight percent were Black, 28% were Hispanic (of any race), 10% were Multiracial/Other, and 53% were white.²³

◆ Of the 96 youth in VEC on December 31, 2021, 43% were continuing their education. Additionally, 33% were employed full time, 26% were employed part time, and 31% were not employed.²⁴

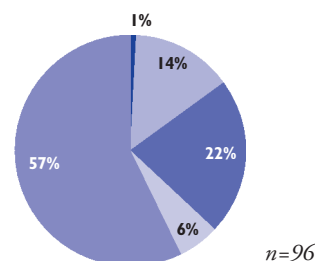
Housing for Youth in VEC

40% (38)	With Relative/Kin
34% (33)	Apartment Alone
16% (15)	Apartment with Others
4% (4)	Paid Independent Living
3% (3)	Homeless
2% (2)	Temporary Housing
1% (1)	Dormitory



Education for Youth in VEC

1% (1)	Enrolled in High School
14% (13)	Enrolled in GED
22% (21)	Full-time Post-Secondary
6% (6)	Part-time Post-Secondary
57% (55)	Not Currently Enrolled



Source: Rhode Island Department of Children, Youth and Families, December 31, 2021.

Effects of COVID-19 on Youth in VEC

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

Adoptions for Children in DCYF Care

◆ During calendar year 2021, 240 children in the care of DCYF were adopted in Rhode Island, up 89% from 2020. Of these children, 60% were under age six, 33% were ages six to 13, and 7% were age 14 or older. Thirteen percent were Black, 24% were Hispanic (of any race), 15% were Multiracial, 1% were Pacific Islander, 45% were white, and less than 1% were of unknown race.^{28,29}

◆ On January 11, 2022, there were 207 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these children, 42% were under age six, 24% were ages six to 10, 29% were ages 11 to 15, and 5% were ages 16 and older. Fifteen percent were Black, 30% were Hispanic (of any race), 13% were Multiracial or other, and 43% were white.³⁰

◆ Of the 207 children waiting to be adopted, 21% (43) were children of parents whose parental rights had been legally terminated.³¹

◆ Of the 323 Rhode Island children in the FY 2019 entry cohort who achieved permanency in 13 to 24 months, 10% were adopted.³²

References

^{1,3,5} Casey Family Programs. (2018). *Strong families strategy brief: What impacts placement stability?* Retrieved April 19, 2022, from www.casey.org

² Wedeles, J. (n.d.). *Placement stability in child welfare.* Retrieved April 19, 2022, from www.oacas.org

(continued on page 187)

Education

Oda a la Escuela Bilingüe de Buena Vista

by Francisco Alarcón

aquí el español
va a la escuela
con el inglés

uno-dos-tres
es tan fácil como
one-two-three

aquí niños de todas
las razas escriben
bellos poemas

tanto en inglés
como en español
hasta en espiral

y siguiendo
la clave del
maestro Felipe

aquí los niños
aprenden a cantar
con el corazón

Ode to Buena Vista Bilingual School

here Spanish
goes to school
with English

uno-dos-tres
is as easy as
one-two-three

here children
of all races write
beautiful poems

in English
and Spanish
even in spirals

and following
the beat of teacher
Felipe's clave

here children
learn to sing
with their hearts



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 serve 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 and 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

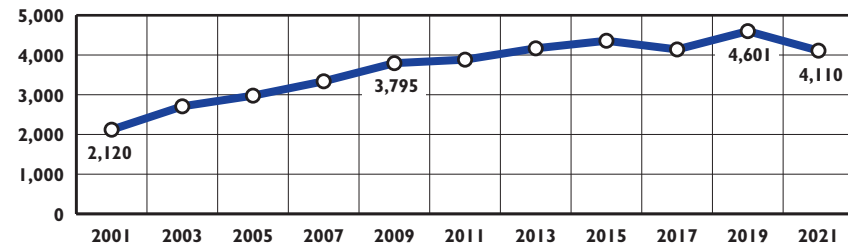
In Rhode Island, children under age three are eligible for Early Intervention if they have a “single established condition” known to lead to developmental delay (e.g., very low birth weight, Down Syndrome, etc.) or

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

Approximately 17% of U.S. children ages three to 17 have developmental disabilities, with higher prevalence among children from low-income families and among boys. Nationally, less than a quarter of children with developmental delays and disabilities receive Early Intervention services before age three.^{4,5}

Early childhood developmental screenings are required and covered at pediatric health care visits for all children with RIte Care coverage through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. The American Academy of Pediatrics recommends routine developmental screening using standardized tools to identify children who would benefit from Early Intervention services.^{6,7} In 2021, 65.2% of children under age three with RIte Care had a developmental screening completed, compared to 59.5% in 2020.⁸

Infants & Toddlers Receiving Early Intervention Services, Calendar Years 2001-2021, Rhode Island



Source: 2001-2003, Rhode Island Department of Health; 2004-2011, Rhode Island Department of Human Services; 2012-2021, Rhode Island Executive Office of Health and Human Services.

◆ As of June 30, 2021, there were 2,102 infants and toddlers receiving Early Intervention (EI) services, 6% of the population under age three. The number of children receiving Early Intervention services in Calendar Year 2021 (4,110) was down 11% from 4,601 in 2019 (pre-pandemic).⁹

◆ As of June 30, 2021, of children who were eligible for Early Intervention, 64% were eligible due to informed clinical opinion/significant circumstances impacting child or family function, 18% due to a single established condition, 17% due to a measured significant delay, and less than 1% were eligible due to an unspecified developmental delay. During the COVID-19 pandemic, Early Intervention providers conducted many eligibility evaluations virtually which did not allow for use of a standardized developmental assessment tool. They were instructed to use “informed clinical opinion/significant circumstances impacting child/family functioning.”¹⁰

◆ In 2021, 1,027 children were discharged from EI upon reaching age three. Of these, 65% were found eligible and 16% were found not eligible for preschool special education. Thirteen percent were in the process of eligibility determination, 3% had successfully met all developmental goals, and 3% left the program for other reasons.¹¹

◆ As of June 30, 2021, in Rhode Island, 1,197 children (57%) received services through public insurance (RIte Care and Medicaid), 870 children (41%) received services through a private health insurance provider, and 35 children (2%) were uninsured with services covered by Part C funding.¹²

Children Enrolled in Early Intervention

Table 33. Infants and Toddlers Enrolled in Early Intervention (EI) by Eligibility Type, Rhode Island, 2021

CITY/TOWN	CALENDAR YEAR 2021 ENROLLMENT			JUNE 30, 2021 ENROLLMENT BY ELIGIBILITY				
	# 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	58	16%	11	4	14	29	8%
Bristol	507	46	9%	4	4	16	24	5%
Burrillville	460	49	11%	5	12	5	22	5%
Central Falls	1,028	118	11%	10	7	46	63	6%
Charlestown	186	24	13%	0	2	9	11	6%
Coventry	940	102	11%	7	5	37	49	5%
Cranston	2,318	266	11%	23	21	103	147	6%
Cumberland	970	140	14%	8	13	51	72	7%
East Greenwich	299	54	18%	6	2	19	27	9%
East Providence	1,560	161	10%	11	8	61	80	5%
Exeter	166	13	8%	1	0	5	6	4%
Foster	113	15	13%	1	4	4	9	8%
Glocester	247	22	9%	2	4	2	8	3%
Hopkinton	258	34	13%	4	4	13	21	8%
Jamestown	85	9	11%	0	1	5	6	7%
Johnston	816	121	15%	14	3	49	66	8%
Lincoln	587	71	12%	5	7	25	37	6%
Little Compton	68	5	7%	0	0	0	0	0%
Middletown	502	74	15%	5	10	15	30	6%
Narragansett	271	16	6%	2	0	4	6	2%
New Shoreham	21	2	10%	0	0	0	0	0%
Newport	820	87	11%	7	14	16	37	5%
North Kingstown	728	78	11%	7	12	22	41	6%
North Providence	851	110	13%	12	6	40	58	7%
North Smithfield	290	38	13%	4	6	9	19	7%
Pawtucket	2,959	350	12%	39	16	129	184	6%
Portsmouth	429	56	13%	8	7	18	33	8%
Providence	7,609	994	13%	111	64	343	518	7%
Richmond	235	21	9%	0	1	12	13	6%
Scituate	193	40	21%	3	4	9	16	8%
Smithfield	402	54	13%	2	2	25	29	7%
South Kingstown	640	75	12%	10	5	26	41	6%
Tiverton	398	47	12%	1	11	11	23	6%
Warren	296	26	9%	6	3	5	14	5%
Warwick	2,322	271	12%	21	22	94	137	6%
West Greenwich	178	26	15%	3	0	11	14	8%
West Warwick	1,044	134	13%	11	15	44	70	7%
Westerly	726	71	10%	10	1	24	35	5%
Woonsocket	1,900	232	12%	14	63	30	107	6%
Four Core Cities	13,496	1,694	13%	174	150	548	872	6%
Remainder of State	20,292	2,416	12%	214	213	803	1,230	6%
Rhode Island	33,788	4,110	12%	388	363	1,351	2,102	6%

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, Early Intervention enrollment, Calendar Year 2021 and June 30, 2021 enrollment (point-in-time). On June 30, 2021, there were 3 children who were eligible for Early Intervention under the developmental delay category but didn't have specific information about measured delay or significant circumstances. We count them in the "significant circumstances" category.

The denominator is the number of children under age three, according to Census 2010, Summary File 1.

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

References

- ^{1,2} Ullrich, R., Cole, P., Gebhard, B., & Schmit, S. (2017). *Early Intervention: A critical support for infants, toddlers, and families*. Washington, DC: Zero to Three and CLASP.
- ³ *Rhode Island Early Intervention certification standards policies and procedures: IV. Eligibility determination*. (2018). Cranston, RI: Rhode Island Executive Office of Health and Human Services.
- ⁴ Zablotsky, B., et al., (2019). Prevalence and trends of developmental disabilities among children in the United States: 2009–2017. *Pediatrics*, 144(4): e20190811.
- ⁵ Zubler, J. M., et al., (2022). Evidence-informed milestones for developmental surveillance tools. *Pediatrics*, 149(3): e2021052138
- ⁶ *Early and Periodic Screening, Diagnostic, and Treatment*. (n.d.). Retrieved February 25, 2022, from www.medicaid.gov
- ⁷ Lipkin, P. H., Macias, M. M., & AAP Council on children with disabilities, section on developmental and behavioral pediatrics. (2020). Promoting optimal development: identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*, 145(1): e20193449.
- ⁸ Rhode Island Executive Office of Health and Human Services, quality of Medicaid Managed Care data, 2021.
- ^{9,10,11,12} Rhode Island Executive Office of Health and Human Services, 2019 - 2021.

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 (\$23,030 for a family of three in 2022).^{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 and twice-monthly group meetings to support child development. Children in center-based models attend a center-based early care and education program and families

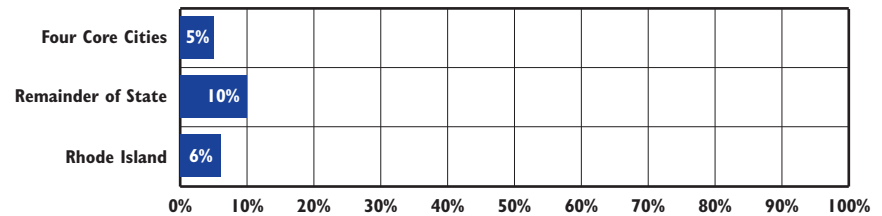
receive at least two home visits per year. Some provide a combination of home-based and center-based services.⁶

As of October 2021, of the 396 children and pregnant women enrolled in Early Head Start, 241 (61%) were enrolled in home-based services and 155 (39%) 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, more opportunities for language development, read more to their children, are less likely to use physical discipline, and are more likely to create a stimulating environment at home. Early Head Start parents are less likely to experience depression and more likely to be self-sufficient (higher incomes). Children who enroll in high-quality preschool after Early Head Start have better outcomes at kindergarten entry.^{9,10}

As of October 2021, there were 383 infants and toddlers and 13 pregnant women receiving Early Head Start in Rhode Island.¹¹

Estimated Percentage of Eligible Infants and Toddlers Enrolled in Early Head Start, 2021



Source: Rhode Island KIDS COUNT calculations using Early Head Start program enrollment October 2021 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 2016-2020 American Community Survey data as the denominator.

◆ As of October 2021 in Rhode Island, there were 396 children and pregnant women enrolled in Early Head Start, 6% of the population in poverty and 3% of the population in low-income families, a decline from 678 children and pregnant women in 2019 (pre-pandemic). There were 215 children and pregnant women from the four core cities (5% of the population in poverty and 2% of the population in low-income families) and 181 children and pregnant women from the remainder of the state (10% of the population in poverty and 4% of the population in low-income families).^{12,13,14}

◆ As of October 2021, 3% of Early Head Start clients were pregnant women, 15% were infants under age one, 29% were age one, 50% were toddlers age two, and 3% were age three.¹⁵

◆ Rhode Island Early Head Start programs served children with high needs including: 55 infants and toddlers with developmental delays or disabilities (14% of all children enrolled), 32 children who were in foster care, and 14 children who were homeless.¹⁶ Early Head Start programs are required to enroll children with disabilities and to screen all enrolled children to identify developmental delays and disabilities.¹⁷

◆ As of October 2021, 27% 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

Children Enrolled in Early Head Start

Table 34.

Children Ages Birth to Three and Pregnant Women Enrolled in Early Head Start, Rhode Island, 2021

SCHOOL DISTRICT	# OF CHILDREN <AGE 3	% LOW-INCOME CHILDREN IN DISTRICT	ESTIMATED # LOW-INCOME CHILDREN <AGE 3	# ENROLLED IN HOME-BASED EARLY HEAD START	# ENROLLED IN CENTER-BASED EARLY HEAD START	# ENROLLED IN EARLY HEAD START	ESTIMATED % OF LOW-INCOME INFANTS AND TODDLERS ENROLLED IN EARLY HEAD START
Barrington	366	4%	15	0	0	0	0%
Bristol	507	22%	113	0	1	1	1%
Burrillville	460	27%	126	0	3	3	2%
Central Falls	1,028	82%	847	23	9	32	4%
Charlestown	186	17%	32	0	0	0	0%
Coventry	940	16%	153	2	4	6	4%
Cranston	2,318	33%	775	2	18	20	3%
Cumberland	970	13%	129	2	0	2	2%
East Greenwich	299	5%	14	4	2	6	44%
East Providence	1,560	28%	432	1	16	17	4%
Exeter	166	12%	20	0	2	2	10%
Foster	113	26%	30	0	0	0	0%
Glocester	247	9%	22	1	0	1	5%
Hopkinton	258	17%	44	0	0	0	0%
Jamestown	85	4%	4	0	0	0	0%
Johnston	816	39%	319	4	1	5	2%
Lincoln	587	24%	141	0	0	0	0%
Little Compton	68	10%	7	0	0	0	0%
Middletown	502	26%	131	1	4	5	4%
Narragansett	271	11%	29	0	0	0	0%
New Shoreham	21	4%	1	0	0	0	0%
Newport	820	64%	527	8	19	27	5%
North Kingstown	728	15%	106	0	4	4	4%
North Providence	851	38%	327	11	8	19	6%
North Smithfield	290	11%	32	0	0	0	0%
Pawtucket	2,959	70%	2,060	22	7	29	1%
Portsmouth	429	9%	39	1	0	1	3%
Providence	7,609	82%	6,224	124	17	141	2%
Richmond	235	17%	40	0	0	0	0%
Scituate	193	10%	19	0	0	0	0%
Smithfield	402	7%	29	3	0	3	10%
South Kingstown	640	13%	83	4	3	7	8%
Tiverton	398	17%	66	1	1	2	3%
Warren	296	22%	65	0	0	0	0%
Warwick	2,322	27%	630	11	9	20	3%
West Greenwich	178	12%	22	2	2	4	18%
West Warwick	1,044	46%	480	11	13	24	5%
Westerly	726	30%	218	1	1	2	1%
Woonsocket	1,900	73%	1,390	2	11	13	1%
Four Core Cities	13,496	78%	10,522	171	44	215	2%
Remainder of State	20,292	23%	4,707	70	111	181	4%
Rhode Island	33,788	41%	13,749	241	155	396	3%

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled as of October 2021. 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 2021.

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

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

References

- ¹ U.S. Department of Health and Human Services, Administration for Children and Families, Early Childhood Learning & Knowledge Center. (2020). *Early Head Start programs*. Retrieved April 8, 2022, from eclkc.ohs.acf.hhs.gov
- ² U.S. Department of Health and Human Services, Administration for Children and Families, Early Childhood Learning & Knowledge Center. (2022). *Poverty guidelines and determining eligibility for participation in Head Start programs*. Retrieved April 8, 2022, from eclkc.ohs.acf.hhs.gov
- ³ U.S. Department of Health and Human Services. (2022). Annual update of the HHS poverty guidelines. *Federal Register*, 87(14), 3315-3316.
- ^{4,9} Shaffner, M. & Cole, P. (2021). *Early Head Start: An essential support for pregnant women, infants, and toddlers*. Washington, DC: Zero to Three.
- 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 April 11, 2022, from eclkc.ohs.acf.hhs.gov

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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

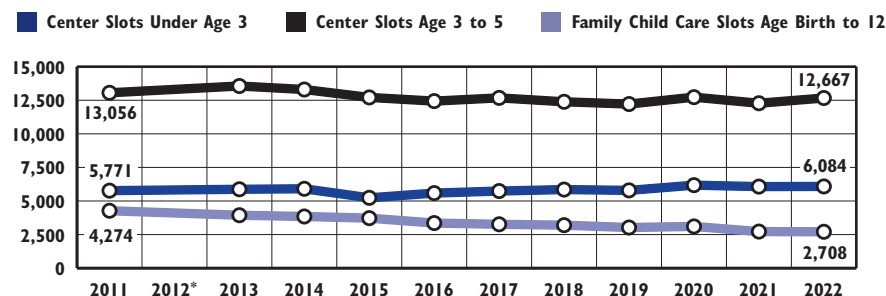
Access to stable, affordable, quality child care is a basic need for many working families and is critical for Rhode Island's economy. When parents

have difficulty finding and keeping child care, they are more likely to be absent from work and to leave their jobs.³ Between 2016 and 2020, 73% of Rhode Island children under age six had all parents in the workforce, higher than the U.S. rate of 67%.⁴

Revenue from family fees and available public subsidies for child care are not adequate for most child care and early learning programs to pay competitive wages that are needed to attract and retain qualified and effective educators.⁵ In 2021 in Rhode Island, the average wage was \$13.26/hour for a child care educator and \$14.08 for a preschool teacher.⁶

The federal *Child Care and Development Block Grant Act* requires states to establish and enforce clear health and safety standards for child care programs. States must conduct at least one unannounced inspection of all licensed providers each year and must maintain a public website with a searchable list of child care providers with information on the quality of each child care program and the findings from at least three years of licensing inspections. States must also publicly report data on serious injuries, substantiated child maltreatment, and deaths in child care programs.⁷ In 2020, there were two children seriously injured, nine children who were maltreated, and zero children who died in a licensed child care program in Rhode Island.⁸

Early Learning Program Capacity, Rhode Island, 2011-2022



Source: Rhode Island Department of Children, Youth and Families, 2011-2019 and Rhode Island Department of Human Services, 2020-2022. 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 2022, there were 94 fewer slots for infants and toddlers and 63 fewer slots for preschoolers in licensed centers, and there were 398 fewer slots in licensed family child care homes than in January 2020 (pre-pandemic). Since 2011, the number of infant/toddler slots is up 5% and the number of preschool slots is down 3% in centers. The number of family child care slots is down 37%.⁹

◆ As of January 2022, 86% of family child care providers and 80% 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 eligible low-income families.¹⁰

◆ In addition to licensed programs operated by community-based agencies and family child care providers, there are 55 traditional public schools, one public charter school, and one state-operated school in Rhode Island that have preschool classrooms.¹¹

Child Care and the COVID-19 Pandemic

◆ Rhode Island has been working to distribute \$57 million in American Rescue Plan Child Care Stabilization Funding to licensed child care providers to help programs stay open when faced with reduced revenue and higher operating costs due to the pandemic. Financially unstable before the pandemic, child care programs across the U.S. have faced tremendous financial difficulties.¹²

Licensed Capacity of Early Learning Programs

Table 35.

Capacity of Licensed Early Learning Programs, Rhode Island, January 2022

CITY/TOWN	# OF LICENSED CENTERS	# OF CENTER SLOTS FOR INFANTS < AGE 18 MONTHS	# OF CENTER SLOTS FOR TODDLERS AGES 18 MONTHS THROUGH < AGE 3	# OF CENTER SLOTS FOR CHILDREN AGES 3-5	# OF LICENSED FAMILY CHILD CARE HOMES	# OF LICENSED FAMILY CHILD CARE HOME SLOTS*	TOTAL LICENSED EARLY LEARNING PROGRAM SLOTS
Barrington	9	31	82	317	4	26	456
Bristol	4	29	32	72	4	24	157
Burrillville	3	7	11	74	1	6	98
Central Falls	3	31	47	229	14	94	401
Charlestown	4	4	10	92	0	0	106
Coventry	7	48	83	233	3	20	384
Cranston	28	199	303	1,155	43	289	1,946
Cumberland	7	16	63	329	8	66	474
East Greenwich	12	124	236	589	0	0	949
East Providence	15	87	159	518	1	6	770
Exeter	2	8	16	52	0	0	76
Foster	1	8	11	18	0	0	37
Glocester	3	24	31	100	0	0	155
Hopkinton	3	8	6	60	1	8	82
Jamestown	1	8	22	34	1	8	72
Johnston	20	200	266	511	8	54	1,031
Lincoln	6	48	107	246	5	32	433
Little Compton	1	0	0	20	0	0	20
Middletown	10	60	150	368	1	6	584
Narragansett	2	0	12	60	1	8	80
New Shoreham	1	4	8	26	0	0	38
Newport	3	32	32	145	1	8	217
North Kingstown	7	41	60	334	2	14	449
North Providence	9	57	112	218	8	53	440
North Smithfield	2	16	67	121	4	40	244
Pawtucket	12	77	146	485	27	181	889
Portsmouth	4	40	52	133	1	8	233
Providence	51	281	541	2,235	236	1,580	4,637
Richmond	0	0	0	0	1	12	12
Scituate	1	0	11	36	1	12	59
Smithfield	9	112	214	495	1	5	826
South Kingstown	13	96	177	385	3	24	682
Tiverton	3	0	28	124	1	8	160
Warren	5	32	48	201	1	8	289
Warwick	23	306	478	1,193	7	52	2,029
West Greenwich	3	13	30	93	0	0	136
West Warwick	6	54	115	321	3	20	510
Westerly	7	42	53	300	1	6	401
Woonsocket	13	24	98	745	4	30	897
Four Core Cities	79	413	832	3,694	281	1,885	6,824
Remainder of State	234	1,754	3,085	8,973	116	823	14,635
Rhode Island	313	2,167	3,917	12,667	397	2,708	21,459

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 2022.

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.

² Malik, R., et al. (2018). *America's child care deserts in 2018*. Washington, DC: Center for American Progress.

³ Glynn, S. J., Farrell, J., & Wu, N. (2013). *The importance of preschool and child care for working mothers*. Retrieved February 20, 2022, from: www.americanprogress.org

⁴ U.S. Census Bureau, American Community Survey, 2016-2020. Table DP03.

⁶ U.S. Bureau of Labor Statistics. (2022). *May 2021 State occupational employment and wage estimates, Rhode Island*. Retrieved April 2, 2022, from www.bls.gov

⁷ Matthews, H., Schulman, K., Vogtman, J., Johnson-Staub, C., & Blank, H. (2017). *Implementing the Child Care and Development Block Grant Reauthorization: A Guide for States*. Washington, DC: Center for Law and Social Policy & National Women's Law Center.

⁸ Rhode Island Department of Human Services. (2021). Consumer statement. Retrieved April 22, 2022 from, www.kids.ri.gov

^{9,10} Rhode Island Department of Children, Youth and Families, 2010-2019 and Rhode Island Department of Human Services, 2020-2022. RI Early Care and Education Data System (ECEDS), 2016-2020.

¹¹ Rhode Island Department of Education, public schools operating preschool classrooms, 2022.

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Children Receiving Child Care Subsidies

DEFINITION

Children receiving child care subsidies is the number of children receiving child care that is either fully or partially paid for with a child care subsidy through the Rhode Island Department of Human Services' Child Care Assistance Program (CCAP). Child care subsidies can be used for care in a licensed child care center, a licensed family child care home, or by a license-exempt provider (family, friend, or neighbor).

SIGNIFICANCE

Families rely on child care to enable them to work and to provide the early education experiences needed to prepare their children for school. Yet the high cost of child care puts quality care out of reach for many low-income families. State child care subsidy programs help low-income families access child care.¹

Child care is the biggest living expense in most family budgets. In Rhode Island, the average annual cost for infant child care is 12% more than in-state college tuition and 16% more than the average annual cost for housing.² A 2019 Rhode Island study of families with children under age six found that affordable child care was consistently reported as the greatest family need.³ Using the federal child care affordability guideline (no more than 7% of family income should be spent on child care), a Rhode Island family would need to earn \$167,000 to

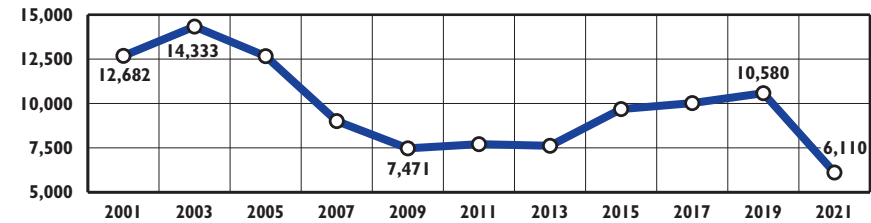
afford the average annual cost for one preschooler at a licensed center in 2021.^{4,5}

Subsidy payment rates for child care providers should meet or exceed the federal benchmark established to ensure low-income families have equal access to the child care market and to promote access to quality care. Inadequate payment rates in Rhode Island and other states mean that families with a child care subsidy have limited options and programs that accept children with a subsidy often do not have enough resources to pay staff a living wage or meet quality standards.⁶ A 2021 report from the U.S. Treasury identifies several market failures that make the current child care system "unworkable" for most families.⁷

Child care educators, almost all of whom are women and 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.⁸ At least 15 states fund wage supplements designed to improve qualifications and retention of child care teachers.⁹

In Rhode Island in 2021, the median hourly wage was \$13.26 for a child care educator and \$14.08 for a preschool educator. Kindergarten teachers earned an average annual wage of \$77,220 in 2021.¹⁰

Child Care Subsidies, Rhode Island, 2001-2021



Source: Rhode Island Department of Human Services, December 2001–December 2015, September 2016, December 2017–December 2021. Data for December 2016 were not available.

◆ In December 2021, there were 6,110 child care subsidies in Rhode Island, down 42% from December 2019 (pre-pandemic) and down 57% from the 2003 peak. In December 2021 in Rhode Island, 79% of child care subsidies were for care in a licensed child care center, 21% were for care by a licensed family child care home, and less than 1% were for care by a license-exempt provider.¹¹

◆ As of December 2021, 22% 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 (28%) than infants and toddlers (22%) or school-age children (17%).¹²

◆ In December 2021, 79% of all children receiving child care subsidies were in low-income working families not receiving cash assistance and 12% were in low-income families receiving cash assistance. Another 9% of child care subsidies were used for children in the care of the Rhode Island Department of Children, Youth and Families.¹³

Average Annual Cost for Full-Time Child Care, Rhode Island, 2021

PROGRAM TYPE	COST PER CHILD
Child Care Center (infant care)	\$13,780
Child Care Center (preschool care)	\$11,700
Family Child Care Home (preschool care)	\$9,750
School-Age Center-Based Program (child age 6-12)	\$8,684

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Public Consulting Group. (2021). *Rhode Island Department of Human Services (DHS) 2021 Child care market rate survey report*. Retrieved April 2, 2022, from www.dhs.ri.gov

Children Receiving Child Care Subsidies

Table 36.

Child Care Subsidies, Rhode Island, December 2021

CITY/TOWN	SUBSIDY USE BY CHILD RESIDENCE*				SUBSIDY USE BY PROGRAM LOCATION			
	UNDER AGE 3	AGES 3-5	AGES 6-12	TOTAL CHILD CARE SUBSIDIES	CENTER	FAMILY CHILD CARE	LICENSE EXEMPT	TOTAL CHILD CARE SUBSIDIES
Barrington	3	10	12	25	31	0	0	31
Bristol	10	6	7	23	24	0	0	24
Burrillville	8	9	17	34	38	0	0	38
Central Falls	53	77	109	239	169	73	2	244
Charlestown	1	1	0	2	2	0	0	2
Coventry	21	40	30	91	115	2	0	117
Cranston	78	117	149	344	393	141	0	534
Cumberland	12	25	39	76	90	0	0	90
East Greenwich	3	6	6	15	29	0	0	29
East Providence	45	75	92	212	246	10	0	256
Exeter	3	4	1	8	8	0	0	8
Foster	0	1	1	2	4	0	0	4
Glocester	1	1	2	4	17	0	0	17
Hopkinton	1	2	0	3	0	0	0	0
Jamestown	2	0	0	2	3	0	0	3
Johnston	29	38	29	96	227	31	0	258
Lincoln	17	18	37	72	65	5	0	70
Little Compton	1	1	0	2	0	0	0	0
Middletown	11	21	16	48	79	0	0	79
Narragansett	5	4	3	12	3	0	0	3
New Shoreham	0	0	0	0	0	0	0	0
Newport	24	34	64	122	119	0	6	125
North Kingstown	9	28	15	52	46	0	0	46
North Providence	27	51	37	115	94	2	0	96
North Smithfield	6	6	5	17	15	0	0	15
Pawtucket	139	245	255	639	557	50	0	607
Portsmouth	2	7	2	11	7	0	0	7
Providence	504	681	964	2,149	1,191	953	4	2,148
Richmond	2	5	2	9	1	0	0	1
Scituate	5	6	1	12	3	0	0	3
Smithfield	7	11	8	26	45	0	0	45
South Kingstown	8	12	4	24	58	0	0	58
Tiverton	2	6	3	11	10	5	0	15
Warren	10	13	7	30	43	1	0	44
Warwick	54	109	129	292	451	12	0	463
West Greenwich	2	2	1	5	4	0	0	4
West Warwick	59	75	84	218	187	2	0	189
Westerly	11	16	14	41	51	0	0	51
Woonsocket	71	132	199	402	374	8	0	382
DCYF	206	261	108	575	NA	NA	NA	NA
Undetermined Address	3	0	0	3	NA	NA	NA	NA
Out-Of-State	NA	NA	NA	NA	4	0	0	4
Four Core Cities	767	1,135	1,527	3,429	2,291	1,084	6	3,381
Remainder of State	479	760	817	2,056	2,508	211	6	2,725
Rhode Island	1,455	2,156	2,452	6,063	4,803	1,295	12	6,110

Source of Data for Table/Methodology

Rhode Island Department of Human Services, December 2021.

DCYF is the number of children in the care of the Department of Children, Youth and Families who are receiving child care subsidies.

Out-of-State is subsidies used by Rhode Island resident children who attend child care located outside of Rhode Island; they are included in the total count for Rhode Island.

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

NA=Not applicable

Subsidy data by age of child are reported by the child's residence. Subsidy use by program type is reported by location of the program.

*Total subsidy use by program location does not match total subsidy use by child residence, because children may be enrolled in more than one program.

The average annual cost for full-time child care was determined by multiplying the average weekly tuition rate by 52 weeks (for infants and preschoolers). For school-age children, the annual cost was determined by multiplying the average weekly tuition for before and after school care by 39 weeks and adding 13 weeks of average school vacation/summer camp tuition.

References

- ¹⁶ Schulman, K. (2021). *On the precipice: State child care assistance policies 2020*. Washington, DC: National Women's Law Center.
- ² Economic Policy Institute. (2020). *Child care costs in the United States, Rhode Island*. Retrieved April 2, 2022, from www.epi.org
- ³ Abt Associates. (2019). *Rhode Island PDG B-5 family needs assessment final report*. Retrieved February 8, 2021, from www.kids.ri.gov
- ⁴ U.S. Department of Health and Human Services. (2016). Child Care and Development Fund Program: Final rule. *Federal Register*, 81(190), 67438-67595.

(continued on page 187)

High-Quality Early Learning Programs

DEFINITION

High-quality early learning programs is the percentage of licensed early learning centers, family child care homes, and public schools with preschool classrooms that have a high-quality rating from BrightStars, Rhode Island's Quality Rating and Improvement System for child care and early learning programs.

SIGNIFICANCE

Decades of research show that high-quality early care and education programs can improve children's cognitive and social-emotional development, enabling them to perform better in school. Programs across the U.S. and in Rhode Island vary markedly in quality and can range from rich learning experiences that promote children's development to lower quality settings that can lead to developmental setbacks and behavior problems.^{1,2}

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

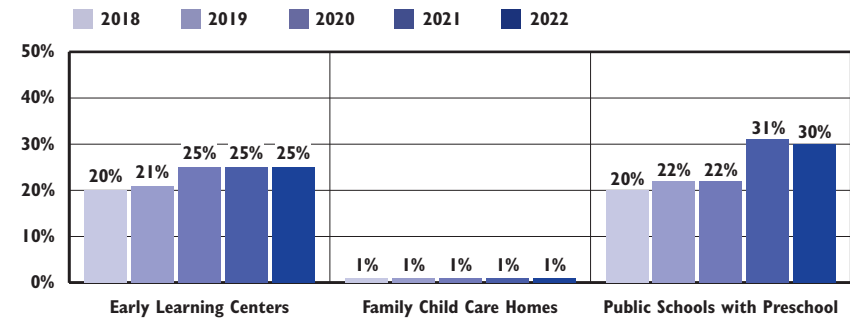
High-quality early care and education programs have qualified educators and low staff turnover, strong staff-child ratios, small class/group sizes, and research-based

health, safety, nutrition, and curriculum practices. Consistent caring, supportive, and educational interactions between early childhood educators and children are the critical ingredient to support children's learning and development. The development and retention of a highly qualified and appropriately compensated workforce for early childhood programs is critical to improve program quality.^{4,5,6,7}

Almost all states use Quality Rating and Improvement Systems (QRIS) to document and improve the quality of early learning and child care programs. QRIS measure a variety of program quality indicators (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 high 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 RI 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, 2018-2022



Source: RI Association for the Education of Young Children, Rhode Island Department of Human Services, Rhode Island Department of Education, and RI Early Care and Education Data System (ECEDS), January 2018 – January 2022.

◆ As of January 2022, 243 (78%) licensed child care centers, 327 (82%) licensed family child care homes, and 28 (49%) public schools with preschool classrooms had a BrightStars rating. Seventy-nine (25%) licensed early learning centers, four (1%) licensed family child care homes, and 17 (30%) public schools had met the benchmarks for a high-quality rating of four or five stars.¹²

◆ Since 2018, the percentage of early learning centers with a high-quality rating has grown from 20% to 25% and the percentage of public schools serving preschoolers that have a high-quality rating has increased from 20% to 30%.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 (34% vs. 22%).¹⁴

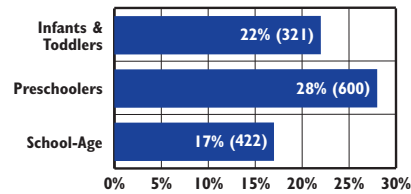
◆ A 2016 evaluation of BrightStars found that the star levels effectively differentiate quality, and five of the 10 standards are linked to improved child outcomes, specifically improved social competence and math skills. The study also found that 70% of child care center and preschool directors had a positive or extremely positive impression of BrightStars.¹⁵

High-Quality Early Learning Programs

Table 37.

Licensed Child Care Centers and Preschools Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2022

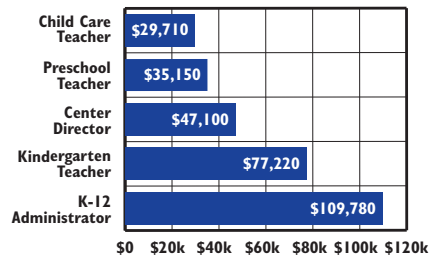
CCAP Children Enrolled in High-Quality Programs (4 or 5 Stars) by Age, December 2021



Source: Rhode Island Department of Human Services, December 2021.

◆ Preschool-age children enrolled in the Child Care Assistance Program (CCAP) are more likely to be enrolled in a high-quality program (28%) than infants and toddlers (22%) or school-age children (17%).¹⁶

Average Annual Salary, Rhode Island, 2021



Source: U.S. Bureau of Labor Statistics. (2022).

May 2021 State occupational employment and wage estimates, Rhode Island. Retrieved April 2, 2022, from www.bls.gov

◆ Early childhood teachers and program directors in Rhode Island earn significantly lower wages than kindergarten teachers and K-12 school administrators.¹⁷

CITY/TOWN	LICENSED PROGRAMS	PROGRAMS THAT ACCEPT CCAP	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY		% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
							4 STARS	5 STARS		
Barrington	9	3	6	1	1	0	1	0	33%	11%
Bristol	4	3	0	4	0	0	0	0	100%	0%
Burrillville	3	3	1	1	0	0	0	1	67%	33%
Central Falls	3	3	0	0	1	1	1	0	100%	33%
Charlestown	4	4	1	0	0	0	1	2	75%	75%
Coventry	7	7	0	1	2	1	3	0	100%	43%
Cranston	28	23	6	7	9	3	2	1	79%	11%
Cumberland	7	5	2	2	1	0	2	0	71%	29%
East Greenwich	12	6	4	2	3	1	2	0	67%	17%
East Providence	15	11	3	3	6	0	2	1	80%	20%
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	2	0	2	1	0	0	0	100%	0%
Jamestown	1	1	0	0	0	1	0	0	100%	0%
Johnston	20	18	4	5	9	1	1	0	80%	5%
Lincoln	6	6	1	2	1	0	1	1	83%	33%
Little Compton	1	0	1	0	0	0	0	0	0%	0%
Middletown	10	7	6	1	0	0	3	0	40%	30%
Narragansett	2	1	1	0	1	0	0	0	50%	0%
New Shoreham	1	1	1	0	0	0	0	0	0%	0%
Newport	3	2	1	0	1	0	1	0	67%	33%
North Kingstown	7	5	1	0	2	1	3	0	86%	43%
North Providence	9	8	1	3	2	0	2	1	89%	33%
North Smithfield	2	1	1	1	0	0	0	0	50%	0%
Pawtucket	12	12	1	6	2	0	2	1	92%	25%
Portsmouth	4	2	3	1	0	0	0	0	25%	0%
Providence	51	42	10	8	13	5	9	6	80%	29%
Richmond	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Scituate	1	1	0	0	1	0	0	0	100%	0%
Smithfield	9	6	3	1	3	1	1	0	67%	11%
South Kingstown	13	8	4	2	1	2	3	1	69%	31%
Tiverton	3	3	0	1	1	0	1	0	100%	33%
Warren	5	3	2	1	0	0	2	0	60%	40%
Warwick	23	21	1	5	7	4	6	0	96%	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	5	2	0	2	0	3	0	71%	43%
Woonsocket	13	13	1	1	2	1	4	4	92%	62%
Four Core Cities	79	70	12	15	18	7	16	11	85%	34%
Remainder of State	234	179	58	48	59	17	42	10	75%	22%
Rhode Island	313	249	70	63	77	24	58	21	78%	25%

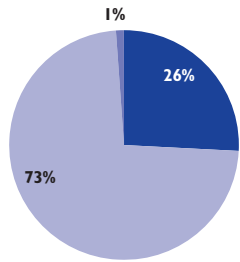
High-Quality Early Learning Programs

Table 38.

Licensed Family Child Care Homes Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2022

Licensed Family Child Care Programs by Preferred Language, Rhode Island, 2022

26% (104) English
73% (288) Spanish
1% (5) Other



n=397

Source: Rhode Island Department of Human Services, Licensed family child care providers, 2022.

◆ In 2022, Of the 397 licensed family child care providers in Rhode Island, 26% preferred English communication, 73% preferred Spanish communication, and 1% preferred another language for communication (Portuguese, Russian, Creole and “other”).¹⁸

◆ As of December 2021, of the 1,399 children in the CCAP program with reported Hispanic ethnicity, 66% were enrolled in a center, 33% were enrolled in family child care, and less than 1% were enrolled in license-exempt care.¹⁹

CITY/TOWN	LICENSED PROGRAMS	PROGRAMS THAT ACCEPT CCAP	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY		% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
							4 STARS	5 STARS		
Barrington	4	1	2	2	0	0	0	0	50%	0%
Bristol	4	1	2	2	0	0	0	0	50%	0%
Burrillville	1	1	0	1	0	0	0	0	100%	0%
Central Falls	14	14	1	11	2	0	0	0	93%	0%
Charlestown	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Coventry	3	1	2	1	0	0	0	0	33%	0%
Cranston	43	39	8	18	17	0	0	0	81%	0%
Cumberland	8	3	6	2	0	0	0	0	25%	0%
East Greenwich	0	0	NA	NA	NA	NA	NA	NA	NA	NA
East Providence	1	1	0	1	0	0	0	0	100%	0%
Exeter	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Foster	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Glocester	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Hopkinton	1	1	0	1	0	0	0	0	100%	0%
Jamestown	1	0	1	0	0	0	0	0	0%	0%
Johnston	8	8	0	4	3	1	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	1	0	1	0	0	0	0	0	0%	0%
Narragansett	1	0	1	0	0	0	0	0	0%	0%
New Shoreham	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Newport	1	0	1	0	0	0	0	0	0%	0%
North Kingstown	2	0	2	0	0	0	0	0	0%	0%
North Providence	8	7	1	7	0	0	0	0	88%	0%
North Smithfield	4	2	2	1	0	0	1	0	50%	25%
Pawtucket	27	23	3	14	9	1	0	0	89%	0%
Portsmouth	1	0	1	0	0	0	0	0	0%	0%
Providence	236	225	23	121	87	2	3	0	90%	1%
Richmond	1	0	1	0	0	0	0	0	0%	0%
Scituate	1	0	1	0	0	0	0	0	0%	0%
Smithfield	1	1	1	0	0	0	0	0	0%	0%
South Kingstown	3	2	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	4	3	0	0	0	0	43%	0%
West Greenwich	0	0	NA	NA	NA	NA	NA	NA	NA	NA
West Warwick	3	2	1	2	0	0	0	0	67%	0%
Westerly	1	1	0	1	0	0	0	0	100%	0%
Woonsocket	4	4	0	3	1	0	0	0	100%	0%
Four Core Cities	281	266	27	149	99	3	3	0	90%	1%
Remainder of State	116	77	43	50	21	1	1	0	63%	1%
Rhode Island	397	343	70	199	120	4	4	0	82%	1%

High-Quality Early Learning Programs

Table 39.

Public Schools with Preschool Classrooms Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2022

DISTRICT	SCHOOLS WITH PRESCHOOL CLASSROOMS	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY		% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
						4 STARS	5 STARS		
Barrington	1	1	0	0	0	0	0	0%	0%
Bristol Warren	1	1	0	0	0	0	0	0%	0%
Burrillville	1	1	0	0	0	0	0	0%	0%
Central Falls	2	1	0	0	0	1	0	50%	50%
Chariho	1	1	0	0	0	0	0	0%	0%
Coventry	1	0	0	0	0	0	1	100%	100%
Cranston	7	2	0	0	2	2	1	71%	43%
Cumberland	1	1	0	0	0	0	0	0%	0%
East Greenwich	1	0	0	0	1	0	0	100%	0%
East Providence	2	0	0	0	0	0	2	100%	100%
Exeter-West Greenwich	1	0	0	0	0	1	0	100%	100%
Foster	1	1	0	0	0	0	0	0%	0%
Glocester	1	1	0	0	0	0	0	0%	0%
Jamestown	1	0	0	0	0	1	0	100%	100%
Johnston	1	0	0	0	0	1	0	100%	100%
Lincoln	1	0	0	1	0	0	0	100%	0%
Little Compton	1	1	0	0	0	0	0	NA	NA
Middletown	1	1	0	0	0	0	0	0%	0%
Narragansett	1	1	0	0	0	0	0	0%	0%
New Shoreham	0	NA	NA	NA	NA	NA	NA	NA	NA
Newport	1	0	0	0	1	0	0	100%	0%
North Kingstown	1	0	0	0	0	1	0	100%	100%
North Providence	2	0	0	2	0	0	0	100%	0%
North Smithfield	1	1	0	0	0	0	0	0%	0%
Pawtucket	3	0	1	0	0	1	1	100%	67%
Portsmouth	1	0	0	0	0	1	0	100%	100%
Providence	7	3	0	1	2	1	0	57%	14%
Scituate	1	1	0	0	0	0	0	0%	0%
Smithfield	1	1	0	0	0	0	0	0%	0%
South Kingstown	1	1	0	0	0	0	0	0%	0%
Tiverton	2	2	0	0	0	0	0	0%	0%
Warwick	2	2	0	0	0	0	0	0%	0%
West Warwick	2	2	0	0	0	0	0	0%	0%
Westerly	1	0	0	0	0	1	0	100%	100%
Woonsocket	2	2	0	0	0	0	0	0%	0%
Charter Schools	1	1	0	0	0	0	0	0%	0%
RI School for the Deaf	1	0	0	0	0	1	0	100%	100%
Four Core Cities	14	6	1	1	2	3	1	57%	29%
Remainder of State	41	22	0	3	4	8	4	46%	29%
Rhode Island	57	29	1	4	6	12	5	49%	30%

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 2022. Data on public schools are from the Rhode Island Department of Education, January 2022. Data on BrightStars quality ratings are from the Rhode Island Association for the Education of Young Children, January 2022.

High-quality rating means a BrightStars rating of four or five stars.

NA=Not applicable.

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

References

- ^{1,4} Donoghue, E. A. & AAP Council on Early Childhood. (2017). Quality early education and child care from birth to kindergarten. *Pediatrics*, 140(2): e20171488.
- ^{2,3} Gordon, J., Herbst, C. M., & Tekin, E. (2018). *Who's minding the kids?: Experimental evidence on the demand for child care quality*. Cambridge, MA: National Bureau of Economic Research.
- ^{5,9} Pianta, R., Downer, J., & Hamre, B. (2016). Quality in early education classrooms: Definitions, gaps, and systems. *The Future of Children*, 26(2), 119-137.
- ⁶ Phillips, D., Austin, L. J. E., & Whitebook, M. (2016). The early care and education workforce. *The Future of Children*, 26(2), 139-158.
- ^{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 April 20, 2022, from www.brightstars.org

(continued on page 187)

Children Enrolled in Head Start or RI Pre-K

DEFINITION

Children enrolled in Head Start or RI Pre-K is the percentage of low-income children and all children 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 from birth through kindergarten entry, including high-quality preschool, helps to ensure children enter school with the skills needed to succeed. Without government funding, children from low-income families, Black and Latino children would have less access to high-quality preschool compared to higher-income and white families.^{1,2}

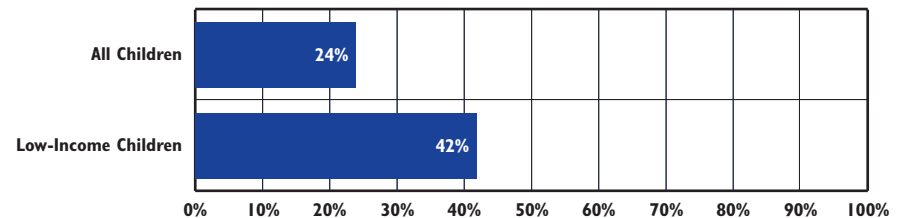
Decades of research have shown that high-quality preschool programs help children gain academic and social-emotional skills prior to school entry and can produce positive outcomes that last well into the school years, including reduced need for special education services and improved high school graduation rates.^{3,4}

Head Start is a federally-funded comprehensive early childhood program for preschool children ages three through five who are low-income and/or have high needs. Head Start programs deliver early education; dental, medical, and mental health support; nutrition services, and developmental screenings. Families receive wraparound support and have opportunities to be involved with decision making, participate in classes, and volunteer in the program.^{5,6}

State-funded Pre-K programs are growing across the U.S. As of 2021, 44 states and Washington, DC operated state Pre-K programs, serving 29% of four-year-olds and 5% of three-year-olds across the U.S.⁷ The RI Pre-K program was launched in 2009 and serves four-year-olds who are selected through a state-managed lottery. RI Pre-K is delivered by public schools, Head Start agencies, and child care programs that meet the same quality standards. The Rhode Island Prekindergarten Education Act establishes a state goal to provide access to publicly-funded, high-quality Pre-K for all three- and four-year-olds by building on existing early childhood education infrastructure in communities.⁸

Head Start and RI Pre-K are an important part of a strong statewide early learning system that starts at birth and continues through third grade, including high-quality child care and nurturing early elementary classrooms.⁹

Percentage of Children Enrolled in Head Start or RI Pre-K the Year Before Kindergarten, Rhode Island, 2021-2022



Source: Rhode Island KIDS COUNT calculations using October 2021 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.

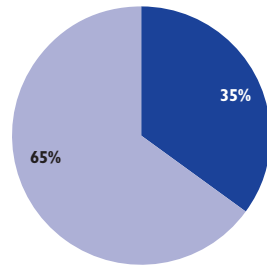
- ◆ As of October 2021, there were 2,832 children ages four through five enrolled in either Head Start or RI Pre-K during the year before kindergarten, approximately 24% of all children and 42% of low-income children. Of the total, 785 children were enrolled in Head Start and 2,300 children in RI Pre-K (with 253 children dually enrolled in both Head Start and RI Pre-K with braided funding).^{10,11}
- ◆ Of those enrolled the year before kindergarten, 532 (19%) were enrolled in Head Start only, 253 (9%) were dually enrolled in both Head Start and RI Pre-K through braided funding, and 2,047 (72%) were enrolled in RI Pre-K only.^{12,13}
- ◆ Children in the four core cities were more likely to be enrolled in Head Start or RI Pre-K (38%) than children in the remainder of the state (15%).^{14,15}
- ◆ As of the 2020-2021 school year, Rhode Island ranked 1st in the U.S. (tied with four other states) for meeting research-based Pre-K quality benchmarks, and 31st in the U.S. for enrollment of four-year-olds.¹⁶

Children Enrolled in Head Start or RI Pre-K

Children Enrolled in Head Start, Rhode Island, 2021

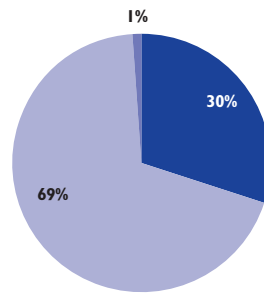
By Number of Years Before Kindergarten

35% (420) ■ Two Years (Age 3 turning 4)
65% (785) ■ One Year (Age 4 turning 5)



By Length of Program Day

30% (367) ■ Four Hours
69% (831) ■ Six Hours
1% (7) ■ Other



n = 1,205

Source: Rhode Island Head Start program reports to Rhode Island KIDS COUNT, October 2021.

◆ In October 2021 in Rhode Island, there were 1,205 children ages three through five enrolled in Head Start, down 40% from the 2,010 children enrolled in 2019 (pre-pandemic). Of these, 253 were dually enrolled in RI Pre-K.^{17,18}

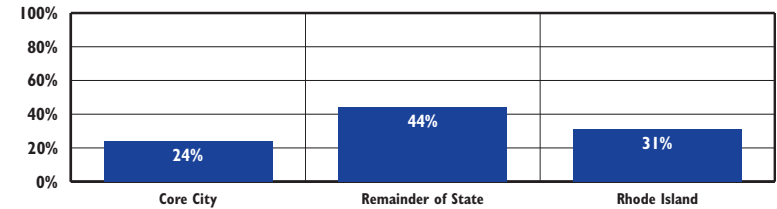
◆ In October 2021 in Rhode Island, there were 494 vacancies in the Head Start program (29% of the 1,699 funded slots) and there were 228 children on the waiting list. Vacancies and waiting lists were caused by lack of adequate funding to hire and retain qualified teachers.¹⁹

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.²⁰

◆ Head Start improves children's academic, cognitive, language, and social-emotional skills. Children who attend Head Start also show improved health outcomes including reduced childhood obesity and improved immunization rates.^{21,22}

Estimated Percentage of Eligible Children Enrolled in Head Start by Child's Residence, Rhode Island, 2021

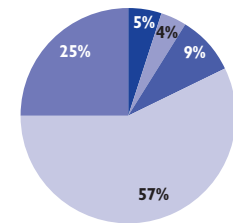


Source: Rhode Island KIDS COUNT calculations. The numerator is Rhode Island Head Start program enrollment data, October 2021. The denominator is the estimated number of children ages three and four from Census 2010 multiplied by the % of children under age six living in families with incomes below the federal poverty line (FPL) from the 2016-2020 American Community Surveys.

◆ As of 2021, approximately 31% of Rhode Island preschool-age children living in poverty were enrolled in Head Start, down from 43% in 2019 (pre-pandemic).^{23,24}

Children Enrolled in Head Start by BrightStars Rating of Site, Rhode Island, 2017-2020

5% (66) ■ No Rating
4% (46) ■ 1 Star
0% (0) ■ 2 Stars
9% (111) ■ 3 Stars
57% (683) ■ 4 Stars
25% (299) ■ 5 Stars



Source: Rhode Island Head Start program reports to Rhode Island KIDS COUNT, October 2021.

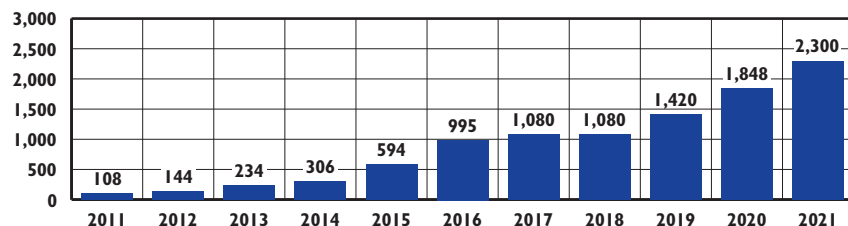
◆ As of October 2021, 81% of children enrolled in Head Start were in a program that had achieved a high-quality BrightStars rating of four or five stars compared to 28% of preschoolers in the Child Care Assistance Program (CCAP).^{25,26}

Head Start and Children with High Needs

◆ Rhode Island Head Start programs serve significant numbers of children with high needs. As of October 2021, 113 (9%) children enrolled in Head Start had developmental delays or disabilities and received special education services through their local school districts, 16 (1%) were in foster care, and 29 (2%) were homeless.²⁷

Children Enrolled in Head Start or RI Pre-K

RI Pre-K Enrollment, 2011 through 2021



Sources: National Institute for Early Education Research, *The State of Preschool 2012, 2013, 2014, 2015*. Rhode Island Department of Education, RI Pre-K program enrollment, October 2015 through 2021.

◆ Rhode Island began offering RI Pre-K for four-year-olds in the 2009-2010 school year.²⁸ In October 2021 in Rhode Island, there were 2,300 children ages four through five enrolled in RI Pre-K, up 62% from the 1,420 children enrolled in 2019 (pre-pandemic). Of these, 253 were dually enrolled in Head Start.^{29,30,31}

◆ In October 2021 in Rhode Island, there were 64 vacancies in the RI Pre-K program (3% of the 2,364 funded slots) and zero children on the waiting list.³²

◆ Children are selected to participate in RI Pre-K through a lottery, with outreach to recruit children from low-income and moderate-income families, children who are differently abled, children who are multilingual learners, children who are involved with the child welfare system, and children who are experiencing homelessness.³³

◆ In October 2021, 1,519 (66%) children enrolled in RI Pre-K were low-income and 781 (34%) were higher income.³⁴

RI Pre-K and Children with High Needs

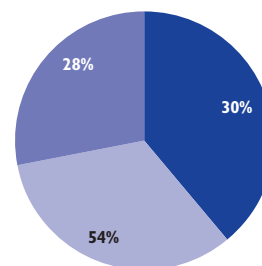
◆ RI Pre-K classrooms serve significant numbers of children with high needs. As of October 2021, 271 (12%) children in RI Pre-K had a developmental delay or disability, 24 (1%) were in foster care, and 21 (1%) were homeless.⁴⁰

◆ Of the 2,300 children enrolled in RI Pre-K in October 2021, 5% were Asian/Pacific Islander, 13% were Black, 34% were Hispanic/Latino, 8% were Multiracial, 1% were Native American, and 39% were white.⁴¹

RI Pre-K Funded Slots, Rhode Island, 2021

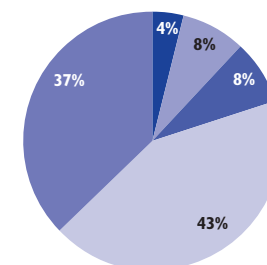
By Setting

30% (918) Head Start Agency
54% (782) Child Care Program
28% (664) Public School



By BrightStars Rating of Site

4% (96) No Rating
0% (0) 1 Star
8% (188) 2 Stars
8% (186) 3 Stars
43% (1,024) 4 Stars
37% (870) 5 Stars



n=2,364

Source: Rhode Island Department of Education, October 2021.

RI Pre-K Structure, Quality, and Effectiveness

◆ As of the 2021-2022 school year, there were 127 RI Pre-K classrooms and 2,364 funded RI Pre-K slots; 40% of the RI Pre-K slots were contracted to Head Start agencies, 33% were contracted to child care programs, and 27% were contracted to public schools.³⁵

◆ In 2021, Rhode Island was one of only five states with a Pre-K program that met 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.³⁶

◆ As of 2021, 80% of RI Pre-K slots were in program sites with high-quality BrightStars ratings (four or five stars), compared to 28% of preschoolers in CCAP.^{37,38}

◆ 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.³⁹

Children Enrolled in Head Start or RI Pre-K

Table 40.

Children Enrolled in Head Start and/or RI Pre-K, Rhode Island, 2021

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	3	199	4%	8	0	3	0	0	38%	2%
Bristol	3	206	22%	45	1	3	18	5	49%	13%
Burrillville	5	173	27%	47	4	0	0	0	9%	2%
Central Falls	11	345	82%	283	16	0	121	9	48%	42%
Charlestown	1	81	17%	14	5	0	0	0	36%	6%
Coventry	10	366	16%	59	4	15	5	56	41%	22%
Cranston	36	862	33%	284	34	40	60	118	47%	29%
Cumberland	2	426	13%	55	5	0	0	0	9%	1%
East Greenwich	0	158	5%	8	1	1	0	0	25%	1%
East Providence	22	469	28%	131	16	1	95	102	85%	46%
Exeter	0	55	12%	7	1	1	0	0	30%	4%
Foster	0	53	26%	14	0	0	0	0	0%	0%
Glocester	2	106	9%	10	2	0	0	0	21%	2%
Hopkinton	3	87	17%	15	1	1	0	0	14%	2%
Jamestown	0	50	4%	2	0	0	0	0	0%	0%
Johnston	4	278	39%	108	11	0	16	22	25%	18%
Lincoln	0	211	24%	51	1	1	4	13	12%	9%
Little Compton	0	28	10%	3	0	0	0	0	0%	0%
Middletown	16	226	26%	59	10	7	5	24	37%	20%
Narragansett	1	117	11%	13	0	1	0	0	8%	1%
New Shoreham	0	7	4%	0	0	0	0	0	0%	0%
Newport	29	232	64%	148	13	8	17	11	26%	21%
North Kingstown	7	318	15%	48	7	1	3	14	23%	8%
North Providence	3	282	38%	107	18	9	17	28	41%	26%
North Smithfield	1	108	11%	12	0	0	0	0	0%	0%
Pawtucket	22	1,006	70%	704	80	9	127	66	31%	28%
Portsmouth	1	196	9%	18	1	0	0	0	6%	1%
Providence	102	2,382	82%	1,953	216	18	531	115	39%	37%
Richmond	2	102	17%	17	2	0	0	0	12%	2%
Scituate	0	94	10%	9	1	0	0	0	11%	1%
Smithfield	2	169	7%	12	4	1	0	0	42%	3%
South Kingstown	5	273	13%	35	1	8	10	0	54%	7%
Tiverton	1	143	17%	24	8	0	0	0	33%	6%
Warren	13	127	22%	28	4	5	15	10	86%	27%
Warwick	23	850	27%	230	13	33	8	85	24%	16%
West Greenwich	2	53	12%	6	0	0	0	0	0%	0%
West Warwick	24	354	46%	163	5	22	17	33	27%	22%
Westerly	9	244	30%	73	6	9	27	0	57%	17%
Woonsocket	55	584	73%	426	41	56	170	70	63%	58%
Four Core Cities	190	4,317	78%	3,367	353	83	949	260	41%	38%
Remainder of State	230	7,703	23%	1,772	179	170	317	521	38%	15%
Rhode Island	420	12,020	41%	4,928	532	253	1,266	781	42%	24%

Source of Data for Table/Methodology

Rhode Island Head Start Programs, children enrolled as of October 2021, by child residence. Rhode Island Department of Education, children enrolled in RI Pre-K as of October 2021, by child residence.

The estimated number of children age four is from Census 2010, Summary File 1. The percentage of low-income four-year-olds is estimated using the percentage of students who qualified for free or reduced-price lunch (at or below 185% of the federal poverty level) in the local public school district with regional school district data used for all communities in the region.

The city/town table was redesigned in 2021. Percentages should not be compared with prior Factbooks.

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

References

- ^{1,3} *A matter of equity: Preschool education in America.* (2015). Washington, DC: U.S. Department of Education.
- ^{2,4} Meloy, B., Gardner, M., & Darling-Hammond, L. (2019). *Untangling the evidence on preschool effectiveness: Insights for policymakers.* Washington, DC: Learning Policy Institute.
- ^{5,20,21} Barnett, W. S. & Friedman-Krauss, A. H. (2016). *State(s) of Head Start.* New Brunswick, NJ: National Institute for Early Education Research.
- ⁶ National Head Start Association. (2022). *Rhode Island 2022 Head Start and Early Head Start profile.* Retrieved April 30, 2022, from www.nhsa.org
- ^{7,16,28,36} Friedman-Kraus, A. H., et al. (2022). *The state of preschool 2021: State preschool yearbook.* New Brunswick, NJ: National Institute for Early Education Research.
- ⁸ Rhode Island Prekindergarten Education Act, Rhode Island General Laws, 16-87.
- ⁹ Guernsey, L., Bornfreund, L., McCann, C., & Williams, C. (2014). *Subprime learning: Early education in America since the Great Recession.* Washington, DC: New America.
- ^{10,12,14,17,19,25,27,31} Rhode Island Head Start Program reports to Rhode Island KIDS COUNT, October 2021.

(continued on page 188)

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

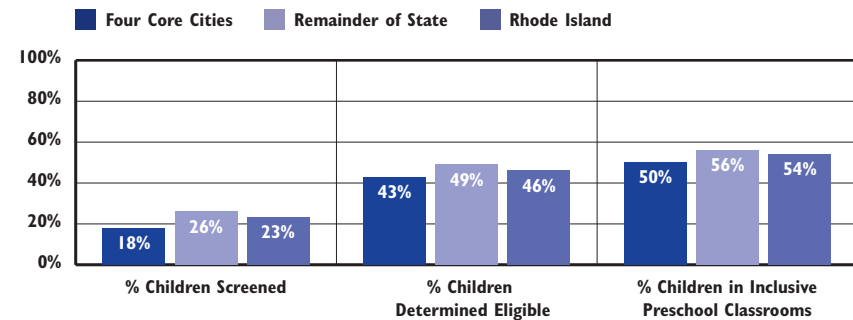
Developmental delays are identified when a child does not reach developmental milestones at the same time as other children their age. Some young children with developmental delays are eventually diagnosed with a disability while others catch up to their peers when provided with high-quality educational opportunities, therapies, or interventions.^{2,3} Routine developmental screening during the early stages of life, followed by evaluation and diagnostic assessment, helps children gain access to needed services to prevent more severe

problems.⁴

In Rhode Island, school districts work to screen every child ages three through five every year through the Child Outreach screening program.⁵ During the 2020-2021 school year in Rhode Island, districts completed developmental screenings for only 23% of children ages three to five, down from 28% the previous year and from 39% pre-pandemic. Preschool-age children in the core cities were less likely to receive a developmental screening (18%) than children in the remainder of the state (26%). Of the children who were referred for evaluation based on positive screens in 2020-2021, 46% were determined eligible for special education. Children in the core cities were less likely to be determined eligible after referral (43%) than children in the remainder of the state (49%).^{6,7}

Approximately 17% of U.S. children ages three to 17 have a developmental disability, with higher prevalence among low-income children, children with low birthweight, and boys.⁸ Under *IDEA*, each state sets its own criteria to determine the magnitude of a delay needed to qualify for special education services.⁹ In 2019, Rhode Island ranked in the top 10 states for providing preschool special education services by serving 9.8% of children ages three to five compared with a U.S. average of 6.7%.¹⁰

Preschool Special Education Screening, Eligibility, and Inclusion Rates, Rhode Island, June 2021



Source: Rhode Island Department of Education, 2020-2021 Child Outreach Screening and Referral Rates and June 2021 Special Education Census. Percent children determined eligible is of those children referred for evaluation from Child Outreach screening.

◆ In June 2021, there were 2,597 children ages three to five receiving preschool special education services (7% of all preschool children), down from 2,904 in 2020 and 3,156 in 2019 (pre-pandemic). Children in the four core cities are less likely to receive preschool special education services (6%) 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 2021 in Rhode Island, 54% of preschool-age children received special education services within an inclusive early childhood classroom. Children in the four core cities were less likely to receive preschool special education services in an inclusive early childhood setting (50%) than children in the remainder of the state (56%).¹⁴

◆ More than four in 10 children receiving preschool special education services in Rhode Island receive services outside of inclusive preschool programs, with 13% enrolled in a separate special education preschool class or school, 22% receiving services through “walk-in” visits to a service provider, 11% enrolled in a preschool setting but receiving special education services in another location, and 1% in a home or hospital.¹⁵

◆ In June 2021, 47% (1,212) of the 2,597 children receiving preschool special education services in Rhode Island qualified under the developmental delay category, 42% (1,102) had an identified speech/language disability, 6% (168) were diagnosed with autism, and 4% (115) had another diagnosed disability.¹⁶

Children Receiving Preschool Special Education Services

Table 41.

Children Ages 3 to 5 Receiving Special Education Services, Rhode Island, 2021

SCHOOL DISTRICT	# OF CHILDREN AGES 3-5	DEVELOPMENTAL SCREENING RATES				PRESCHOOL SPECIAL EDUCATION BY SETTING				
		% SCREENED 3 YEARS BEFORE K	% SCREENED 2 YEARS BEFORE K	% SCREENED 1 YEAR BEFORE K	% SCREENED AGES 3 TO 5	INCLUSIVE EARLY CHILDHOOD CLASS	% IN INCLUSIVE EARLY CHILDHOOD CLASS	OTHER SETTING	TOTAL # RECEIVING SERVICES	% RECEIVING SERVICES
Barrington	654	11%	33%	69%	41%	22	44%	28	50	8%
Bristol Warren	724	5%	13%	11%	9%	23	53%	20	43	6%
Burrillville	463	5%	35%	58%	32%	20	63%	12	32	7%
Central Falls	1,086	13%	26%	56%	32%	67	51%	65	132	12%
Chariho	645	15%	43%	50%	36%	34	47%	38	72	11%
Coventry	1,029	12%	33%	49%	32%	57	61%	36	93	9%
Cranston	2,622	2%	19%	36%	20%	74	44%	93	167	6%
Cumberland	1,250	6%	21%	42%	24%	69	61%	44	113	9%
East Greenwich	535	7%	16%	30%	18%	28	85%	*	33	6%
East Providence	1,486	5%	18%	40%	21%	91	90%	10	101	7%
Exeter-West Greenwich	351	21%	45%	60%	40%	10	34%	19	29	8%
Foster	100	12%	37%	50%	33%	*	78%	*	*	9%
Glocester	261	12%	37%	50%	33%	*	18%	23	28	11%
Jamestown	124	31%	50%	78%	54%	*	83%	*	*	5%
Johnston	850	10%	21%	44%	25%	45	66%	23	68	8%
Lincoln	758	12%	43%	43%	33%	53	69%	24	77	10%
Little Compton	69	0%	24%	56%	32%	*	80%	*	*	7%
Middletown	707	6%	17%	26%	17%	11	55%	*	20	3%
Narragansett	192	30%	51%	59%	45%	25	86%	*	29	15%
New Shoreham	31	50%	0%	46%	29%	*	33%	*	*	10%
Newport	1,049	6%	12%	11%	10%	18	51%	17	35	3%
North Kingstown	839	32%	51%	74%	53%	41	64%	23	64	8%
North Providence	1,004	8%	20%	29%	19%	32	46%	38	70	7%
North Smithfield	320	15%	47%	68%	44%	13	33%	27	40	13%
Pawtucket	2,955	6%	19%	29%	18%	63	35%	116	179	6%
Portsmouth	563	7%	22%	14%	15%	14	32%	30	44	8%
Providence	7,967	7%	17%	22%	15%	187	47%	207	394	5%
Scituate	282	12%	37%	50%	33%	10	38%	16	26	9%
Smithfield	539	28%	63%	56%	50%	26	60%	17	43	8%
South Kingstown	633	16%	47%	44%	36%	25	68%	12	37	6%
Tiverton	430	4%	11%	59%	25%	10	42%	14	24	6%
Warwick	2,426	6%	19%	29%	18%	79	48%	87	166	7%
West Warwick	1,052	5%	20%	29%	18%	46	39%	71	117	11%
Westerly	596	21%	53%	73%	50%	55	75%	18	73	12%
Woonsocket	1,840	8%	22%	52%	26%	120	74%	42	162	9%
Charter Schools	NA	NA	NA	NA	NA	*	100%	0	*	NA
RI School for the Deaf	NA	NA	NA	NA	NA	0	0%	11	11	NA
Four Core Cities	13,848	7%	19%	29%	18%	437	50%	430	867	6%
Remainder of State	22,584	9%	27%	40%	26%	953	56%	764	1,717	8%
Rhode Island	36,432	9%	24%	36%	23%	1,392	54%	1,205	2,597	7%

Sources of Data for Table/Methodology

Rhode Island Department of Education (RIDE), June 2021 Special Education Census.

2020-2021 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 2020-2021 school year from the Rhode Island Department of Health's KIDSNET database shared with RIDE.

Due to changes in the denominator, screening rates and percentage receiving preschool special education services should not be compared with data in Factbooks published before 2016.

Inclusive early childhood class means children receive the majority of their special education services in a general early childhood education class at a public school, a Head Start program, or a community-based child care program or preschool. Data include children who are district-placed and who are parentally-placed.

Charter school is Highlander Charter School.

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.

² Centers for Disease Control and Prevention. (2021). *Facts about developmental disabilities*. Retrieved February 13, 2022, from www.cdc.gov

⁴⁵ Rhode Island's guidelines for implementing Child Outreach screening. (2018). Providence, RI: Rhode Island Department of Education.

(continued on page 188)

Public School Enrollment and Demographics

DEFINITION

Public school enrollment and demographics is the total number of students enrolled in Rhode Island public schools on October 1.

SIGNIFICANCE

Education is a lifetime process that begins at birth and continues throughout a child's life into adulthood. Racial, ethnic, and income gaps in opportunities to obtain a high-quality education have been well-documented throughout the country. Research has shown that there are three clusters of factors that have an impact on student achievement: school factors, factors related to connections between home and school, and factors that exist before and beyond school (including health, nutrition, and non-school academic supports).¹

On October 1, 2021, there were 138,566 students enrolled in Rhode Island public schools in preschool through grade 12, a decrease of 3% from 142,854 on October 1, 2011. Of these students, 28% (38,148) were attending schools in the four core cities (communities with the highest child poverty rates), 63% (87,927) were attending schools in the remaining districts, and 9% (12,491) attended charter schools, state-operated schools, or the Urban Collaborative Accelerated

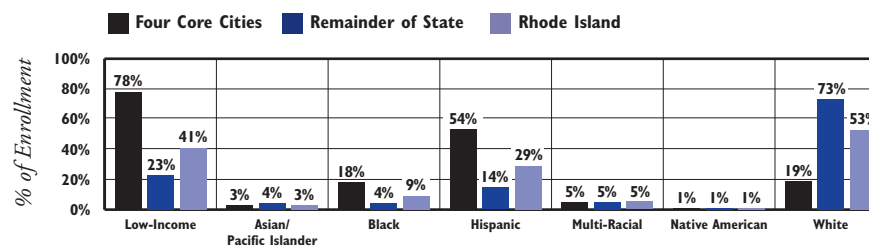
Project (UCAP).² There were an additional 16,270 Rhode Island students attending private and parochial schools (including out-of-state schools), and 3,174 students were home-schooled.³

As of October 1, 2021, there were 59,197 students in grades K-5; 31,478 in grades 6-8; and 45,057 in grades 9-12. There were 2,834 children receiving preschool services in Rhode Island public schools.⁴ During the 2021-2022 school year, 2,300 children were enrolled in RI Pre-K in 34 public school classrooms and 93 community-based center classrooms.⁵

In October 2021, 53% of Rhode Island public school students were white, 29% were Hispanic, 9% were Black, 5% were Multi-Racial, 3% were Asian/Pacific Islander, and 1% were Native American. In October 2021, 41% 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, 2021, 16% of Rhode Island public school students were receiving special education services and 11% were Multilingual Learners/English Learners.⁷

Rhode Island Public School Enrollment by Low-Income Status, Race and Ethnicity, October 1, 2021

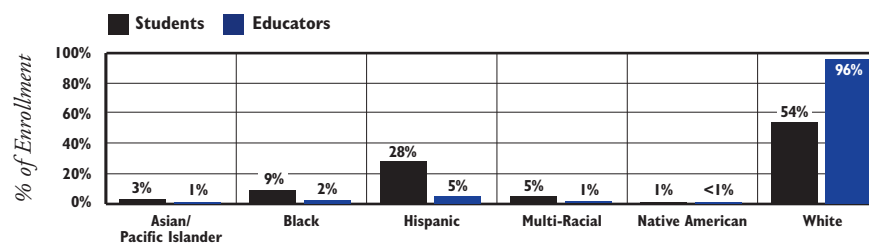


Source: Rhode Island Department of Education, October 1, 2021.

◆ On October 1, 2021, 81% of students enrolled in the four core cities were Students of Color, compared with 27% in the remainder of state, and 78% of students enrolled in the four core cities were low-income, compared with 23% in the remainder of the state.⁸

Rhode Island Educator Demographics

Rhode Island Public School Student Enrollment and Educator Demographics by Race and Ethnicity, October 1, 2020



Source: Rhode Island Department of Education, State Report Card, 2020-2021 school year. Hispanic educators may be included in any race category. Educator percentages based on the total number of educators who reported race/ethnicity.

◆ Educators of Color benefit all students, especially Students of Color. Students of Color demonstrate long-term academic achievement including higher reading and math test scores, decreased likelihood of dropping out of high school, increased likelihood of going to college, and increased social and emotional development in classes with Teachers of Color.⁹

◆ In October 2020, 96% (12,281) of Rhode Island public school educators identified as white, 5% (514) as Hispanic, 2% (292) as Black, 1% (134) as Asian/Pacific Islander, 1% (116) as Multi-Racial, and less than 1% (30) as Native American.¹⁰

Public School Enrollment and Demographics

Table 42. Rhode Island Public School Enrollment by Grade and Demographic Groups, October 1, 2021

SCHOOL DISTRICT	ENROLLMENT BY GRADE LEVEL*				ENROLLMENT BY DEMOGRAPHIC GROUPS							TOTAL ENROLLMENT
	PRE-SCHOOL	ELEMENTARY	MIDDLE	HIGH	% LOW-INCOME	% ASIAN PACIFIC ISLANDER+	% BLACK	% HISPANIC**	% MULTI-RACIAL	% NATIVE AMERICAN	% WHITE	
Barrington	43	1,400	804	1,130	4%	7%	2%	5%	6%	<1%	80%	3,377
Bristol Warren	35	1,266	690	950	22%	1%	2%	7%	5%	<1%	84%	2,941
Burrillville	50	891	507	680	27%	1%	1%	6%	3%	<1%	90%	2,128
Central Falls	186	1,079	606	830	82%	1%	18%	52%	3%	9%	16%	2,701
Chariho	86	1,288	692	1,134	17%	1%	1%	4%	5%	1%	89%	3,200
Coventry	141	1,834	987	1,430	16%	2%	2%	7%	3%	<1%	87%	4,392
Cranston	134	4,284	2,338	3,502	33%	9%	5%	33%	6%	1%	47%	10,258
Cumberland	114	2,057	1,054	1,499	13%	5%	3%	14%	4%	<1%	74%	4,724
East Greenwich	58	1,097	609	788	5%	8%	1%	7%	5%	<1%	80%	2,552
East Providence	209	2,111	1,128	1,605	28%	2%	11%	14%	10%	1%	63%	5,053
Exeter-West Greenwich	74	662	363	473	12%	2%	2%	4%	2%	<1%	91%	1,572
Foster	12	209	0	0	26%	0%	<1%	4%	1%	0%	95%	221
Foster-Glocester	0	0	444	952	11%	1%	1%	4%	3%	<1%	92%	1,396
Glocester	5	532	0	0	9%	0%	<1%	3%	3%	0%	93%	537
Jamestown	19	276	146	3	4%	1%	<1%	<1%	5%	<1%	93%	444
Johnston	117	1,394	783	773	39%	3%	6%	26%	1%	<1%	63%	3,067
Lincoln	85	1,395	801	971	24%	4%	6%	9%	3%	<1%	78%	3,252
Little Compton	8	129	71	1	10%	0%	<1%	<1%	3%	0%	96%	209
Middletown	18	931	467	657	26%	5%	6%	15%	8%	1%	65%	2,073
Narragansett	76	384	242	504	11%	2%	1%	4%	6%	1%	87%	1,206
New Shoreham	0	66	29	34	4%	0%	1%	21%	2%	0%	77%	129
Newport	31	855	432	657	64%	2%	11%	36%	13%	2%	35%	1,975
North Kingstown	100	1,494	837	1,483	15%	2%	2%	7%	5%	<1%	83%	3,914
North Providence	76	1,440	814	1,134	38%	4%	14%	25%	6%	<1%	51%	3,464
North Smithfield	30	643	395	546	11%	1%	1%	10%	4%	0%	83%	1,614
Pawtucket	173	3,659	2,006	2,289	70%	1%	30%	30%	7%	1%	32%	8,127
Portsmouth	24	898	487	838	9%	2%	2%	6%	4%	<1%	85%	2,247
Providence	395	9,173	5,059	7,029	82%	4%	15%	68%	4%	1%	8%	21,656
Scituate	14	536	257	389	10%	1%	1%	3%	1%	0%	94%	1,196
Smithfield	50	1,009	541	792	7%	1%	1%	8%	4%	<1%	85%	2,392
South Kingstown	38	1,070	625	875	13%	2%	2%	6%	6%	2%	82%	2,608
Tiverton	27	753	378	520	17%	2%	2%	4%	3%	<1%	88%	1,678
Warwick	172	3,602	1,897	2,497	27%	4%	3%	14%	6%	<1%	73%	8,168
West Warwick	59	1,623	819	1,061	46%	2%	5%	18%	5%	1%	68%	3,562
Westerly	73	969	570	766	30%	2%	1%	9%	7%	1%	79%	2,378
Woonsocket	67	2,592	1,280	1,725	73%	5%	11%	35%	6%	1%	42%	5,664
Charter Schools	24	5,570	2,192	2,751	50%	2%	17%	59%	3%	1%	18%	10,537
State-Operated Schools	11	26	20	1,789	56%	2%	18%	50%	3%	<1%	27%	1,846
UCAP	0	0	108	0	35%	1%	16%	68%	3%	0%	13%	108
Four Core Cities	821	16,503	8,951	11,873	78%	3%	18%	54%	5%	1%	19%	38,148
Remainder of State	1,978	37,098	20,207	28,644	23%	4%	4%	14%	5%	1%	73%	87,927
Rhode Island	2,834	59,197	31,478	45,057	41%	3%	9%	29%	5%	1%	53%	138,566

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in preschool through grade 12 as of October 1, 2021.

*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, 2021, the RI Pre-K program served XX children in XX classrooms, XX% operated by Head Start agencies, XX% operated by child care programs, and XX% 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, Nuestro Mundo Public Charter School, Providence Preparatory Charter School, RISE Prep Mayoral Academy, Rhode Island Nurses Institute Middle College, Segue Institute for Learning, Sheila C. "Skip" Nowell Leadership Academy, SouthSide Elementary Charter School, Trinity Academy for the Performing Arts, 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.

(Continued with references on page 188)

Children Enrolled in Kindergarten

DEFINITION

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

SIGNIFICANCE

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

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

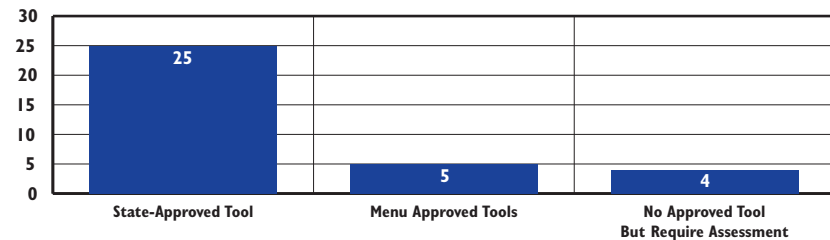
As of October 2020, approximately 50% of four-year-olds and 30% of three-year-olds in the U.S. participate in private or public preschool before kindergarten.⁵ Children from higher-income families are more likely to be enrolled in preschool than children from lower-income families. There is

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 Requiring Kindergarten Entry Assessments, 2021



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

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

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

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

Public School Kindergarten Enrollment

◆ On October 1, 2021, there were 9,692 children enrolled in public kindergarten in Rhode Island, an increase of 8% from the 8,948 children enrolled the previous year. National reports indicate that kindergarten enrollment dropped the previous year due to school disruptions caused by the COVID-19 pandemic.^{13,14,15}

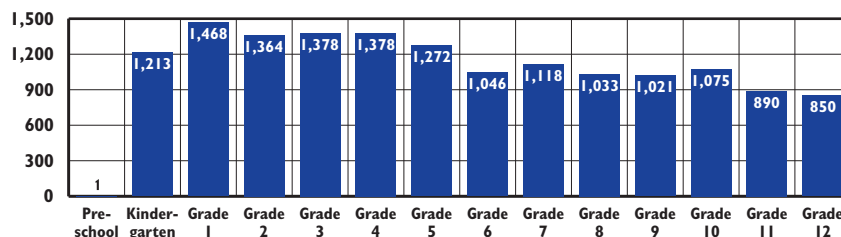
◆ There were 8,629 kindergarteners in traditional public schools (up 7% from 2020), 1,059 in public charter schools (up 18% from 2020), and four in a state-operated school (Rhode Island School for the Deaf). All were enrolled in full-day classrooms.^{16,17}

Children Enrolled in Kindergarten

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 home 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 (MLL/ELs) than older students. In 2020-2021, 5,423 children in grades K-3 (14% 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 2,834 children receiving preschool services from a public school) was identified as an MLL/EL. Of the 1,213 kindergarteners who were MLL/ELs, 41% were enrolled in the Providence Public Schools, 18% were in one of the other three core city public school districts, and 19% were in a public charter school.²¹

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



Source: Rhode Island Department of Education, 2020-2021.

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 10 times more likely to experience academic failure, have negative attitudes toward school, drop out of high school, and become incarcerated.²²
- ◆ Early suspensions are more likely when teachers believe the resources and supports available to them are inadequate to meet the needs of children with challenging behaviors. Large class sizes, inadequate child-teacher ratios, and lack of school resources to help teachers manage challenging behaviors are associated with increased suspensions. Early childhood mental health consultation is an intervention that works with teachers and families to reduce children's challenging behaviors, improve child-adult relationships, and prevent early suspensions.²³
- ◆ In 2020-2021 in Rhode Island, there were 46 kindergartners who were suspended at least one day, 56% of whom had a developmental delay or disability. Kindergartners experienced 46 disciplinary actions, with 41 out-of-school suspensions and five in-school suspensions. These students were suspended for a total of 52 days.²⁴
- ◆ Compared to the 2019-2020 school year, the number of kindergartners who were suspended decreased by 30%, the number of suspensions by 58%, and the number of days kindergartners were suspended by 64%. Decreases in suspensions may be attributed to decreased use or underreporting of disciplinary actions during distance learning.^{25,26}
- ◆ As of 2018, approximately 16 states limit the use of suspension in the early grades.²⁷

References

- ¹ Rhode Island General Law 16-99-3.
- ²³ Auck, A., & Atchison, B. (2016). *50-state comparison: K-3 quality*. Denver, CO: Education Commission of the States.
- ⁴⁸ Atchison, B., Diffey, L., & Workman, E. (2016). *K-3 policymakers' guide to action: Making the early years count*. Denver, CO: Education Commission of the States.
- ⁵ U.S. Census Bureau, Current Population Survey, School enrollment supplement, Table 2-1, October 2020.
- ⁶⁷ Yoshikawa, H., Weiland, C., & Brooks-Gunn, J. (2016). When does preschool matter? *The Future of Children*, 26(2), 21-35.
- ⁹¹² *Case studies of the early implementation of Kindergarten Entry Assessments final report*. (2016). Washington, DC: U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service.

(continued on page 188)

Out-of-School Time

DEFINITION

Out-of-school time is the number of children participating in organized after-school programs. This indicator presents data on the number of licensed after-school child care programs and slots for children ages six and older as well as available data on children served by after-school programs that do not require state licensing.

SIGNIFICANCE

Organized programs for school-age children offered during the hours and days when school is not in session have become increasingly popular over the past 50 years. Growth has been driven by the expansion of mothers' labor force participation, concerns over negative consequences associated with children being home alone, passage of the *1990 Child Care Development and Block Grant Act* which provided the first major funding stream for out-of-school time programs, and federal funding for 21st Century Community Learning Centers, which began in 1998. Out-of-school time programs can contribute significantly to children's development and learning.¹

High-quality, organized after-school and summer programs improve the supervision and safety of youth, promote positive social skills, and, with sufficient dosage, improve student achievement. Quality out-of-school time programs provide engaging

activities that are intentionally designed to promote youth development and are taught by trained, dedicated instructors who work effectively with youth. Youth who participate consistently can show improved competence, caring, and connections.^{2,3}

Most children and youth in Rhode Island have working parents. Between 2016 and 2020, 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}

During the COVID-19 pandemic, out-of-school time programs served as meal sites, connected families with community resources, provided both remote enrichment programs to children and in-person, supervised learning environments for children so they could participate in distance learning school days.⁷

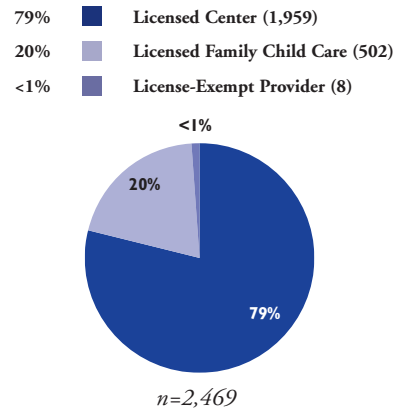
Students Served by 21st Century Community Learning Centers by Grade Span, Rhode Island, 2020-2021 School Year

SCHOOL DISTRICT	GRADES PK-3	GRADES 4-5	GRADES 6-8	GRADES 9-12	TOTAL
Cranston	7	17	45	0	69
East Providence	47	19	127	0	193
Newport	130	180	308	291	909
Pawtucket	79	88	4	0	171
Providence	77	65	165	781	1,088
West Warwick	48	14	0	0	62
Woonsocket	57	44	82	266	449
Charter Schools	56	22	5	64	147
State-Operated Schools	0	0	1	6	7
UCAP	NA	NA	26	0	26
Rhode Island	501	449	763	1,408	3,121

Source: RI Department of Education, Office of Student, Community and Academic Supports, 2020-2021 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 2020-2021 school year in Rhode Island, 21st Century Community Learning Center grantees served 3,121 children and youth, down 70% from 10,439 in the 2018-2019 school year (pre-pandemic). Of these, 16% were in grades Pre-K-3, 14% were in grades 4-5, 24% were in grades 6-8, and 45% were in grades 9-12.⁸
- ◆ During the summer of 2020, 793 Rhode Island children entering grades Pre-K through 12 participated in 21st Century Community Learning Center programs, down 57% from 1,852 in the summer of 2019 (pre-pandemic); 150 (19%) entering grades PK-3, 148 (19%) entering grades 4-5, 200 (25%) entering grades 6-8, and 295 (37%) entering grades 9-12.⁹
- ◆ United Way of Rhode Island funds summer learning programs for children and youth entering first grade through 12th grade. During the summer of 2020, 272 children/youth participated and during the summer of 2021, 439 children/youth participated.¹⁰
- ◆ Nationwide, data on the 21st Century Community Learning Center program show that 75% of students served are Children of Color, 68% of children/youth participate in the Free or Reduced Price Lunch Program, 14% of children/youth are Multilingual Learners, 80% of programs take place in school districts, programs typically operate for 13.8 hours per week and 32 weeks per year, and the average annual cost per regular attendee is \$1,495.¹¹

School-Age Child Care Subsidies by Type of Setting, Rhode Island, 2021



Source: Rhode Island Department of Human Services, December 2021.

◆ In January 2022 in Rhode Island, there were 12,227 slots for school-age children and youth in licensed centers. Of these, 73% were in independently licensed school-age programs and 27% were in licensed early childhood centers. In addition, there were 397 family child care homes licensed to serve school-age children and youth.¹²

◆ In January 2022 in Rhode Island, there were 96 independently licensed school-age programs and 72 were participating in BrightStars, Rhode Island's Quality Rating and Improvement System. Of the 96 licensed programs, 25% had no rating, 23% had a one-star, 19% had a two-star, 21% had a three-star, 10% had a four-star, and 2% had a five-star rating.¹³

Table 43. Licensed School-Age Child Care Center Slots for Children Ages Six to 12, Rhode Island, January 2022

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	248	248
Central Falls	2,045	138	0	138
Charlestown	616	0	0	0
Coventry	3,142	122	100	222
Cranston	6,331	377	482	859
Cumberland	2,976	0	861	861
East Greenwich	1,482	61	80	141
East Providence	3,395	93	497	590
Exeter	480	0	140	140
Foster	369	26	0	26
Glocester	809	38	0	38
Hopkinton	741	0	0	0
Jamestown	429	0	50	50
Johnston	2,119	189	20	209
Lincoln	1,900	53	597	650
Little Compton	299	0	26	26
Middletown	1,442	19	222	241
Narragansett	856	0	60	60
New Shoreham	73	0	0	0
Newport	1,399	70	78	148
North Kingstown	2,581	68	220	288
North Providence	2,073	37	368	405
North Smithfield	1,002	40	130	170
Pawtucket	6,015	253	909	1,162
Portsmouth	1,622	15	146	161
Providence	15,342	927	1,616	2,543
Richmond	777	0	52	52
Scituate	935	26	0	26
Smithfield	1,445	121	37	158
South Kingstown	2,199	69	50	119
Tiverton	1,201	36	75	111
Warren	770	26	60	86
Warwick	6,195	235	706	941
West Greenwich	624	0	0	0
West Warwick	2,155	81	123	204
Westerly	1,850	50	60	110
Woonsocket	3,653	110	604	714
Four Core Cities	27,055	1,428	3,129	4,557
Remainder of State	59,202	1,933	5,737	7,670
Rhode Island	86,257	3,361	8,866	12,227

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 2022. 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.

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Multilingual Learners/English Learners

DEFINITION

Multilingual Learners/English Learners is the percentage of all public school children (preschool through grade 12) who are receiving Multilingual Learner/English Learner services in Rhode Island public schools.

SIGNIFICANCE

The population of Multilingual Learner/English Learner (MLL/EL) students in the U.S. has been growing over the last two decades. MLL/EL students must acquire English language proficiency while acquiring content area knowledge in a second language.^{1,2} Nationally and in Rhode Island, MLL/EL students have lower rates of math and reading achievement than non-MLL/EL students.^{3,4}

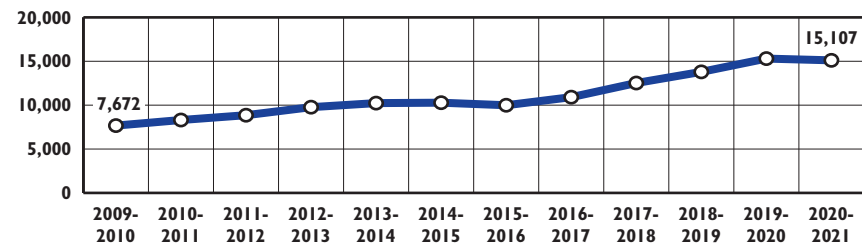
Nationally, the majority of MLL/EL students are born in the U.S., are racially, ethnically, and culturally diverse, and have at least one immigrant parent. MLL/EL students are more likely to live in low-income households and are more likely to attend high-poverty schools and have limited access to services needed to improve English proficiency.⁵ They may also experience discrimination, stigma, and stress related to different cultural expectations and English language proficiency status.^{6,7} Students in families with limited English proficiency also have a harder time accessing health care and other social services.⁸

In the 2020-2021 school year in Rhode Island, MLL/EL students were 11% (15,107) of total students, and 36% (5,424) of all MLL/EL students in Rhode Island were in grades preschool to grade three. Of all MLL/EL students, 79% were enrolled in free or reduced-price lunch programs, and 70% lived in the four core cities.^{9,10} MLL/EL students spoke 92 different languages. The majority (81%) spoke Spanish, 5% spoke a creole language, 2% spoke Portuguese, 1% spoke Arabic, 1% spoke Chinese, and 9% spoke other or multiple languages.¹¹

Dual language programs can improve English reading proficiency, decrease dropout rates, increase the likelihood of going to college, and improve economic outcomes for MLL/EL students.¹² During the 2020-2021 school year, bilingual and two-way/dual language programs were offered in the Central Falls, Pawtucket, Providence, and South Kingstown school districts and at the Rhode Island School for the Deaf and International Charter School.¹³

In 2016, the Rhode Island General Assembly established a pilot categorical program to provide additional support for the costs associated with educating MLL/EL students.¹⁴ In 2017, the Rhode Island General Assembly made this categorical fund permanent. This fund is designed to support high-quality, research-based services.¹⁵

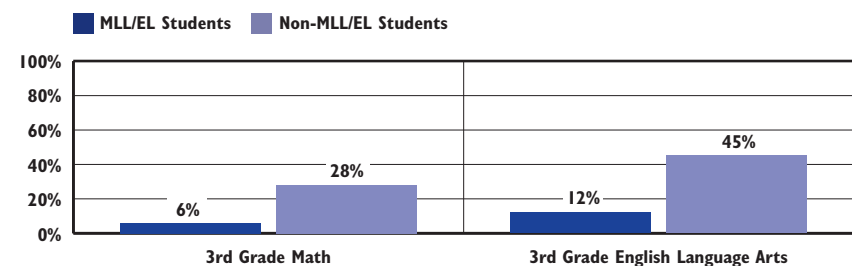
Multilingual Learners/English Learners, Rhode Island, 2009-2010 Through 2020-2021 School Years



Source: Rhode Island Department of Education, 2009-2010 through 2020-2021 school years.

◆ The number of MLL/EL students in Rhode Island has nearly doubled (increased by 97%) from the 2009-2010 to 2020-2021 school years.¹⁶

Current Multilingual/English Learners Meeting Expectations in Math and English Language Arts, Rhode Island, 2021



Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, October 2021.

◆ 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 MLL/EL students succeed.^{18,19,20} In October 2020, 5% (510) of Rhode Island public school teachers and instructional coordinators held an active Bilingual, Dual Language, or English to Speakers of Other Languages certification.²¹

Multilingual Learners/English Learners

Table 44.

Multilingual/English Learner Students, Rhode Island, 2020-2021

SCHOOL DISTRICT	TOTAL # OF STUDENTS	NUMBER OF MULTILINGUAL LEARNER/ENGLISH LEARNER STUDENTS			TOTAL # OF MLL/EL STUDENTS	% OF TOTAL DISTRICT
		ELEMENTARY (GRADES PRE-K-5)	MIDDLE (GRADES 6-8)	HIGH (GRADES 9-12)		
Barrington	3,361	54	10	*	69	2%
Bristol Warren	3,041	43	16	*	65	2%
Burrillville	2,088	*	*	0	*	<1%
Central Falls	2,751	567	291	390	1,248	45%
Chariho	3,100	*	*	*	12	<1%
Coventry	4,321	13	*	*	22	1%
Cranston	10,288	472	143	172	787	8%
Cumberland	4,590	97	17	16	130	3%
East Greenwich	2,514	17	*	*	33	1%
East Providence	4,883	123	53	39	215	4%
Exeter-West Greenwich	1,548	*	*	*	*	1%
Foster	210	0	0	0	0	0%
Foster-Glocester	1,375	0	0	0	0	0%
Glocester	516	0	0	0	0	0%
Jamestown	462	0	0	*	*	<1%
Johnston	3,032	138	40	31	209	7%
Lincoln	3,194	32	11	12	55	2%
Little Compton	212	0	0	0	0	0%
Middletown	2,005	59	19	20	98	5%
Narragansett	1,215	*	*	*	*	<1%
New Shoreham	147	*	*	*	13	9%
Newport	1,976	154	63	96	313	16%
North Kingstown	3,853	38	15	10	63	2%
North Providence	3,513	139	53	35	227	6%
North Smithfield	1,614	14	*	*	21	1%
Pawtucket	8,441	677	313	366	1,356	16%
Portsmouth	2,292	15	*	0	17	1%
Providence	22,516	3,658	1,645	2,052	7,355	33%
Scituate	1,196	*	0	0	*	<1%
Smithfield	2,358	17	*	*	24	1%
South Kingstown	2,704	27	*	*	40	1%
Tiverton	1,656	*	*	0	*	1%
Warwick	8,081	106	28	23	157	2%
West Warwick	3,517	47	24	17	88	3%
Westerly	2,411	39	11	*	59	2%
Woonsocket	5,711	310	164	163	637	11%
Charter Schools	9,681	1,185	211	236	1,632	17%
State-Operated Schools	1,810	*	*	100	111	6%
UCAP	124	0	21	0	21	17%
Four Core Cities	39,419	5,212	2,413	2,971	10,596	27%
Remainder of State	87,268	1,673	545	529	2,747	3%
Rhode Island	138,303	8,074	3,197	3,836	15,107	11%

Sources of Data for Table/Methodology

Rhode Island Department Education, 2020-2021 school year. Total number of Multilingual Learner/English Learner students is the number of students in each district who were actively enrolled in English Learner programs in the 2020-2021 school year. Students who are not yet fully English proficient but have exited ESL or bilingual education programs to regular education are not included in these numbers.

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

NA indicates that the school district does not serve students at that grade level.

The “% of Total District” is based on the total number of Multilingual Learners/English Learners divided by the “Total # of Students,” which is the average daily membership in the districts of instruction.

Charter schools include: Achievement First Rhode Island, Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Charette Charter School, The Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, Rhode Island Nurses Institute Middle College Charter School, RISE Prep Mayoral Academy, Segue Institute for Learning, Sheila C. “Skip” Nowell Leadership Academy, SouthSide Charter School, Trinity Academy for the Performing Arts, and The Village Green Virtual Public Charter School. State-operated schools include: William M. Davies Jr. Career & Technical High School, DCYF Schools, Metropolitan Regional Career and Technical Center, and Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

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

References

¹ McFarland, J., et al. (2018). *The condition of education 2018 (NCES 2018-144)*. Washington, DC: National Center for Education Statistics, U.S. Department of Education. Retrieved February 13, 2022, from <https://nces.ed.gov>

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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

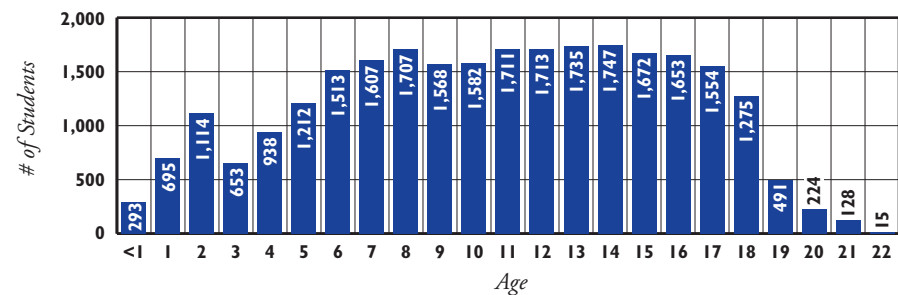
high school, enrolling in post-secondary education programs, and becoming employed as adults.³ Concerns remain that not all children who could benefit from services are identified, that Children of Color are less likely to receive special education services than their white peers, and that special education 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} Nationally, about 65% to 75% of juvenile justice-involved youth under age 18 have mental, emotional, behavioral, and/or physical health challenges and 33% qualify for special education.⁷

In Rhode Island, students with disabilities are much less likely to meet or exceed expectations on the *Rhode Island Comprehensive Assessment System (RICAS)*. In 2021, only 12% of third graders with a disability met or exceeded expectations in ELA and 9% in math, compared with 46% in ELA and 28% in math for students without special education needs.⁸

In Rhode Island, the four-year graduation rate for the class of 2021 was 65% 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 2021



Source: Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, Early Intervention enrollment, June 30, 2021. Rhode Island Department of Education, Office of Diverse Learners, Special Education Census, June 30, 2021. Includes parentally-placed students.

◆ As of June 2021, there were 21,697 students in grades K-12 (16% of all kindergarten through grade 12 students, up from 15% in June 2020) 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 a developmental delay, 7% had an emotional disturbance, 4% had an intellectual disability, and 3% had other disabilities.¹⁰

◆ As of June 2021, 73% of students in grades K-12 receiving special education services in Rhode Island were in their regular classroom for 80% of the day or more, 21% were in their regular classroom for less than 80% of the day, 5% were in a separate school, and 1% were in a residential facility, a correctional facility, were home-bound, or were hospitalized.¹¹

◆ Of Rhode Island students receiving special education services in June 2021, 66% were boys, 34% were girls, and less than 1% were some other gender. By identified race/ethnicity, 2% were Asian/Pacific Islander, 10% were Black, 29% were Hispanic, 1% were Native American, 6% were Two or more races, and 52% were white.¹²

◆ In June 2021, 55% of Rhode Island students receiving special education services were low-income (receiving free or reduced-price lunch) and 13% 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, 2021

SCHOOL DISTRICT	TOTAL # OF STUDENTS	AUTISM SPECTRUM DISORDER	DEVELOPMENTAL DELAY	EMOTIONAL DISTURBANCE	HEALTH IMPAIRMENT	INTELLECTUAL DISABILITY	LEARNING DISABILITY	SPEECH/LANGUAGE IMPAIRMENT	OTHER	TOTAL STUDENTS WITH DISABILITIES	% STUDENTS IN SPECIAL EDUCATION
Barrington	3,346	59	23	45	78	10	97	53	17	382	11%
Bristol Warren	3,036	52	17	15	53	18	161	108	*	433	14%
Burrillville	2,088	42	18	24	48	15	146	33	11	337	16%
Central Falls	2,635	42	73	20	83	30	214	30	19	511	19%
Chariho	2,890	59	35	17	87	*	156	30	16	408	14%
Coventry	4,297	87	49	68	122	32	233	72	19	682	16%
Cranston	10,060	193	87	119	380	43	580	89	41	1,532	15%
Cumberland	4,493	109	31	54	66	36	228	91	46	661	15%
East Greenwich	2,501	47	29	*	78	11	74	40	*	294	12%
East Providence	4,825	110	74	87	174	36	288	82	23	874	18%
Exeter-West Greenwich	1,535	35	15	*	40	*	51	21	*	179	12%
Foster	206	*	0	0	*	0	*	13	*	25	12%
Foster-Glocester	1,130	17	0	*	22	*	52	*	*	112	10%
Glocester	511	*	*	*	11	*	10	30	*	68	13%
Jamestown	632	12	*	*	22	*	17	18	0	79	12%
Johnston	3,119	61	41	22	108	23	206	37	23	521	17%
Lincoln	3,143	78	36	38	84	12	179	52	10	489	16%
Little Compton	310	*	*	*	10	*	14	*	*	38	12%
Middletown	2,020	44	32	38	77	19	103	42	14	369	18%
Narragansett	1,061	17	*	*	34	*	73	20	10	172	16%
New Shoreham	147	*	0	*	10	0	*	*	0	25	17%
Newport	1,909	45	27	26	24	30	172	29	11	364	19%
North Kingstown	3,586	58	37	37	91	10	135	93	16	477	13%
North Providence	3,468	74	40	50	79	22	237	95	20	617	18%
North Smithfield	1,598	24	21	18	38	10	104	28	*	246	15%
Pawtucket	8,293	141	163	67	277	43	634	151	30	1,506	18%
Portsmouth	2,175	42	23	23	81	*	83	40	14	313	14%
Providence	22,355	273	373	267	572	206	1,287	453	106	3,537	16%
Scituate	1,229	17	*	*	24	*	68	30	*	155	13%
Smithfield	2,337	50	22	17	58	*	114	24	10	303	13%
South Kingstown	2,756	49	12	20	89	16	84	38	12	320	12%
Tiverton	1,641	33	28	29	49	11	84	31	*	273	17%
Warwick	8,143	188	161	82	279	54	401	128	40	1,333	16%
West Warwick	3,500	94	71	76	112	35	225	58	14	685	20%
Westerly	2,464	50	42	27	90	10	99	42	18	378	15%
Woonsocket	5,671	171	107	146	331	75	395	221	27	1,473	26%
Charter Schools	9,656	77	112	53	235	24	530	202	21	1,254	13%
State-Operated Schools	1,795	*	*	24	59	*	67	11	64	235	13%
UCAP	124	0	0	0	*	0	14	0	0	15	12%
Department of Corrections	NA	0	0	13	*	0	*	0	0	22	NA
Four Core Cities	38,954	627	716	500	1,263	354	2,530	855	182	7,027	18%
Remainder of State	86,154	1,761	992	971	2,521	503	4,484	1,480	432	13,144	15%
Rhode Island	136,682	2,473	1,821	1,561	4,085	882	7,628	2,548	699	21,697	16%

Source of Data for Table/Methodology

Rhode Island Department of Education (RIDE), Office for Diverse Learners, Special Education Census June 30, 2021. 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 2020-2021 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 188)

Student Mobility

DEFINITION

Student mobility is the number of students who enrolled in school after September 30 or withdrew from school before June 1 divided by the total enrollment for that school district.

SIGNIFICANCE

Student mobility is associated with lower academic performance, behavior difficulties, lower levels of school engagement, and increased risk of dropping out of high school. Changing schools can disrupt learning, negatively impact a student's achievement, and cause social upheaval for children. Student mobility also can lead to less active parent involvement in their children's schools.^{1,2}

Students who change schools frequently are more likely to have lower math and reading skills, more likely to repeat a grade, more likely to be suspended, and less likely to graduate from high school than their non-mobile peers.^{3,4}

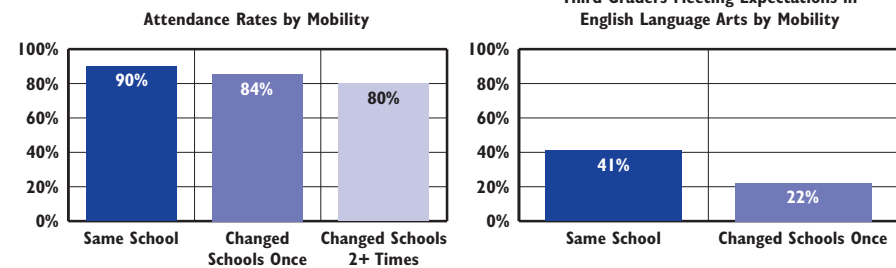
Regardless of income status and ethnicity, mobility can negatively affect student achievement. However, low-income children and Children of Color are more likely to be mobile and experience greater negative impacts on their academic achievement, than higher-income and white students. Students receiving special education services also are likely to be negatively impacted by changing schools.^{5,6,7}

High mobility rates in schools can negatively impact all students because teachers must slow curriculum progress, repeat lessons, and adjust to changing classroom dynamics and student needs. Within-year moves are particularly disruptive for students, teachers, and schools.^{8,9}

Families may move their children to a different school because they are dissatisfied with the school, concerned about their child's safety, or moving due to changes in family circumstances. Changes in family circumstances can be either positive or negative, including eviction or foreclosure, divorce or marriage, job loss or job changes, death in the family, or a desire to improve quality of life. Mobile students who are low-income and Students of Color are more likely to change schools due to negative life events than mobile students who are higher-income and white.^{10,11}

Between 2016 and 2020 in Rhode Island, 9% of children ages five to 17 changed residence at least once during the previous year, 75% of whom moved within Rhode Island and 25% 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 2016 and 2020, 19% of Rhode Islanders living below the poverty line moved, compared with 10% of higher-income residents.¹³

School Mobility and Education Outcomes in Rhode Island, 2020-2021



Source: Rhode Island Department of Education, 2020-2021 school year. Fewer than 10 3rd graders who changed schools 2+ times were tested for 3rd grade ELA so this data cannot be reported.

- ◆ Rhode Island students who change schools mid-year are absent more often than students who do not change schools. Rhode Island students who did not change schools had a 90% attendance rate, compared with 84% for those who changed schools once and 80% for those who changed schools two or more times during the 2020-2021 school year.¹⁴
- ◆ Children who change schools mid-year also perform worse on standardized tests than children who have not experienced school mobility. During the 2020-2021 school year in Rhode Island, 41% of third-grade children who did not experience mobility met expectations in reading/writing on the *Rhode Island Comprehensive Assessment System (RICAS)* state assessment, compared with 22% of students who moved once.¹⁵
- ◆ School districts with high mobility rates can reduce the negative effects of mobility on students by providing immediate and comprehensive screening of entering students to ensure that students are properly placed. Districts also can identify other districts where students most frequently transfer to and from and align their curricula, programs, and policies to reduce learning disruption.¹⁶
- ◆ One-third of children in foster care will experience five or more school changes before they turn age 18, and such changes often result in lost academic progress. The federal *Every Student Succeeds Act* includes provisions to give children in foster care more educational stability by allowing students to stay in their school of origin if it is in their best interest and providing transportation to that school.¹⁷

Table 46. Student Mobility and Stability Rates by District, Rhode Island, 2020-2021 School Year

SCHOOL DISTRICT	CUMULATIVE ENROLLMENT FOR 2020-2021	# ENROLLED THE WHOLE YEAR	# ENROLLED AFTER SEPT. 30	# EXITED BEFORE JUNE 1	STABILITY RATE	MOBILITY RATE
Barrington	3,405	3,306	48	52	97%	3%
Bristol Warren	3,112	2,967	74	79	95%	5%
Burrillville	2,151	2,029	54	68	94%	6%
Central Falls	2,961	2,334	355	314	79%	23%
Charlho	3,202	2,948	113	145	92%	8%
Coventry	4,481	4,121	166	222	92%	9%
Cranston	10,758	9,857	435	506	92%	9%
Cumberland	4,727	4,366	199	179	92%	8%
East Greenwich	2,581	2,430	81	79	94%	6%
East Providence	5,024	4,683	149	201	93%	7%
Exeter-West Greenwich	1,559	1,496	37	29	96%	4%
Foster	223	196	18	*	88%	12%
Foster-Glocester	1,404	1,351	17	38	96%	4%
Glocester	555	518	26	11	93%	7%
Jamestown	466	438	16	12	94%	6%
Johnston	3,163	2,860	128	189	90%	10%
Lincoln	3,275	3,048	115	119	93%	7%
Little Compton	213	197	10	*	92%	8%
Middletown	2,153	1,875	132	163	87%	14%
Narragansett	1,199	1,111	36	55	93%	8%
New Shoreham	155	141	*	*	91%	9%
Newport	2,088	1,839	112	147	88%	12%
North Kingstown	3,967	3,725	103	149	94%	6%
North Providence	3,622	3,338	152	143	92%	8%
North Smithfield	1,657	1,547	66	45	93%	7%
Pawtucket	8,915	7,766	595	605	87%	13%
Portsmouth	2,364	2,216	76	76	94%	6%
Providence	27,937	18,252	4,899	5,653	65%	38%
Scituate	1,236	1,157	37	44	94%	7%
Smithfield	2,386	2,303	48	39	97%	4%
South Kingstown	2,787	2,586	77	127	93%	7%
Tiverton	1,726	1,589	54	88	92%	8%
Warwick	8,339	7,699	273	380	92%	8%
West Warwick	3,768	3,278	224	302	87%	14%
Westerly	2,467	2,282	89	101	93%	8%
Woonsocket	6,225	5,261	460	565	85%	16%
Charter Schools	9,938	9,411	235	299	95%	5%
State-Operated Schools	1,974	1,709	137	179	87%	16%
UCAP	147	111	28	*	76%	24%
Four Core Cities	46,038	33,613	6,309	7,137	73%	29%
Remainder of State	90,213	83,497	3,172	3,810	93%	8%
Rhode Island	148,310	128,341	9,881	11,433	87%	14%

Student Mobility and Stability Rates

◆ Mobility rates are calculated by adding all children who enrolled after September 30 to all those who withdrew before June 1 and dividing the total by the total enrollment for that school district.¹⁸

◆ Stability rates measure the number of children who attended the same school the entire school year in a school district. The stability rate is calculated by dividing the number of children enrolled the whole year at the same school in the school district by total enrollment for that school district. The stability rate for the four core cities was 73% in the 2020-2021 school year, compared with a stability rate of 93% in the remainder of the state.¹⁹

◆ Total enrollment for each district is cumulative over the course of the school year.²⁰

◆ The overall Rhode Island student mobility rate was 14% in the 2020-2021 school year. The student mobility rate in the four core cities (29%) was more than three times higher than the rate for districts in the remainder of the state (8%).²¹

◆ During the 2020-2021 school year, Rhode Island elementary schools had higher mobility rates (17%) than middle schools (8%) and high schools (16%).²²

Source of Data for Table/Methodology

Rhode Island Department of Education, 2020-2021 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, SouthSide Elementary Charter School, Trinity Academy for the Performing Arts, and Village Green Virtual Public Charter School.

State-operated schools include: William M. Davies Career & Technical High School, DCYF Schools, Metropolitan Regional Career and Technical High School, and the Rhode Island School for the Deaf.

UCAP is the Urban Collaborative Accelerated Program.

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

References

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- ^{7,9,10} Fiel, J. E., Haskins, A. R., & López Turley, R. N. (2013). Reducing school mobility: A randomized trial of a relationship-building intervention. *American Education Research Journal*, 50(6), 1188-1218.

(continued on page 189)

Third-Grade Reading Skills

DEFINITION

Third-grade reading skills is the percentage of third-grade students who met expectations in English language arts on the *Rhode Island Comprehensive Assessment System (RICAS)* test.

SIGNIFICANCE

Educators and researchers have long recognized the importance of achieving reading proficiency by the end of third grade, when children begin to shift from learning to read to reading to learn. Students who do not successfully reach this milestone struggle in the later grades and are four times more likely to drop out of high school than their proficient peers.¹ Interventions for students who struggle with reading are more successful when implemented before third grade and when they are culturally relevant. When intervention is delayed until after third grade, most children never catch up to their grade-level peers.^{2,3,4}

Literacy begins long before children encounter school instruction in writing and reading. Physical and social-emotional health, family supports, literacy-rich home environments (including telling stories) and 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*	24 th	
New England Rank**	6 th	

*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, 2021

SUBGROUP	
Female Students	46%
Male Students	35%
Multilingual Learners/English Learners	12%
Non-English Learners	45%
Students Receiving Special Education Services	12%
Students Not Receiving Special Education Services	46%
Low-Income Students	23%
Higher-Income Students	56%
Asian Students+	53%
Black Students	24%
Hispanic Students	23%
Native American Students	26%
White Students	52%
Homeless Students	15%
Students in Foster Care	24%
ALL STUDENTS	40%

Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2020-2021. Low-income status is determined by eligibility for the free or reduced-price lunch program. +Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

- ◆ In Rhode Island in 2021, 40% of third graders met expectations on the *Rhode Island Comprehensive Assessment System (RICAS)*, English language arts assessment. Twenty-three percent of low-income third graders met expectations, compared with 56% of higher-income third graders. There were also large disparities by race and ethnicity as well as by language status and special education status. Fifteen percent of third graders who were identified as homeless met expectations in English language arts, compared to 41% of third graders who were not identified as homeless.¹²
- ◆ In 2021, 24% of third graders who were in foster care met expectations in English language arts compared to 40% of students who were not in foster care.¹³
- ◆ In the U.S., 75% of teachers working with early readers used some methods not backed by research to teach reading. Evidence-based instructional techniques can help children with reading disabilities acquire proficiency in reading.¹⁴

COVID-19 and Grade-Level Reading

◆ School closures and the combination of distance learning and hybrid models have resulted in significant learning loss, especially among low-income students, Multilingual Learners, students receiving special education services and Students of Color.¹⁵

◆ The *American Rescue Plan Act (ARPA)* of 2021 provided funding to states and school districts to reopen schools safely, maximize in-person instruction, and address the impact of the pandemic on students, families, and educators. At least 20% of funds must be used for evidence-based interventions that respond to students' social, emotional, and academic needs and address the disproportionate impact of COVID-19 on Students of Color, students from low-income families, students with disabilities, Multilingual Learners, students experiencing homelessness, and students in foster care.¹⁶

◆ Assessments and early-warning systems can help identify students most at risk for learning loss.¹⁷

◆ 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.¹⁸

Table 47. Third-Grade Reading Skills, Rhode Island, 2019 & 2021

SCHOOL DISTRICT	# OF THIRD GRADERS TESTED 2021	% MEETING EXPECTATIONS 2019	% MEETING EXPECTATIONS 2021
Barrington	229	73%	69%
Bristol Warren	200	61%	58%
Burrillville	132	39%	30%
Central Falls	169	26%	14%
Chariho	183	75%	59%
Coventry	264	64%	57%
Cranston	652	55%	39%
Cumberland	317	65%	62%
East Greenwich	172	73%	76%
East Providence	305	55%	39%
Exeter-West Greenwich	114	55%	50%
Foster	32	44%	50%
Glocester	84	71%	73%
Jamestown	55	82%	82%
Johnston	217	44%	38%
Lincoln	189	67%	49%
Little Compton	23	58%	78%
Middletown	150	46%	48%
Narragansett	59	64%	71%
New Shoreham	11	73%	45%
Newport	123	27%	27%
North Kingstown	215	63%	65%
North Providence	230	45%	36%
North Smithfield	110	70%	53%
Pawtucket	596	37%	25%
Portsmouth	161	55%	54%
Providence	1,484	26%	19%
Scituate	82	70%	59%
Smithfield	153	62%	67%
South Kingstown	178	67%	60%
Tiverton	123	63%	62%
Warwick	531	51%	46%
West Warwick	212	40%	26%
Westerly	159	59%	42%
Woonsocket	381	18%	16%
Charter Schools	772	53%	36%
Four Core Cities	2,630	27%	19%
Remainder of State	5,666	57%	51%
Rhode Island	9,068	48%	40%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Comprehensive Assessment System (RICAS)*, 2018-2019 and 2020-2021 school years and are rounded to the nearest percentage point.

The *RICAS* test was not administered in 2020 due to COVID-19.

Due to the adoption of a new assessment tool by RIDE in 2018, Third-Grade Reading Skills cannot be compared with Factbooks prior to 2018. In Rhode Island in 2021, 92% of students were tested. Response rates vary by district. Due to low participation rates, *Rhode Island Comprehensive Assessment System (RICAS)*, 2020-2021 reading scores cannot be compared to previous years.

% meeting expectations are the third-grade students who met or exceeded expectations for their grade on the English language arts section of the *RICAS*. Only students who actually took the test are counted in the denominator for the district and school proficiency rates. Students with Individualized Education Programs (IEPs) may participate in alternate assessments instead. Multilingual Learners/English Learners in the U.S. less than one year are exempt from the English language arts assessment.

2021 *RICAS* data for independent charter schools include Achievement First Rhode Island, Blackstone Valley Prep, The Compass School, Paul Cuffee Charter School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, RISE Prep Mayoral Academy, Segue Institute for Learning, and SouthSide Charter School. Charter schools included in total differ by year, depending on the schools serving that grade level on the year of the test. Charter schools are not included in the four core cities and remainder of state calculations.

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

Data is not reported for The Rhode Island School for the Deaf because the number of students tested was less than 10. These students are still counted in the remainder of the state and state totals.

See Methodology Section for more information.

(References are on page 189)

Eighth-Grade Reading Skills

DEFINITION

Eighth-grade reading skills is the percentage of eighth-grade students who met expectations for reading in English language arts on the *Rhode Island Comprehensive Assessment System (RICAS)* test.

SIGNIFICANCE

Strong reading skills are essential for a student’s academic success 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 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, 2021

SUBGROUP	2021
Female Students	36%
Male Students	22%
*Multilingual Learners/English Learners	<5%
Non-English Learners	32%
*Students Receiving Special Education Services	<5%
Students Not Receiving Special Education Services	33%
Low-Income Students	13%
Higher-Income Students	40%
Asian Students+	44%
Black Students	15%
Hispanic Students	14%
Native American Students	8%
White Students	38%
Homeless Students	11%
Students in Foster Care	11%
ALL STUDENTS	29%

Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2020-2021. Low-income status is determined by eligibility for the free or reduced-price lunch program. *Data is reported as <5% when greater than 95% of students do not meet expectations. +Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

- ◆ In Rhode Island in 2021, 13% of low-income eighth graders met expectations in English language arts on the *Rhode Island Comprehensive Assessment System (RICAS)*, compared with 40% of higher-income eighth graders. There were also large disparities by race and ethnicity.¹²
- ◆ Less than 5% of Multilingual Learners/English Learners and students receiving special education services met expectations.¹³
- ◆ In 2021, 11% of eighth graders who were in foster care met expectations in English language arts compared to 29% of students who were not in foster care. Eleven percent of students identified as homeless met expectations in English language arts.¹⁴

Eighth-Grade Reading Skills

Table 48.

Eighth-Grade Reading Skills, Rhode Island, 2019 & 2021

SCHOOL DISTRICT	# EIGHTH GRADERS TESTED 2021	% MEETING EXPECTATIONS IN 2019	% MEETING EXPECTATIONS IN 2021
Barrington	298	80%	70%
Bristol Warren	201	48%	34%
Burrillville	141	29%	26%
Central Falls	189	6%	6%
Chariho	229	60%	36%
Coventry	270	51%	33%
Cranston	584	37%	28%
Cumberland	367	60%	49%
East Greenwich	204	69%	50%
East Providence	309	23%	20%
Exeter-West Greenwich	94	74%	41%
Foster-Glocester	128	46%	33%
Jamestown	49	54%	59%
Johnston	181	43%	24%
Lincoln	212	30%	40%
Little Compton	25	37%	52%
Middletown	146	35%	23%
Narragansett	75	54%	32%
Newport	127	24%	17%
North Kingstown	269	54%	51%
North Providence	260	47%	41%
North Smithfield	143	61%	56%
Pawtucket	671	19%	13%
Portsmouth	164	62%	43%
Providence	1,452	15%	12%
Scituate	83	50%	46%
Smithfield	200	60%	40%
South Kingstown	180	61%	48%
Tiverton	137	37%	45%
Warwick	493	32%	21%
West Warwick	180	27%	14%
Westerly	193	39%	34%
Woonsocket	233	12%	13%
Charter Schools	546	34%	24%
Urban Collaborative	63	<5%	5%
Four Core Cities	2,545	15%	12%
Remainder of State	5,951	46%	37%
Rhode Island	9,105	36%	29%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), Rhode Island Comprehensive Assessment System (RICAS), 2018-2019 and 2020-2021 school years and are rounded to the nearest percentage point.

The RICAS was not administered in 2020 due to COVID-19.

Due to the adoption of a new assessment tool by RIDE in 2018, Eighth-Grade Reading Skills cannot be compared with Factbooks prior to 2018. In Rhode Island in 2021, 83% of students were tested. Response rates vary by district. Due to low participation rates, Rhode Island Comprehensive Assessment System (RICAS), 2020-2021 reading scores cannot be compared to previous years.

% 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.

2021 RICAS data for independent charter schools include: Achievement First Rhode Island, Beacon Charter School for the Arts, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, Highlander Charter School, The Learning Community, Segue Institute for Learning, and Trinity Academy for the Performing Arts. Charter schools included in total differ by year, depending on the schools serving that grade level on the year of the test. UCAP is the Urban Collaborative Accelerated Program. Four core cities and remainder of state calculations do not include charter schools or UCAP.

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

Data is not reported for DCYF schools, 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 are on page 189)

Math Skills

DEFINITION

Math skills is the percentage of third- and eighth-grade students who met expectations for math on the *Rhode Island Comprehensive Assessment System (RICAS)* test.

SIGNIFICANCE

Students must rely on math to perform everyday activities, advance their education, and navigate today’s technological world. Strong math skills predict higher college attendance and success rates and increase students’ employability.^{1,2} Improving education in the STEM disciplines (science, technology, engineering, and math) can spur national innovation and competitiveness and ensure that we have qualified workers for the growing STEM industries.³

State, national, and international assessments show that U.S. students fare well with straight-forward computational procedures but tend to have a limited understanding of basic mathematical concepts, resulting in recent federal actions to increase the level of rigor, depth, and coherency of the mathematics content taught nationwide.^{4,5} After two decades of improvement, 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, 2021

SUBGROUP	THIRD GRADE	EIGHTH GRADE
Male Students	26%	16%
Female Students	25%	17%
*Multilingual Learners/English Learners	6%	<5%
Non-English Learners	28%	18%
*Students Receiving Special Education Services	9%	<5%
Students Not Receiving Special Education Services	28%	19%
*Low-Income Students	10%	<5%
Higher-Income Students	38%	24%
Asian Students+	39%	31%
*Black Students	10%	<5%
Hispanic Students	11%	5%
*Native American Students	11%	<5%
White Students	35%	22%
*Homeless Students	<5%	<5%
*Students in Foster Care	13%	<5%
ALL STUDENTS	25%	16%

Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2020-2021. 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 in 2020 due to the COVID-19 pandemic.¹⁸ During the COVID-19 pandemic, the percentage of all Rhode Island students meeting expectations declined from 36% to 25% for fourth graders and from 25% to 16% for eighth graders from 2019 to 2021.¹⁹
- ◆ In Rhode Island in the 2020-2021 school year, 10% of low-income third graders met expectations in math, compared with 38% of higher-income third graders. There also were large gaps by race and ethnicity, with 39% of Asian and 35% of white third graders meeting expectations, compared with 10% of Black, 11% of Hispanic, and 11% of Native American students. This large gap is also seen in eighth-grade results, with 31% of Asian and 22% of white eighth graders meeting expectations, compared with less than 5% of Black and Native American students, and 5% of Hispanic students.²⁰
- ◆ In 2021, 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, 2020-2021

SCHOOL DISTRICT	# OF THIRD GRADERS TESTED	% OF THIRD GRADERS MEETING EXPECTATIONS	# OF EIGHTH GRADERS TESTED	% OF EIGHTH GRADERS MEETING EXPECTATIONS
Barrington	231	62%	299	53%
Bristol Warren	201	36%	199	24%
Burrillville	131	15%	138	14%
Central Falls	167	5%	184	<5%
Chariho	182	39%	226	23%
Coventry	265	38%	286	19%
Cranston	653	19%	575	10%
Cumberland	317	52%	365	41%
East Greenwich	172	66%	205	33%
East Providence	301	23%	284	10%
Exeter-West Greenwich	113	42%	97	31%
Foster	32	34%	NA	NA
Foster-Glocester	NA	NA	127	18%
Glocester	84	43%	NA	NA
Jamestown	54	72%	49	53%
Johnston	217	13%	167	10%
Lincoln	189	39%	213	33%
Little Compton	23	83%	25	24%
Middletown	157	31%	151	25%
Narragansett	59	64%	75	12%
New Shoreham	11	27%	*	*
Newport	126	11%	119	<5%
North Kingstown	214	50%	268	34%
North Providence	231	15%	262	23%
North Smithfield	110	40%	143	22%
Pawtucket	592	13%	669	<5%
Portsmouth	162	22%	160	25%
Providence	1,509	9%	1,413	<5%
Scituate	82	54%	80	14%
Smithfield	154	45%	198	35%
South Kingstown	179	44%	186	12%
Tiverton	123	54%	135	28%
Warwick	521	20%	477	6%
West Warwick	205	<5%	168	8%
Westerly	159	30%	190	10%
Woonsocket	371	<5%	234	6%
Charter Schools	767	21%	539	19%
UCAP	NA	NA	65	<5%
Four Core Cities	2,639	9%	2,500	<5%
Remainder of State	5,659	33%	5,877	21%
Rhode Island	9,065	25%	8,981	16%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Comprehensive Assessment System (RICAS)*, 2020-2021 and is rounded to the nearest percentage point.

Due to the adoption of a new assessment tool by RIDE in 2018, *Math Skills* cannot be compared with Factbooks prior to 2019. Due to low participation rates, *Rhode Island Comprehensive Assessment System (RICAS)*, 2020-2021 math scores cannot be compared to previous years.

% meeting expectations are students who met or exceeded expectations on the math section of the *RICAS*. Only students who actually took the test are counted in the denominator for the district and school proficiency rates. All students are expected to participate in the *RICAS* assessment. Students with significant disabilities may be eligible to participate in alternate assessments.

Data is reported as <5% when greater than 95% of students did not meet expectations in this category. Actual numbers are not shown to protect student confidentiality. These students are still counted in district totals and four core cities, remainder of the state, and state totals.

*Data is not reported because the number of students tested was less than 10. These students are still counted in the remainder of the state and state totals.

RICAS data for independent charter schools include Achievement First, Beacon Charter School, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, RISE Prep Mayoral Academy, Segue Institute for Learning, SouthSide Charter School, and Trinity Academy for the Performing Arts.

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

Charter schools and the Urban Collaborative Accelerated Program (UCAP) are not included in the four core cities and the remainder of state calculations.

NA indicates that the school district does not serve students at that grade level.

(Continued with references on page 189)

Schools Identified for Intervention

DEFINITION

Schools identified for intervention is the percentage of Rhode Island public schools that are identified as in need of “Comprehensive Support and Improvement” by the Rhode Island Department of Education.

SIGNIFICANCE

Research on school improvement efforts shows that schools can be improved through comprehensive, whole-school reforms. Critical elements of successful school improvement efforts include targeting resources to support the lowest performing schools, giving building leaders more autonomy around spending and hiring, using data-based decision making, developing ways to spread best practices, and engaging the whole community in improvement efforts.¹

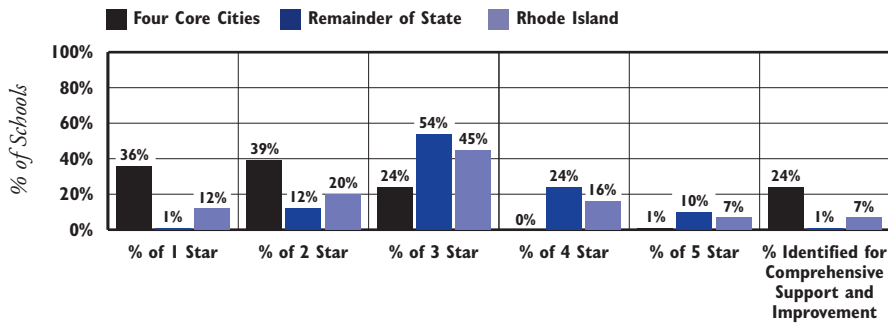
The U.S. Department of Education approved Rhode Island’s new accountability system under the *Every Student Succeeds Act (ESSA)* in 2018.² The system is structured to promote collective responsibility for continuous improvement at all levels of education through measurements that differentiate school performance; a school classification system; and state, district, and school report cards.³

The accountability system uses a five-star rating system to summarize

overall school performance determined by a broad range of performance indicators.⁴ These indicators include achievement in English language arts and math, student growth, graduation rate, English language proficiency, percentage of students exceeding expectations, student and teacher chronic absenteeism, and suspensions.⁵ In 2019, Rhode Island accountability ratings included new indicators including high school graduates’ proficiency in English language arts and math and the percentage of graduating high school students who have earned college credits or industry credentials.⁶

Schools with five-star ratings have strong performance in all the indicators and no low-performing student subgroups. Schools with one-star ratings are low performing schools in multiple indicators.⁷ The lowest performing 5% of all schools receiving Title I funds, high schools that do not graduate at least two-thirds of their students, and schools with the lowest scores on academic indicators are identified as in need of Comprehensive Support and improvement.⁸ These schools will receive additional support and oversight from the state. Schools identified as in need of Additional Targeted Support and Improvement have one or more student subgroups performing at the lowest levels in the state.⁹

Rhode Island School Performance Classifications, 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 Rhode Island’s accountability system for the 2020-2021 school year due to the COVID-19 pandemic. As a result, there were no new star ratings for the 2019-2020 or 2020-2021 school years.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, and 88% were identified because of the need for improvement for students receiving special education services.^{12,13}

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}

Schools Identified for Intervention

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 March 11, 2021, 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 190)

Chronic Early Absence

DEFINITION

Chronic early absence is the percentage of children in kindergarten through third grade (K-3) who were enrolled for at least 90 days and missed 18 days or more of school, including excused and unexcused absences (10% or more of the school year for a 180-day school year).

SIGNIFICANCE

Students who are absent from school miss opportunities to learn and develop the important academic and social-emotional skills and approaches to learning that are part of the K-3 experience and critical for ongoing school success. Children who are chronically absent in kindergarten show lower assessment scores in math, reading, and general knowledge in first grade. Chronic absence in kindergarten appears to be especially detrimental for children living in poverty and Latino children who are less likely to have the resources to make up for lost time in the classroom.^{1,2} In Rhode Island, children who are chronically absent in kindergarten have lower scores on assessments as far out as the seventh grade and are more than twice as likely to be retained.³

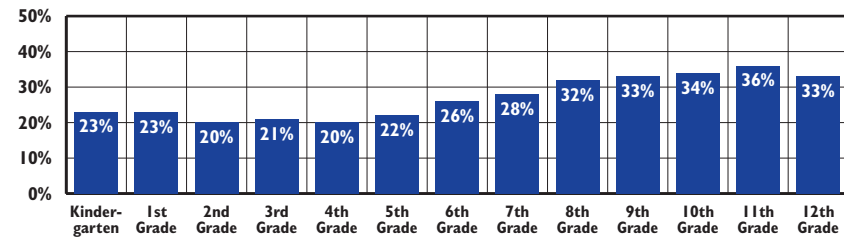
Nationally in the 2017-2018 school year, 12% of all elementary school students were chronically absent.⁴ In the early grades, children from families living in poverty are much more likely to be chronically absent than higher-

income children. In the U.S., one in five (21%) poor kindergartners was chronically absent, compared to less than one in 10 (8%) of their higher-income peers.⁵ The rate of chronic absence is twice as high for students experiencing homelessness as it is for the general student population.⁶ Chronic absenteeism can affect the reading and math outcomes of all students in a class, not just those who are absent, because teachers may backtrack or slow the learning pace to review lessons for students who have missed school.⁷

Young children are chronically absent from school for a variety of reasons. Asthma is a leading cause of school absenteeism, accounting for one-third of all absences, but other physical and behavioral health issues, including dental and vision problems, 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, 2020-2021 School Year*



Source: Rhode Island Department of Education, 2020-2021 school year. *The definition of absence may differ from prior years due to the COVID-19 pandemic. Not directly comparable to previous *Factbooks*.

◆ Chronic absence rates are high in kindergarten and first grade and then decline before increasing again in middle and high school. During the 2020-2021 school year, 23% of Rhode Island kindergarten students and first graders, 20% of second graders, and 21% of third graders were chronically absent (i.e., absent 18 days or more). Twenty-two 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 2020-2021 school year, the average daily attendance rate for K-3 students in Rhode Island's four core cities was 87%, but 42% of students were chronically absent.¹⁵

Reducing Student Chronic Absence

◆ Schools, districts, and community partners can nurture a culture of attendance by increasing the feelings of belonging and connection for all students and families, raising awareness about the problem of chronic absence, encouraging parents to send their children to school every day in the early grades, developing a community response that involves mentoring outside of school, and recognizing and rewarding good attendance.^{16,17,18}

◆ States can also incorporate chronic absence measures into early warning and accountability systems and school improvement efforts, and can allocate resources to address barriers to attendance.^{19,20}

Table 51. Chronic Early Absence Rates, Grades K-3, Rhode Island, 2020-2021 School Year**

SCHOOL DISTRICT	K-3 STUDENTS ENROLLED LESS THAN 90 DAYS	K-3 STUDENTS ENROLLED 90 DAYS OR MORE	K-3 ATTENDANCE RATE	% OF K-3 STUDENTS ABSENT 0-5 DAYS	% OF K-3 STUDENTS ABSENT 6-11 DAYS	% OF K-3 STUDENTS ABSENT 12-17 DAYS	% OF K-3 STUDENTS ABSENT 18+ DAYS
Barrington	18	902	99%	87%	11%	1%	1%
Bristol Warren	36	870	93%	30%	30%	20%	21%
Burrillville	25	558	95%	49%	28%	9%	14%
Central Falls	74	800	90%	27%	23%	16%	35%
Chariho	47	768	96%	60%	24%	7%	8%
Coventry	81	1,148	95%	50%	26%	11%	13%
Cranston	184	2,854	95%	59%	22%	8%	11%
Cumberland	80	1,293	97%	70%	19%	6%	6%
East Greenwich	49	644	97%	74%	17%	5%	4%
East Providence	80	1,345	95%	57%	21%	9%	12%
Exeter-West Greenwich	*	433	97%	70%	22%	4%	3%
Foster	19	130	96%	52%	29%	10%	8%
Glocester	10	365	97%	67%	24%	5%	3%
Jamestown	*	193	97%	60%	33%	4%	3%
Johnston	88	925	97%	65%	24%	6%	5%
Lincoln	54	918	95%	54%	23%	9%	13%
Little Compton	*	84	97%	62%	27%	6%	5%
Middletown	67	597	95%	47%	27%	13%	13%
Narragansett	17	250	96%	54%	25%	14%	7%
New Shoreham	*	47	94%	32%	36%	17%	15%
Newport	50	566	87%	23%	19%	11%	47%
North Kingstown	34	966	94%	41%	28%	15%	16%
North Providence	64	973	95%	49%	24%	11%	15%
North Smithfield	20	416	97%	70%	19%	4%	7%
Pawtucket	251	2,476	91%	36%	22%	14%	28%
Portsmouth	25	606	97%	66%	23%	8%	4%
Providence	2,312	6,231	85%	20%	17%	16%	47%
Scituate	16	332	95%	46%	28%	14%	11%
Smithfield	16	662	97%	64%	24%	7%	5%
South Kingstown	49	708	96%	64%	20%	8%	9%
Tiverton	39	489	96%	56%	24%	12%	8%
Warwick	143	2,356	94%	55%	19%	9%	18%
West Warwick	108	1,045	89%	35%	21%	12%	33%
Westerly	43	641	95%	55%	25%	10%	11%
Woonsocket	239	1,755	86%	26%	18%	12%	44%
Charter Schools	98	3,480	94%	45%	23%	13%	19%
RI School for the Deaf	*	18	89%	17%	17%	22%	44%
Four Core Cities	2,876	11,262	87%	25%	19%	15%	42%
Remainder of State	1,479	24,084	95%	56%	22%	9%	12%
Rhode Island	4,454	38,844	93%	46%	21%	11%	22%

Source of Data for Table/Methodology

Rhode Island Department of Education, 2020-2021 school year.

**The definition of absence may differ between districts and from prior years due to the transition to hybrid and distance learning during the COVID-19 pandemic. Use caution when comparing these data across districts. 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 90 days. A total of 4,454 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, Segue Institute for Learning, 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

- 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 190)

Chronic Absence, Middle School and High School

DEFINITION

Chronic absence, middle school and high school is the percentage of children in middle and high school who were enrolled for at least 90 days and missed 18 days or more of school, including excused and unexcused absences (10% or more of the school year for a 180-day school year).

SIGNIFICANCE

Students who are frequently absent from school miss critical academic and social learning opportunities and are at risk of disengagement from school, academic failure, and dropping out.¹ Studies in large cities have shown strong relationships between chronic absence in middle and high school and the likelihood of dropping out.² Chronic absence in sixth grade is one of three early warning signs that a student is likely to drop out of high school, and by ninth grade, a student's attendance is a better predictor of dropout risk than eighth-grade achievement test scores.³

Students miss school for a variety of reasons, including physical and mental health conditions, substance abuse, lack of access to health care, unstable housing, child welfare or juvenile justice involvement, work or family responsibilities, and lack of affordable or reliable transportation. Students may also stay away from school to avoid bullying, harassment, disciplinary actions due to

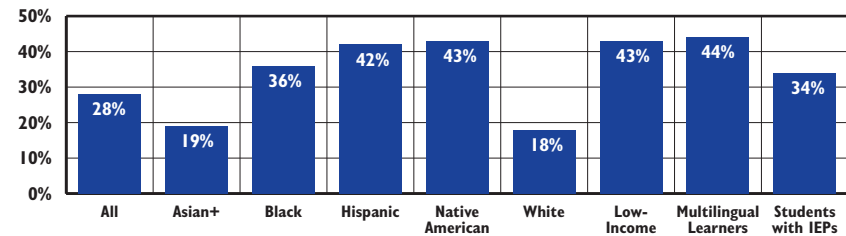
tardiness, or embarrassment associated with lack of clean or appropriate clothing or literacy or other academic problems.^{4,5,6}

A national survey of students found that the most common reasons students report being chronically absent are health-related reasons, transportation barriers, personal stress, preferring activities outside of school, and perceiving that school has little value (i.e., is boring, their parents do not care if they miss school, or a belief that school will not help them reach future goals).⁷

The Rhode Island Department of Education (RIDE) defines truancy as ten or more unexcused absences in a school year. During the 2020-2021 school year in Rhode Island, 39% of middle school students and 47% of high school students were considered truant by RIDE.⁸ Truant students in Rhode Island may be referred to the Family Court's Truancy Calendar, a community and school-based intervention program.⁹

Forty-seven percent of Rhode Island's low-income middle and high school students were chronically absent in 2020-2021, compared with 21% of higher-income students. Middle and high school students receiving special education services (38%) were more likely than their peers not receiving these services (31%) to be chronically absent. Ninety-two percent of absences by middle and high school students were unexcused absences.¹⁰

K-12 Chronic Absence Rates in Rhode Island by Student Subgroup, 2020-2021 School Year*



Source: Rhode Island Department of Education, 2020-2021 school year. *The definition of absence may differ from prior years due to the COVID-19 pandemic. +Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

◆ In Rhode Island during the 2020-2021 school year, Native American (43%), Hispanic (42%), and Black (36%) K-12 students had higher rates of chronic absence than Asian (19%) and white (18%) students. Rates were also higher for Multilingual Learners (44%), low-income students (43%), and students with IEPs (34%) than for all students (28%).¹¹

◆ Groups with the highest levels of chronic absence were also hardest hit by the COVID-19 pandemic. Partnering with students, families, and community partners can help schools re-engage chronically absent students and address lost learning opportunities.¹²

Teacher Chronic Absence

◆ Teacher chronic absenteeism is the percentage of teachers who missed 10% or more of school days out of their days employed by a school, excluding days missed due to professional development, field trips, off-campus activities with students, pre-approved leaves, absences on non-school days and half days. Rhode Island is the first state to include teacher absenteeism as part of its school accountability system.¹³

◆ Teacher absence is associated with lower student achievement and high financial costs for schools. Job-related stress, illness, and negative school culture contribute to teacher chronic absence.¹⁴

◆ During the 2020-2021 school year in Rhode Island, 5.9% of teachers were chronically absent, similar to the 2018-2019 rate, before the COVID-19 pandemic (5.5%).^{15,16}

Chronic Absence, Middle School and High School

Table 52.

Chronic Absence and Attendance Rates, Middle and High School, Rhode Island, 2020-2021 School Year**

SCHOOL DISTRICT	MIDDLE SCHOOL (GRADES 6-8)					HIGH SCHOOL (GRADES 9-12)				
	# ENROLLED LESS THAN 90 DAYS	# ENROLLED 90 DAYS OR MORE	ATTENDANCE RATE	% ABSENT 12-17 DAYS	% ABSENT 18+ DAYS	# ENROLLED LESS THAN 90 DAYS	# ENROLLED 90 DAYS OR MORE	ATTENDANCE RATE	% ABSENT 12-17 DAYS	% ABSENT 18+ DAYS
Barrington	*	843	99%	2%	1%	12	1,109	99%	1%	1%
Bristol Warren	10	716	90%	11%	26%	19	991	87%	12%	40%
Burrillville	24	496	90%	14%	30%	22	694	89%	13%	35%
Central Falls	44	635	91%	4%	31%	215	793	83%	9%	44%
Chariho	26	707	94%	9%	14%	60	1,144	94%	5%	14%
Coventry	46	1,018	93%	13%	23%	83	1,441	94%	13%	16%
Cranston	82	2,467	95%	7%	12%	191	3,434	95%	5%	13%
Cumberland	31	1,092	94%	9%	15%	49	1,463	93%	8%	20%
East Greenwich	11	639	97%	4%	7%	11	821	97%	4%	7%
East Providence	30	1,150	94%	9%	14%	51	1,581	83%	14%	46%
Exeter-West Greenwich	*	339	96%	7%	9%	12	519	95%	6%	11%
Foster-Glocester	12	444	97%	5%	6%	19	929	96%	10%	11%
Jamestown	*	157	97%	3%	4%	NA	NA	NA	NA	NA
Johnston	28	775	94%	8%	15%	36	812	83%	13%	50%
Lincoln	20	779	87%	16%	41%	40	965	87%	13%	39%
Little Compton	*	80	95%	4%	13%	NA	NA	NA	NA	NA
Middletown	30	473	89%	16%	39%	44	623	76%	4%	79%
Narragansett	12	251	96%	6%	8%	21	495	95%	14%	12%
New Shoreham	*	32	93%	19%	31%	*	43	92%	23%	21%
Newport	24	432	88%	11%	33%	46	651	89%	10%	31%
North Kingstown	27	855	91%	17%	28%	60	1,493	91%	13%	23%
North Providence	36	851	93%	10%	22%	49	1,141	90%	10%	30%
North Smithfield	16	437	97%	5%	8%	16	514	96%	5%	11%
Pawtucket	127	2,251	90%	13%	32%	149	2,250	82%	10%	46%
Portsmouth	18	506	96%	9%	10%	28	866	93%	7%	16%
Providence	348	5,309	82%	11%	56%	2,569	6,705	74%	9%	68%
Scituate	13	288	95%	8%	11%	13	394	92%	13%	23%
Smithfield	*	577	95%	10%	13%	*	747	95%	12%	11%
South Kingstown	23	642	95%	7%	13%	13	945	89%	9%	30%
Tiverton	25	392	95%	10%	13%	11	489	94%	9%	14%
Warwick	63	1,929	87%	12%	40%	115	2,463	81%	9%	53%
West Warwick	56	859	89%	13%	36%	99	1,012	95%	13%	13%
Westerly	16	605	96%	6%	12%	23	785	97%	4%	8%
Woonsocket	112	1,363	83%	7%	46%	112	1,663	91%	9%	31%
Charter Schools	33	1,895	88%	10%	32%	121	2,612	87%	10%	34%
State-Operated Schools	*	21	91%	33%	14%	175	1,743	91%	13%	34%
UCAP	26	121	66%	6%	87%	NA	NA	NA	NA	NA
Four Core Cities	631	9,558	84%	10%	48%	3,045	11,411	79%	9%	56%
Remainder of State	703	20,831	93%	9%	20%	1,152	28,568	91%	9%	25%
Rhode Island	1,401	32,426	90%	10%	29%	4,493	44,334	87%	9%	34%

Source of Data for Table/Methodology

Rhode Island Department of Education, 2020-2021 school year.

**The definition of absence may differ between districts and from prior years due to the transition to hybrid and distance learning during the COVID-19 pandemic. Use caution when comparing these data across districts. 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 90 days. A total of 1,401 Rhode Island middle school students and 4,493 high school students were not included in this analysis because they were only enrolled for a short period. The Rhode Island Department of Education excludes these students so that chronic absence issues can be examined separately from student mobility issues. It is likely that more students were excluded from districts with higher student mobility rates.

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

Little Compton students attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

Charter middle schools include Achievement First Rhode Island, Beacon Charter School for the Arts, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, Highlander Charter School, Hope Academy, The Learning Community, Segue Institute for Learning, and Trinity Academy for the Performing Arts. Charter high schools include Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, Charette Charter School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, Rhode Island Nurses Institute Middle College Charter School, Sheila C. "Skip" Nowell Leadership Academy, Trinity Academy for the Performing Arts, and the Village Green Virtual Public Charter School.

(continued with references on page 190)

Suspensions

DEFINITION

Suspensions is the number of disciplinary actions per 100 students in pre-kindergarten through 12th grade in Rhode Island public schools. Students can receive more than one disciplinary action during the school year. Disciplinary actions include in-school suspensions and out-of-school suspensions.

SIGNIFICANCE

Effective school disciplinary practices promote a safe and respectful school climate, support learning, and address the causes of student misbehavior. Punitive disciplinary practices, including “zero tolerance” policies, are largely ineffective and even counterproductive.^{1,2} Despite this evidence, suspension is a widely used disciplinary technique, both nationally and in Rhode Island. Suspensions are used for minor offenses, such as use of electronics, and for more serious offenses, such as weapon possession.^{3,4}

Suspension usually does not deter students from misbehaving and may actually reinforce negative behavior patterns. Suspended students are more likely than their peers to experience academic failure, juvenile justice system involvement, disengagement from school, isolation from teachers and peers, and dropping out of school. Being suspended even once in ninth grade is associated with a twofold increase in the likelihood of dropping out.^{5,6} Suspended

students are also at greater risk of criminal victimization, criminal activity, and incarceration as adults.⁷

Schools and districts can improve school climate and discipline by developing and enforcing disciplinary policies that set high expectations for student behavior; providing clear, appropriate, and consistent consequences for misbehavior; encouraging the use of alternative disciplinary approaches, such as restorative justice; and ensuring the equitable, developmentally appropriate, and limited use of suspensions.⁸

Historically 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 are also more likely to be suspended than their peers.^{9,10,11}

Of all disciplinary actions during the 2020-2021 school year, 23% (417) involved elementary school students (kindergarten-5th grade), 41% (753) involved middle school students (6th-8th grades), and 36% (664) involved high school students (9th-12th grades). For elementary school students, 77% of disciplinary actions were out-of-school suspensions. Kindergarteners received 46 disciplinary actions, including 41 out-of-school suspensions.¹²

Out-of-School Suspensions by Infraction, Rhode Island, 2020-2021

TYPE OF INFRACTION*	#	%	TYPE OF INFRACTION	#	%
Disorderly Conduct	250	20%	Obscene/Abusive Language	62	5%
Fighting	203	16%	Weapon Possession	47	4%
Alcohol/Drug/Tobacco Offenses	178	14%	Electronic Devices/Technology	34	3%
Insubordination/Disrespect	162	13%	Arson/Larceny/Robbery/Vandalism	23	2%
Assault of Student or Teacher	154	12%	Other Offenses	18	1%
Harassment/Intimidation/Threat	130	10%	Attendance Offenses	0	0%
Total			1,261		

Source: Rhode Island Department of Education, 2020-2021 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 2019-2020 school year to the 2020-2021 school year, the number of out-of-school suspensions decreased by 79% from 6,076 to 1,261. More than half (58%) of out-of-school suspensions were for non-violent offenses. Decreases in suspensions during the 2020-2021 school year may be attributed to decreased use or underreporting of disciplinary actions during distance learning.^{14,15}

Disparities in School Discipline by Special Education Status and Race/Ethnicity, Rhode Island, 2020-2021

	% OF STUDENTS ENROLLED	% OF SUSPENSIONS
Students Receiving Special Education Services	17%	38%
Asian/Pacific Islander Students*	3%	1%
Black Students	9%	8%
Hispanic Students	28%	22%
Multiracial Students	5%	7%
Native American Students	1%	2%
White Students	54%	59%

Source: Rhode Island Department of Education, 2020-2021 school year. % suspensions includes in-school and out-of-school suspensions. *Data for Asian and Pacific Islander students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups. Detailed data by district is available at www.ride.ri.gov

◆ During the 2020-2021 school year, Rhode Island students receiving special education services represented 17% of the student population but represented 38% of suspensions. Historically, Students of Color are more likely to be suspended than their white peers.¹⁶

Table 53.

Disciplinary Actions, Rhode Island School Districts, 2020-2021

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	3,361	*	10	<1	11	<1
Bristol Warren	3,041	17	103	3	120	4
Burrillville	2,088	*	57	3	62	3
Central Falls	2,751	0	*	<1	*	<1
Chariho	3,100	31	25	1	56	2
Coventry	4,321	51	95	2	146	3
Cranston	10,288	53	81	1	134	1
Cumberland	4,590	37	13	<1	50	1
East Greenwich	2,514	11	10	<1	21	1
East Providence	4,883	*	40	1	41	1
Exeter-West Greenwich	1,548	*	*	<1	*	<1
Foster	210	*	0	0	*	<1
Foster-Glocester	1,375	14	23	2	37	3
Glocester	516	*	*	<1	*	1
Jamestown	462	*	*	1	*	1
Johnston	3,032	*	40	1	46	2
Lincoln	3,194	0	25	1	25	1
Little Compton	212	*	*	1	*	3
Middletown	2,005	0	*	<1	*	<1
Narragansett	1,215	20	43	4	63	5
New Shoreham	147	*	*	1	*	4
Newport	1,976	0	34	2	34	2
North Kingstown	3,853	69	37	1	106	3
North Providence	3,513	41	40	1	81	2
North Smithfield	1,614	14	25	2	39	2
Pawtucket	8,441	*	33	<1	35	<1
Portsmouth	2,292	14	14	1	28	1
Providence	22,516	*	112	<1	114	1
Scituate	1,196	0	*	<1	*	<1
Smithfield	2,358	*	20	1	28	1
South Kingstown	2,704	19	18	1	37	1
Tiverton	1,656	*	40	2	46	3
Warwick	8,081	18	54	1	72	1
West Warwick	3,517	36	18	1	54	2
Westerly	2,411	*	40	2	44	2
Woonsocket	5,711	56	115	2	171	3
Charter Schools	9,681	20	58	1	78	1
State-Operated Schools	1,810	0	*	<1	*	<1
UCAP	124	*	*	6	10	8
Four Core Cities	39,419	60	266	1	326	1
Remainder of State	87,268	490	923	1	1,413	2
Rhode Island	138,303	573	1,261	1	1,834	1

Source of Data for Table/Methodology

Rhode Island Department of Education, 2020-2021 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 190)

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 must demonstrate proficiency in English language arts, math, science, social studies, the arts, and technology and complete at least 20 courses. Students must also complete one performance-based assessment and can earn Council designations, including a Seal of Biliteracy, Commissioner’s Seal, and Pathway Endorsements.^{8,9}

High School Graduation Rates	
	2018-2019
RI	84%
US	86%
National Rank*	35 th
New England Rank**	6 th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: National Center for Education Statistics. (2020).
Table 1. Retrieved March 30, 2022, from
www.ncces.ed.gov

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2021

	COHORT SIZE	DROPOUT RATE	% COMPLETED GED	% OF STUDENTS STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Female Students	5,448	6%	1%	6%	87%
Male Students	5,749	9%	1%	9%	80%
Multilingual/English Learners	1,175	18%	<1%	12%	69%
Students Receiving Special Education Services	1,817	12%	1%	23%	65%
Students Not Receiving Special Education Services	9,384	7%	1%	5%	87%
Low-Income Students	5,990	11%	1%	11%	76%
Higher-Income Students	5,211	4%	1%	3%	92%
Students in Foster Care	63	17%	2%	32%	49%
Homeless Students	210	18%	2%	19%	61%
Asian Students [†]	315	6%	1%	5%	88%
Black Students	1,006	8%	<1%	10%	82%
Hispanic Students	3,047	12%	1%	10%	77%
Native American	72	13%	0%	11%	76%
White Students	6,346	5%	1%	6%	88%
ALL STUDENTS	11,201	8%	1%	8%	84%

Source: Rhode Island Department of Education, Class of 2021. 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 2021 was 84%, up from 77% for the Class of 2011. 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.^{10,11}

Rhode Island Five- and Six-Year High School Graduation Rates

◆ Rhode Island calculates five- and six-year graduation rates to recognize that graduation is an accomplishment regardless of the time it takes. Of the 11,255 Rhode Island students who enrolled in ninth grade in 2015, 9,451 (84%) graduated in four years in 2019, 243 (2%) graduated in five years in 2020, and 41 (<1%) graduated in six years in 2021. Of the 243 students who graduated in five years in 2020, 98 (40%) were students receiving special education services and 55 (23%) were Multilingual Learners.¹²

High School Graduation Rate

Table 54.

High School Graduation Rates, Rhode Island, Class of 2021

SCHOOL DISTRICT	FOUR-YEAR COHORT RATES				
	# OF STUDENTS IN COHORT	DROPOUT RATE	% COMPLETED GED	% STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Barrington	278	1%	0%	2%	97%
Bristol Warren	260	3%	<1%	7%	90%
Burrillville	170	5%	0%	4%	91%
Central Falls	209	19%	<1%	15%	65%
Chariho	269	4%	1%	9%	87%
Coventry	369	9%	1%	4%	86%
Cranston	861	9%	1%	7%	83%
Cumberland	359	4%	1%	6%	89%
East Greenwich	205	4%	0%	2%	94%
East Providence	377	7%	1%	7%	85%
Exeter-West Greenwich	144	4%	1%	5%	90%
Foster-Glocester	209	4%	0%	2%	93%
Johnston	223	7%	4%	<1%	89%
Lincoln	226	5%	<1%	4%	90%
Middletown	146	16%	0%	3%	80%
Narragansett	107	1%	2%	5%	93%
New Shoreham	12	0%	0%	0%	100%
Newport	181	10%	0%	8%	82%
North Kingstown	368	5%	3%	3%	89%
North Providence	286	6%	1%	3%	90%
North Smithfield	129	2%	1%	11%	86%
Pawtucket	510	12%	<1%	16%	72%
Portsmouth	222	3%	1%	1%	95%
Providence	1,865	12%	<1%	10%	78%
Scituate	101	5%	2%	0%	93%
Smithfield	167	3%	0%	3%	94%
South Kingstown	238	2%	<1%	6%	92%
Tiverton	129	2%	2%	6%	91%
Warwick	591	6%	2%	12%	81%
West Warwick	269	3%	2%	11%	84%
Westerly	198	2%	3%	4%	91%
Woonsocket	436	22%	1%	13%	64%
Beacon Charter School	61	3%	2%	11%	84%
Blackstone Academy	85	0%	0%	8%	92%
Blackstone Valley Prep Mayoral Academy	87	0%	0%	13%	87%
Charette Charter School	40	8%	0%	10%	83%
Paul Cuffee Charter School	67	0%	1%	9%	90%
The Greene School	54	0%	0%	4%	96%
Highlander Charter School	56	14%	0%	30%	55%
RI Nurses Institute Middle College	58	3%	0%	12%	84%
Sheila C. "Skip" Nowell Leadership Academy	72	35%	4%	43%	18%
Trinity Academy for the Performing Arts	36	0%	0%	0%	100%
Village Green Virtual Public Charter School	47	0%	0%	0%	100%
William M. Davies Jr.					
Career & Technical High School	195	7%	0%	4%	90%
DCYF Schools	11	55%	27%	18%	0%
Metropolitan Regional Career and Technical Center	213	3%	<1%	4%	92%
Four Core Cities	3,020	14%	<1%	12%	74%
Remainder of State	7,099	5%	1%	6%	88%
Rhode Island	11,201	8%	1%	8%	84%

Source of Data for Table/Methodology

Rhode Island Department of Education, Class of 2021.

The 2021 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 2017-2018 adjusted for transfers in and transfers out during the course of the four years. The cohort dropout rate is calculated the same way as the graduation rate, but the numerator is the number of students who drop out or whose status is unknown at the end of four years. Separate rates are calculated for the percentage of students who are retained in high school and therefore are taking more than four years to graduate and for the percentage of students who received their GED within four years instead of graduating with a traditional diploma.

Percentages may not sum to 100% due to rounding.

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

Students from Little Compton attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown. 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, 2016-2020. Table S2301.
- ² U.S. Census Bureau, American Community Survey, 2016-2020. 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., Artwell, 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

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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 2020 and 2030, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring less education.¹ Between 2016 and 2020 in Rhode Island, adults with high school diplomas were twice as likely to be unemployed as those with bachelor's degrees or higher, and the median annual income for adults with high school diplomas was \$36,472, compared to \$57,066 for adults with bachelor's degrees.^{2,3}

Many students, especially low-income students, face barriers to college enrollment and success, such as insufficient academic preparation, difficulty navigating the application and financial aid processes, and the high cost of college. States can help address these barriers and improve college access by ensuring that all students have access to advanced coursework; take college entrance exams; complete the Free Application for Federal Student Aid (FAFSA); get adequate counseling and target financial aid strategically to students with the greatest needs.⁴

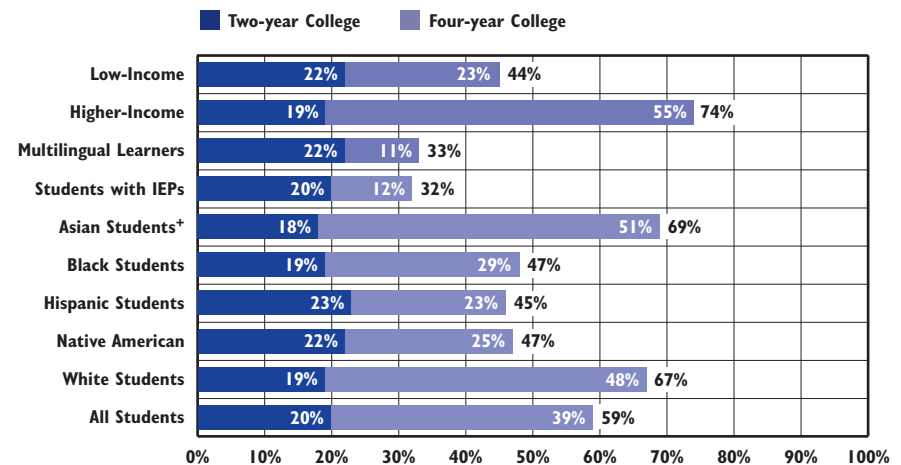
Students who participate in AP courses or dual or concurrent enrollment courses are likely to attend and succeed in college.^{5,6} In Rhode Island, 23% of graduates in the Class of 2020 earned AP credits and 37% earned dual or concurrent enrollment college credits.⁷

Rhode Island covers the cost for all public high school students to take the SAT during the school day in eleventh grade as a key strategy to increase college access.⁸ In 2021, 86% of 11th graders completed the SAT. Statewide, 48% of 11th graders met expectations in English language arts and 26% 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 2021-2022 cycle, Rhode Island ranked sixth 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. Beginning with the Class of 2021, this indicator was 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 2021, Rhode Island



Source: Rhode Island Department of Education, Class of 2021. Percentages may not sum exactly due to rounding. *Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

◆ After increasing when the Rhode Island Promise Scholarship was made available, the college enrollment rate declined during the COVID-19 pandemic from 67% for the Class of 2019 to 61% for the Class of 2020 to 59% for the Class of 2021. There continue to be 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.¹³

◆ School counselors have an important role to play in setting students on a path to postsecondary success. In particular, Black students identify their school counselor as the person who had the most influence on their thinking about college.¹⁴ Rhode Island has 420 students for every school counselor, far above the recommended ratio of 250 to one.¹⁵

◆ For states, improving college access will require improvements at all points in the early education to college education system, including increasing access to high-quality preschool, implementing research-driven dropout prevention programs, improving the quality of the K-12 education system and aligning it with college admission requirements and career expectations, simplifying the college admission process, and making college affordable.¹⁶

Table 55.

College Preparation and Access, Rhode Island

SCHOOL DISTRICT	TOTAL GRADE 12 ENROLLMENT OCT. 2020	% OF GRADE 12 STUDENTS PLANNING TO ATTEND COLLEGE, 2021	% OF STUDENTS WHO FILLED OUT THE FAFSA, 2021	% OF GRADE 11 STUDENTS TAKING THE SAT DURING THE SCHOOL DAY, 2021	% OF SAT TAKERS PROFICIENT IN ELA, 2021	% OF SAT TAKERS PROFICIENT IN MATH, 2021
Barrington	298	99%	72%	94%	84%	65%
Bristol Warren	279	94%	61%	93%	48%	23%
Burrillville	186	68%	47%	86%	48%	30%
Central Falls	223	68%	22%	76%	10%	<5%
Chariho	263	83%	61%	92%	63%	39%
Coventry	360	89%	60%	91%	48%	24%
Cranston	892	85%	56%	91%	48%	22%
Cumberland	361	91%	66%	96%	58%	34%
East Greenwich	216	96%	64%	94%	92%	67%
East Providence	356	81%	49%	82%	39%	17%
Exeter-West Greenwich	148	85%	59%	94%	59%	48%
Foster-Glocester	217	92%	64%	91%	62%	31%
Johnston	232	86%	54%	90%	45%	19%
Lincoln	225	91%	61%	89%	60%	45%
Middletown	120	96%	63%	92%	56%	34%
Narragansett	110	80%	59%	90%	70%	49%
New Shoreham	13	82%	69%	NA	NA	NA
Newport	187	88%	39%	78%	34%	16%
North Kingstown	378	94%	67%	92%	83%	55%
North Providence	297	92%	59%	85%	50%	25%
North Smithfield	130	85%	60%	91%	64%	37%
Pawtucket	579	73%	32%	79%	27%	8%
Portsmouth	238	93%	66%	83%	74%	59%
Providence	1,680	73%	55%	80%	30%	13%
Scituate	104	83%	58%	92%	66%	31%
Smithfield	167	86%	63%	96%	66%	40%
South Kingstown	243	87%	61%	84%	73%	54%
Tiverton	143	83%	63%	92%	55%	35%
Warwick	594	79%	49%	79%	49%	21%
West Warwick	253	81%	49%	82%	51%	24%
Westerly	213	87%	58%	95%	56%	29%
Woonsocket	392	72%	38%	73%	24%	7%
Beacon Charter High School	62	82%	44%	86%	55%	8%
Blackstone Academy	97	89%	64%	86%	25%	8%
Blackstone Valley Prep Mayoral Academy	89	88%	76%	90%	52%	38%
Charette Charter School	40	100%	75%	89%	8%	<5%
Paul Cuffee Charter School	67	82%	72%	94%	17%	8%
The Greene School	50	78%	66%	90%	43%	16%
Higblander Charter School	54	86%	50%	72%	18%	<5%
RI Nurses Institute Middle College	79	95%	57%	92%	17%	<5%
Sheila C. "Skip" Nowell Leadership Academy"	47	67%	51%	60%	16%	<5%
Trinity Academy for the Performing Arts	35	89%	86%	93%	32%	<5%
Village Green Virtual Public Charter School	39	81%	79%	97%	20%	<5%
William M. Davies Jr. Career & Technical Center	200	80%	52%	94%	52%	15%
DCYF	10	NA	NA	NA	NA	NA
Metropolitan Regional Career and Technical Center	211	76%	58%	91%	23%	<5%
RI School for the Deaf	12	50%	NA	NA	NA	NA
Four Core Cities	2,874	72%	45%	78%	27%	11%
Remainder of State	7,223	87%	59%	89%	58%	34%
Rhode Island	11,190	83%	55%	86%	48%	26%

Source of Data for Table/Methodology

Total 12th grade enrollment is from the Rhode Island Department of Education as of October 1, 2020.

% of 12th grade students planning to attend college is from the 2020-2021 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 2021-2022 cycle through June 2021. Retrieved April 4, 2022, 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, 2020.

% of SAT takers proficient in ELA and math and % of 11th graders taking the SAT is from the Rhode Island Department of Education. % of students taking the SAT varied by district and may have impacted district results. Take caution when comparing between districts.

NA indicates that data are not available either because data were not collected or reported or because the number of students was too small to report. These students are included in the remainder of the state and state totals as appropriate.

Little Compton students attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

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

References

¹ U.S. Bureau of Labor Statistics. (2022). *Employment, wages, and projected change in employment by typical entry-level education*. Retrieved April 8, 2022, from www.bls.gov

² U.S. Census Bureau, American Community Survey, 2016-2020. Table S2301.

(continued on page 191)

College Enrollment and Completion

DEFINITION

College enrollment and completion is the percentage of Rhode Island public high school students who enroll in a two- or four-year college and earn a college diploma (an associate degree or bachelor's degree) within six years of enrollment.¹

SIGNIFICANCE

Between 2020 and 2030, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring less education, yet only 37% of Rhode Island adults ages 25 and 64 have a bachelor's degree or higher.^{2,3} Between 2016 and 2020 in Rhode Island, 6.5% of adults with a high school diploma were unemployed, compared to 2.7% with a bachelor's degree or higher.⁴ During that same period, the median annual income for adults with a high school diploma was \$36,472, compared to \$57,066 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 colleges students attend.⁶

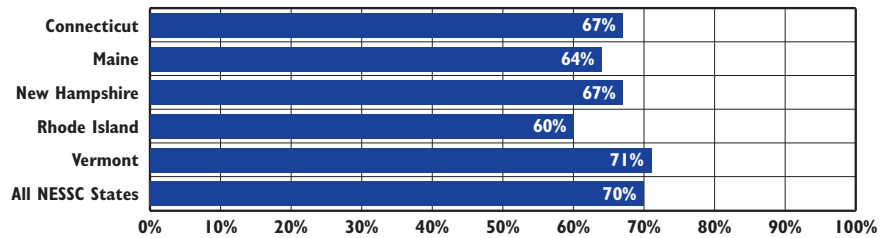
In the U.S., two-thirds of low-income students attend community colleges and for-profit institutions, many of which have low completion

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 students and Students of Color often arrive at college with academic potential but less academic preparation and social capital than other students. They can benefit from a wide range of supports, including comprehensive assessment and placement, summer transition programs, peer-mentored and peer-facilitated programs that offer tutoring and other academic support, learning communities that allow a group of students to enroll in two or more classes together so they can establish peer relationships that support their success, personal and career counseling, mentoring, and/or referrals to social services.^{10,11,12}

Improving college access and completion will require states to make improvements at all points in the early education to college system, including increasing access to high-quality preschool, implementing research-driven early intervention and dropout prevention programs, aligning the K-12 education system with college demands, making college affordable, and providing student support programs.^{13,14,15,16}

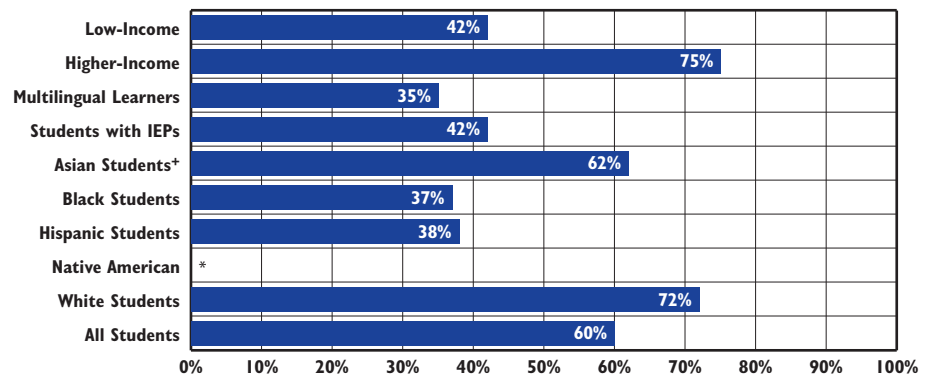
College Completion, New England Secondary School Consortium States (NESSC), 2014 Cohort



Source: New England Secondary School Consortium. (2021). *Common Data Project: 2021 annual report, school year 2019-2020*. Retrieved April 12, 2022, from www.newenglandssc.org

◆ Sixty percent of Rhode Island public high school graduates who enrolled in a two- or four-year college in 2014 earned a college diploma within six years.¹⁷

College Completion, by Family Income, Race, Ethnicity, 2014 Cohort, Rhode Island



Source: New England Secondary School Consortium. (2021). *Common Data Project: 2021 annual report, school year 2019-2020*. Retrieved April 12, 2022, from www.newenglandssc.org. *Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups. * Fewer than 12 students are in this category. Data were not reported to protect student confidentiality.

◆ In Rhode Island, there are large gaps in college completion between low-income and higher-income students, with 42% of low-income students completing college within six years, compared to 75% of higher-income students. There are also large disparities by race and ethnicity, language status, and disability.¹⁸

College Enrollment and Completion

Table 56.

College Enrollment and Completion, Rhode Island

SCHOOL DISTRICT	# OF STUDENTS WHO GRADUATED FROM HIGH SCHOOL IN 2021	# OF 2021 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	% OF 2021 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	# OF STUDENTS WHO ENROLLED IN COLLEGE IN 2020	# OF 2020 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)	% OF 2020 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)
Barrington	280	228	81%	236	220	93%
Bristol Warren	236	169	72%	169	119	70%
Burrillville	158	93	59%	158	120	76%
Central Falls	144	48	33%	93	44	47%
Charlton	240	155	65%	200	158	79%
Coventry	328	225	69%	271	210	77%
Cranston	737	462	63%	663	493	74%
Cumberland	328	225	69%	307	248	81%
East Greenwich	194	158	81%	180	162	90%
East Providence	330	170	52%	272	187	69%
Exeter-West Greenwich	130	93	72%	92	77	84%
Foster-Glocester	201	141	70%	147	113	77%
Johnston	201	138	69%	153	122	80%
Lincoln	208	153	74%	183	155	85%
Middletown	119	77	65%	131	100	76%
Narragansett	100	76	76%	85	65	76%
New Shoreham	13	*	54%	*	*	100%
Newport	161	72	45%	98	60	61%
North Kingstown	331	265	80%	285	242	85%
North Providence	263	164	62%	182	129	71%
North Smithfield	115	88	77%	98	90	92%
Pawtucket	386	161	42%	274	158	58%
Portsmouth	215	159	74%	178	156	88%
Providence	1,562	666	43%	1,082	664	61%
Scituate	97	63	65%	82	67	82%
Smithfield	162	118	73%	160	135	84%
South Kingstown	222	160	72%	189	150	79%
Tiverton	119	80	67%	90	68	76%
Warwick	488	303	62%	482	354	73%
West Warwick	233	121	52%	171	123	72%
Westerly	189	120	63%	149	122	82%
Woonsocket	293	95	32%	202	115	57%
Beacon Charter High School	55	29	53%	40	26	65%
Blackstone Academy	85	44	52%	71	55	77%
Blackstone Valley Prep						
Mayoral Academy	77	58	75%	58	47	81%
Charette Charter School	36	19	53%	NA	NA	NA
Paul Cuffee Charter School	62	43	69%	54	33	61%
The Greene School	52	30	58%	41	26	63%
Highlander Charter School	32	20	63%	27	15	56%
RI Nurses Institute Middle College	51	32	63%	48	31	65%
Sheila C. "Skip" Nowell Leadership Academy	26	*	19%	13	*	38%
Trinity Academy for the Performing Arts	35	24	69%	24	12	50%
Village Green Virtual Public Charter School	41	15	37%	46	26	57%
William M. Davies Jr. Career & Technical High School	181	85	47%	128	81	63%
Metropolitan Regional Career and Technical Center	203	95	47%	151	90	60%
Four Core Cities	2,385	970	41%	1,651	981	59%
Remainder of State	6,398	4,283	67%	5,421	4,255	78%
Rhode Island	9,724	5,752	59%	7,778	5,685	73%

Source of Data for Table/Methodology

of students who graduated from high school in 2021, # of 2021 high school graduates who enrolled in college within six months, # of students who enrolled in college in 2020, and # of 2020 college enrollees who persisted (were enrolled for a third semester) are all from Rhode Island Department of Education. The # of 2020 college enrollees who persisted may include students enrolled directly after high school or afterwards. Percentages may not sum exactly due to rounding.

Four core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Students from Little Compton attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

DCYF and Rhode Island School for the Deaf are not reported because there are fewer than 10 students in these cohorts.

* Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These numbers are still counted in remainder of state and Rhode Island totals.

NA Schools did not have students graduating in this year.

References

- ¹ New England Secondary School Consortium. (2021). *Common Data Project: 2021 procedural guidebook*. Retrieved April 12, 2022, from www.newenglandssc.org
- ² U.S. Bureau of Labor Statistics. (2022). *Employment, wages, and projected change in employment by typical entry-level education*. Retrieved April 8, 2022, from www.bls.gov
- ³ U.S. Census Bureau, American Community Survey, 2016-2020. Table B23006.
- ⁴ U.S. Census Bureau, American Community Survey, 2016-2020. Table S2301.
- ⁵ U.S. Census Bureau, American Community Survey, 2016-2020. Table B20004.
- ⁶ Miller, A., Valle, K., Engle, J., & Cooper, M. (2014). *Access to attainment: An access agenda for 21st century college students*. Washington, DC: Institute for Higher Education Policy.

(continued on page 191)

Teens Not in School and Not Working

DEFINITION

Teens not in school and not working is the percentage of teens ages 16 to 19 who are not enrolled in school, not in the Armed Forces, and not employed. Teens who are recent high school graduates and who are unemployed and teens who have dropped out of high school and are unemployed are included.

SIGNIFICANCE

School and work help teens acquire the skills, knowledge, experience, and supports they need to become productive adults. Youth who drop out of school and do not become a part of the workforce are at risk of experiencing negative outcomes as they transition from adolescence to adulthood. Teens in low-income families, teens who drop out of school, young mothers, and youth with disabilities have high rates of disconnection from both school and work.^{1,2}

Disconnected youth are more likely to live in intergenerational poverty, experience poor physical and mental health, have a disability, be involved with the child welfare system, experience difficulties finding and maintaining employment, earn low wages, and need public benefits to make ends meet. Young people disconnected from both work and school are disproportionately People of Color and face institutional racism as

an entrenched barricade to success.^{3,4,5}

Programs that offer work-based learning opportunities; provide meaningful, early, paid work experiences; and incorporate adult mentoring with youth development opportunities address the root causes of inequity and decrease the likelihood of youth disconnection.^{6,7} There is a real cost to youth disconnection—the disconnection of youth ages 16 to 24 results in over \$93 billion in lost earnings, tax revenues, and government spending annually and over \$1 trillion over their lifetimes.^{8,9}

Between 2016 and 2020, an estimated 2,687 (4.4%) 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, 62% were males and 38% were females. Sixty-four percent of these youth were high school graduates, and 36% had not graduated from high school.¹⁰

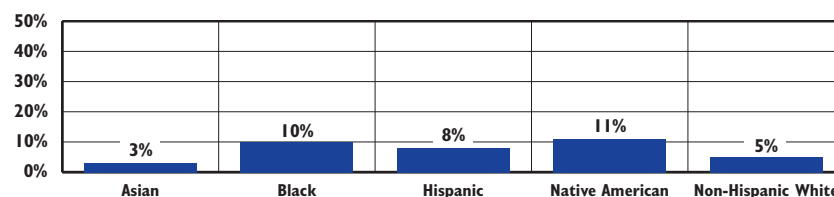
Teens Not in School and Not Working	
	2019
RI	5%
US	6%
National Rank*	7 th
New England Rank**	4 th

*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 were not in school and not working, about triple the rate for white students (2%).¹³

◆ Nationally, the disconnection of youth ages 16 to 24 declined in recent years, from the Great Recession high of 14.7% in 2010, to 10.7% in 2019. While youth unemployment declined in the latter half of 2020, after a spike early in the COVID-19 pandemic, it is estimated that youth disconnection rates may be considerably higher than in the years after the Great Recession.¹⁴

Compulsory School Attendance

◆ Rhode Island requires school attendance until age 18. Rhode Island students over age 16 may obtain a waiver from the attendance requirement if they have an alternative learning plan for obtaining a diploma. Plans can include independent study, private instruction, community service, or online coursework and must be developed in consultation with the student, school counselor, school principal, and at least one parent or guardian. Alternative learning plans must be approved by the district superintendent.¹⁵

◆ As of 2020, one state has compulsory attendance to age 19, 24 states (including Rhode Island) have compulsory attendance to age 18, eight states to age 17, and 17 states to age 16.¹⁶



Connecting Youth to School and Work

- ◆ Education has a positive impact on the likelihood of finding and maintaining employment. Between 2016 and 2020, the unemployment rate for Rhode Island adults ages 25 to 64 with a bachelor's degree or higher was 2.7%, compared with 6.5% for high school graduates and 8.3% for those with less than a high school diploma.¹⁷
- ◆ Successful strategies to prevent youth disconnection must be comprehensive and equitable and include high-quality child care and public schooling, a focus on healthy youth development, equity-based opportunities and recruitment, and multiple pathways to employment. Given the effects of the pandemic on young adults, national service opportunities should be explored as a strategy for increasing youth connection while meeting community needs.^{18,19,20}
- ◆ Programs and schools that enable students to acquire work-based skills and/or college credits while working toward their high school degrees can improve high school graduation rates and better prepare students for college completion and careers.²¹



Youth Work Experience

- ◆ Work experience during the teen years improves youth mental health, well-being, and school attendance and increases productivity, employability, and wages into adulthood.²²
- ◆ Summer work programs may increase college aspirations and preparation for future employment and help reduce youth violence and crime.²³
- ◆ Expanding work-based learning opportunities can help more youth in Rhode Island successfully transition into college and careers. These types of programs can help to motivate students, teach them critical skills, connect them with mentors and positive adult role models, and help them to make informed decisions about their future. Many work-based learning programs (e.g., internships) allow youth to receive school credit and/or earn money while gaining important workplace experience.²⁴

References

- ^{1,4,6} Burd-Sharps, S & Lewis, K. (2018). *More than a million reasons for hope: Youth disconnection in America today*. Brooklyn, NY: Measure of America.
- ^{2,5} Fernandes-Alcantara, A. L. (2020). *Vulnerable youth: Background and policies*. Washington, DC: Congressional Research Service.
- ³ Lewis, K. (2020). *A decade undone: Youth disconnection in the age of coronavirus*. Brooklyn, NY: Measure of America.
- ^{7,8,18,22} *More than just pocket money: Why the surge in youth unemployment should concern us all*. (2020). Washington, DC: Urban Alliance.
- ⁹ Opportunity Nation. (n.d.) *Youth disconnection*. Retrieved March 8, 2022, from www.opportunitynation.org
- ¹⁰ U.S. Census Bureau, American Community Survey, 2016-2020. Table B14005.
- ^{11,14,19} Lewis, K. (2021). *A decade undone: 2021 update*. Brooklyn, NY: Measure of America.
- ^{12,13} The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org
- ¹⁵ Rhode Island General Law 16-19-1.
- ¹⁶ Education Commission of the States. (2020). *50-state comparison: Free and compulsory school age requirements*. Retrieved March 17, 2022, from www.ecs.org
- ¹⁷ U.S. Census Bureau, American Community Survey, 2016-2020. Table S2301.
- ²⁰ Ross, M & Bateman, N. (2020). *National service can connect America's young people to opportunity and community—and promote work of real social value*. Retrieved March 18, 2022, from www.brookings.edu
- ²¹ Jerald, C., Campbell, N. & Roth, E. (2017). *High schools of the future: How states can accelerate high school redesign*. Retrieved March 18, 2022, from www.americanprogress.org
- ²³ Modestino, A. S. (2019). *Do summer youth employment programs work?* Retrieved March 18, 2022, from <https://econofact.org>
- ²⁴ *Workforce Guidance*. (2018). Cranston, RI: Governor's Workforce Board.

Methodology

References

Committees

Acknowledgements

Methodology



The 2022 Rhode Island KIDS COUNT Factbook examines 70 indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety, and Education. The information on each indicator is organized as follows:

- ◆ **Definition:** A description of the indicator and what it measures.
- ◆ **Significance:** The relationship of the indicator to child and family well-being.
- ◆ **National Rank and New England Rank:** For those indicators that are included in the Annie E. Casey Foundation's KIDS COUNT publications and other indicators where possible, the Factbook highlights Rhode Island's rank among the 50 states, as well as trends. The New England Rank highlights Rhode Island's rank among the six New England states – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.
- ◆ **City/Town Tables:** Data are presented for each of Rhode Island's cities and towns, the state as a whole, the four core cities, and the remainder of the state (non-core city communities).
- ◆ **Four Core Cities:** The core cities are the four Rhode Island communities with

the highest percentages of children living below the poverty threshold according to the 2016-2020 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 2016 and 2020. Numbers are important in assessing the scope of the problem and in estimating the resources required to address a problem. Numbers are not useful to compare the severity of the problem from one geographic area to another or to compare the extent of the problem in Rhode Island with national standards. For example, a state with more children might have more low birthweight infants due to the larger number of total births, not due to an increased likelihood of being born with low birthweight. Caution should be used with small numbers in numerators and denominators.

Rates and Percentages

A rate is a measure of the frequency of an event - e.g., out of every 1,000 live births, how many infants will be breastfed. A percentage is another measure of frequency - e.g., out of every 100 births, how many will be born low birthweight. Rates and percentages take into account the total population of children eligible for an event. They are useful in comparing the severity of the problem from one geographic area to another, to compare with state or

national standards, or to look at trends over time.

Sources of Data and Methodology for Calculating Rates and Percentages

For each indicator, the source of information for the actual number of events of interest (the numerator) is identified within the Source of Data/Methodology section next to the table for that indicator. For each indicator that uses a rate or a percent, the source of data for the total number of children eligible for respective indicator (the denominator) is also noted within the Source of Data/Methodology section. Rates and percentages are not calculated for cities and towns with small denominators. Rates and percentages based on small denominators are statistically unreliable. In the indicator for child and teen deaths, and other indicators in which the events are rare, city- and town-level rates are not calculated, as small numbers make these rates statistically unreliable.

Census Data

There are several sources of U.S. Census Bureau data used in the Factbook: Census 2010, Census 2020 Redistricting Files, the Current Population Survey, Population Estimates, and the American Community Survey. In all city/town tables that require

Margins of Error, Median Family Income, Rhode Island, 2016-2020

2016-2020 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18			MARGIN OF ERROR
CITY/TOWN			
Barrington	\$150,522		\$19,023
Bristol	\$115,500		\$27,666
Burrillville	\$103,897		\$7,554
Central Falls	\$32,983		\$2,585
Charlestown	\$81,303		\$9,100
Coventry	\$96,573		\$14,315
Cranston	\$86,083		\$5,918
Cumberland	\$113,396		\$11,009
East Greenwich	\$170,000		\$19,113
East Providence	\$79,784		\$9,494
Exeter	\$190,313		\$164,380
Foster	\$104,208		\$11,694
Glocester	\$117,813		\$26,195
Hopkinton	\$101,000		\$45,997
Jamestown	\$238,583		\$80,623
Johnston	\$100,906		\$22,054
Lincoln	\$117,569		\$13,648
Little Compton	\$89,321		\$54,610
Middletown	\$82,995		\$8,816
Narragansett	\$127,132		\$101,529
New Shoreham	\$56,548		\$9,371
Newport	\$66,600		\$18,071
North Kingstown	\$126,368		\$9,877
North Providence	\$67,389		\$8,698
North Smithfield	\$113,646		\$24,302
Pawtucket	\$50,776		\$5,996
Portsmouth	\$158,735		\$7,640
Providence	\$50,393		\$6,868
Richmond	\$113,839		\$25,094
Scituate	\$115,893		\$43,226
Smithfield	\$119,400		\$17,640
South Kingstown	\$118,859		\$11,101
Tiverton	\$102,188		\$19,005
Warren	\$97,798		\$10,124
Warwick	\$88,135		\$4,899
West Greenwich	\$145,326		\$32,354
West Warwick	\$65,874		\$7,023
Westerly	\$99,092		\$10,505
Woonsocket	\$39,629		\$3,173
Four Core Cities	NA		NA
Remainder of State	NA		NA
Rhode Island	\$83,161		\$2,458

For source information see page 25.

Margins of Error, Children Living Below the Federal Poverty Threshold, Rhode Island, 2016-2020

CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2016-2020			
#	MARGIN OF ERROR	%	MARGIN OF ERROR
208	156	4.5%	3.37%
115	89	3.8%	2.88%
237	161	7.2%	4.75%
2,213	521	39.4%	8.17%
126	92	11.2%	7.80%
872	292	13.4%	4.32%
1,354	397	8.2%	2.35%
435	208	6.1%	2.85%
163	126	4.9%	3.73%
749	256	9.3%	3.05%
49	97	4.2%	8.29%
28	50	2.6%	4.64%
101	94	4.6%	4.25%
159	153	10.6%	9.92%
-	57	-	6.26%
438	311	8.8%	6.13%
436	186	8.7%	3.55%
-	42	-	10.71%
248	177	8.3%	5.83%
41	70	2.0%	3.34%
17	48	11.7%	32.49%
890	279	25.0%	7.32%
737	247	14.1%	4.57%
666	254	11.0%	4.02%
263	148	10.1%	5.42%
2,981	549	20.1%	3.45%
258	183	7.7%	5.35%
11,873	1,293	31.8%	3.22%
-	57	-	3.73%
78	84	4.4%	4.66%
10	72	0.3%	2.19%
250	156	5.5%	3.39%
131	92	5.3%	3.67%
85	101	6.2%	7.32%
991	323	7.0%	2.24%
2	54	0.2%	5.04%
913	340	17.9%	6.31%
392	165	12.0%	4.87%
3,120	622	34.8%	6.25%
20,187	986	30.2%	1.36%
11,442	672	8.4%	0.48%
31,629	1,956	15.6%	0.95%

population statistics, data is from Census 2010, unless otherwise stated.

Throughout the text portions of each indicator, all of these sources are used and the relevant citations provide clarification on which source the data come from. Census 2020 was already conducted, but currently the only data available are Redistricting Files which we have used to update data in the Child Population, Racial and Ethnic Diversity, and Racial and Ethnic Disparities indicators only. Other data (e.g., data on children's age or gender or family structure) were not available in time for inclusion in this year's Factbook.

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 data from the 2010 or 2020 decennial Census; however, the 2010 and 2020 decennial Censuses were briefer surveys than Census 2000 and did not include questions on employment and education status or on income, so indicators based on these measures use the most recent data from the American Community Survey.

Methodology

The U.S. Census Bureau released only experimental 2020 American Community Survey data due to a low response rate during the COVID-19 pandemic. They did not release all the detailed data tables they normally do, and they recommended caution when using these estimates.

In 2015, the U.S. Census Bureau discontinued publishing three-year estimates of the American Community Survey. Beginning with the *2016 Rhode Island KIDS COUNT Factbook*, five-year 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 2016-2020 Median Family Income and Child Poverty data are estimates based on the American Community Survey, a sample survey. The reliability of estimates varies by community. In general, estimates for small communities are not as reliable as estimates for larger communities. The Margin of Error is a measure of the reliability of the estimate and is provided by the U.S. Census Bureau. The Margin of Error means that there is a 90% chance that the true value is no less than the estimate minus the Margin of Error and no more than the estimate plus the Margin of Error. Margins of Error are provided for all communities in the tables in this section.

Methodology for Children Experiencing Homelessness

The number of homeless children identified by public schools is based on the federal *McKinney-Vento Act* definition of homelessness and includes children living in emergency and transitional shelters, as well as children doubling up in homes with relatives and friends and living in hotels and motels, cars, campsites, parks, and other public places. Schools report the number of children by grade and the child's primary nighttime residence (i.e., sheltered, doubled-up, unsheltered, or in a hotel/motel). The total number of students identified by school districts may be higher than the total for Rhode Island if students were identified as homeless by multiple school districts in which they were enrolled.

Methodology for Children with Lead Poisoning

In 2012, the Centers for Disease Control and Prevention (CDC) lowered the threshold for which a child is considered to have an elevated blood lead level from ≤ 10 $\mu\text{g}/\text{dL}$ to ≤ 5 $\mu\text{g}/\text{dL}$.

This threshold, also called a reference value, is based on the U.S. population of children ages one through five who are in the highest 2.5% of children when tested for lead in their blood. The CDC will update the reference value every four years using the two most recent National Health and Nutrition

Examination Surveys (NHANES). Because no safe blood lead level in children has been identified, the CDC also will no longer use the term "level of concern" when talking about those children whose blood lead level exceed the reference value and require case management. Instead, they will replace that term with the reference value and the date of the NHANES that was used to calculate the reference value. For more information on this policy change, see www.cdc.gov.

Rhode Island law requires providers to conduct at least two blood lead screening tests on all children between the ages of nine and 36 months and to continue screening annually through age six.

The guidelines (which were updated in 2012 to reflect the new CDC recommendations) indicate that if either of the blood lead tests done at ages one and two is ≥ 5 $\mu\text{g}/\text{dL}$, follow up and annual screening should continue until the age of six. For those children whose blood lead tests are ≤ 5 $\mu\text{g}/\text{dL}$, 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 $\mu\text{g}/\text{dL}$, the child should be screened annually.

Confirmed lead data at ≥ 5 $\mu\text{g}/\text{dL}$ 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 $\mu\text{g}/\text{dL}$ 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 $\mu\text{g}/\text{dL}$ 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 $\mu\text{g}/\text{dL}$ and 10 $\mu\text{g}/\text{dL}$ 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 $\mu\text{g}/\text{dL}$.

In late 2021, the Centers for Disease Control and Prevention lowered the threshold for which a child is considered to have an elevated blood lead level from 5 $\mu\text{g}/\text{dL}$ to 3.5 $\mu\text{g}/\text{dL}$. This new lower reference value will be used in future Factbooks.

Methodology for Youth Violence

All law enforcement agencies in Rhode Island are required to maintain a record of the nature of detentions and characteristics of 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.

Due to low participation rates during the COVID-19 pandemic, 2021 *RICAS* scores should not be compared to scores from other years.

Methodology for Schools Identified for Intervention

The Rhode Island Department of Education (RIDE) classifies schools based on a Star Rating System that is comprised of a broad range of indicators including: proficiency levels on the *RICAS* English language arts and math assessments, student growth, graduation rate, English language proficiency, percentage of students exceeding expectations, student and teacher

chronic absenteeism, and suspensions. In 2019, Rhode Island accountability ratings included new indicators including high school graduates' proficiency in English language arts and math and the percentage of graduating high school students who have earned college credits or credentials.

RIDE uses a one- to five-star rating. Schools with one-star ratings are low performing in multiple indicators. Schools identified for comprehensive support and improvement are designated one-star and are the lowest performing 5% of all schools. Schools with five-star ratings have strong performance in all indicators.

Early Learning Centers, Pre-K programs, and preschools are not rated and therefore not included in the classifications.

Limitations of the Data

In any data collection process there are always concerns about the accuracy and completeness of the data that are collected. All data used in Factbook indicators were collected through routine data collection systems operated by different federal and state agencies. We do not have estimates of the completeness of reporting for these systems.

Methodology



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 2021 federal poverty threshold was \$21,831 for a family of three with two children and \$27,479 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 2022 Federal Poverty Guidelines

FEDERAL POVERTY GUIDELINES	ANNUAL INCOME FAMILY OF THREE	ANNUAL INCOME FAMILY OF FOUR
50% FPL	\$11,515	\$13,875
100% FPL	\$23,030	\$27,750
130% FPL	\$29,939	\$36,075
150% FPL	\$34,545	\$41,625
180% FPL	\$41,454	\$49,950
185% FPL	\$42,606	\$51,338
200% FPL	\$46,060	\$55,500
225% FPL	\$51,818	\$62,438
250% FPL	\$57,575	\$69,375

(continued from page 9)

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

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Source of Data for Table/Methodology for Children Participating in School Breakfast

“Estimated Average Daily Participation in Breakfast” is the average number of students who ate breakfast in school per school day during October 2019.
“Estimated Low-Income Average Daily Participation in Breakfast” is the average number of students eligible for and enrolled in free or reduced-price meals that ate breakfast in school per school day during October 2019.

Children are counted as low-income if they are eligible for the Free or Reduced-Price Lunch Program. To participate in the Reduced-Price Breakfast Program, students’ household income must fall between 130% and 185% of the federal poverty guideline. For the Free Breakfast Program, household income must fall below 130% of the federal poverty guideline. Children in foster care, households receiving SNAP benefits and households participating in the Rhode Island Works Program are automatically eligible for free meals.

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NA indicates that the school district does not serve students at that grade level. *Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These numbers are still counted in district totals and in the four core cities, remainder of the state, and state total.

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Rhode Island KIDS COUNT Committees

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Rhode Island Training School

Shamus Durac

Rhode Island Parent Information Network

Anne Fartura

Rhode Island Parent Information Network

Shirley Francis-Fraser

Fraser Human Resources and Labor Relations

Seena Franklin

Comprehensive Community Action Program

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Rhode Island Department of Education

Scott Gausland

Rhode Island Department of Education

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URI Feinstein Hunger Center

Robyn Hall

LISC Rhode Island

Tara Hayes

Rhode Island Parent Information Network

Lisa Hildebrand

*Rhode Island Association for the Education of
Young Children*

Veronica Hobbs

Rhode Island Supreme Court

Linda Katz

Economic Progress Institute

Bryce Kelley

HousingWorks RI

Valentina Laprade

Children's Friend

Rebecca Lebeau

*Rhode Island Executive Office of Health and
Human Services*

Jason Lyon

*Rhode Island Executive Office of Health and
Human Services*

Becki Marcus

LISC Rhode Island

Deborah Masland

Rhode Island Parent Information Network

Joanne McGunagle

Comprehensive Community Action

Inés Merchán

Rhode Island Foundation

Karine Monteiro

Rhode Island Department of Health

Erica Nadler

*Rhode Island Department of Children, Youth,
and Families*

Sarah Nardolillo

Rhode Island Department of Human Services

Weayonnoh Nelson-Davies

Economic Progress Institute

Ana Novais

*Rhode Island Executive Office of Health and
Human Services*

Lisa Nugent

Rhode Island Department of Education

Christine O'Connor

*Rhode Island House of Representative Policy
Department*

Rosey Ok

*The Alliance of RI Southeast Asians for
Education*

Ashley O'Shea

State of Rhode Island

Nikolaos Petropoulos

Rhode Island Department of Human Services

Rosemary Reilly-Chammat

Rhode Island Department of Education

Sara Remington

Rhode Island Department of Health

Megan Ressler

LISC Rhode Island

Kayla Rosen

Governor's Office

Ramona Santos Torres

Parents Leading for Educational Equity

Andrew Schiff

RI Community Food Bank

Amanda Silva

Meeting Street

Brian Terry

Rhode Island Training School

Gina Tocco

Rhode Island Department of Public Safety

Maria Vargas

Rhode Island Coalition to End Homelessness

Mary Varr

*Woonsocket Head Start Child Development
Association, Inc.*

Samuel Zwetchkenbaum

Rhode Island Department of Health

Rhode Island KIDS COUNT Community Leadership Council

Darlene Allen

Adoption Rhode Island

Angela Bannerman Ankoma

Rhode Island Foundation

Lenette Azzi-Lessing

Boston University, School of Social Work

Robert Barge

Rhode Island Legal Services

Carolyn Belisle

Blue Cross & Blue Shield of Rhode Island

Marcela Betancur

*Latino Policy Institute at Roger Williams
University*

Beth Bixby

Tides Family Services

Rhode Island KIDS COUNT Committees

Stanley Block, MD
Providence Community Health Centers

Rebecca Boxx
Providence Children & Youth Cabinet

Andrew Bramson
College Crusade of Rhode Island

Carrie Bridges Feliz
Lifespan Community Health Services

Laura Brion
Childhood Lead Action Project

Adama Brown
United Way of Rhode Island

Kathleen Burke
Newport Partnership for Families

Mario Buono
Progreso Latino

Stephen Buka
Brown University

David Caprio
Children's Friend

Michael Cerullo
Licensed Mental Health Counselor

Channavy Chhay
Center for Southeast Asians

Peter Chung
Young Voices

Jeanne Cola
LISC Rhode Island

Patrice Cooper
UnitedHealthcare Community Plan

Nora Crowley
Rhode Island Senate

Laureen D'Ambra
Rhode Island Family Court

Phyllis Dennery, MD
Hasbro Children's Hospital

Michael DiBiase
Rhode Island Public Expenditure Council

Lynda Dickinson
CHILD, Inc.

Susan Dickstein
Rhode Island Association for Infant Mental Health

Lisa DiMartino
Rhode Island Foundation

Ann Durham
Providence After School Alliance

Nick Figueroa
Providence Public Schools

Patricia Flanagan, MD
Hasbro Children's Hospital

Rachel Flum
Rachel Flum Strategy

Caitlin Frumerie
Rhode Island Coalition for the Homeless

Reverend Betsy Aldrich Garland
Rhode Island Interfaith Coalition

Joseph Garlick
NeighborWorks Blackstone River Valley

Kathleen S. Gorman
URI, Feinstein Center for a Hunger Free America

Jennifer Griffith
Office of the Child Advocate

Lisa Guillette
Foster Forward

Lucy Rios
Rhode Island Coalition Against Domestic Violence

Jane Hayward

Lisa Hildebrand
Rhode Island Association for the Education of Young Children

Jennie Johnson
City Year Providence

Linda Katz
The Economic Progress Institute

H. John Keimig
Healthcentric Advisors

John M. Kelly
Meeting Street

Khadija Lewis Khan
Beautiful Beginnings Child Care Center

Tanja Kubas-Meyer
Rhode Island Coalition for Children and Families

Peg Langhammer
Day One

Benedict F. Lessing, Jr.
Community Care Alliance

Lisa Conlan Lewis
Parent Support Network of Rhode Island

Margaret Holland McDuff
Family Service of Rhode Island

Jennifer Mann
Rhode Island Chapter American Academy of Pediatrics

Anna Cano Morales
Rhode Island College

Morna Murray
Disability Rights Rhode Island

Patricia Nolin
Rhode Island College

Susan Orban
Washington County Coalition for Children

Jill Pfitzenmayer
Rhode Island Foundation

Sister Mary Reilly
Sophia Academy

Brother Michael Reis
Tides Family Services

Maxine Richman
Rhode Island Interfaith Coalition

Elliot Rivera
Youth in Action

Kayla Rosen
Governor's Office

Samuel Salganik
Rhode Island Parent Information Network

Karen Santilli
Crossroads Rhode Island

Ramona Santos, Stephanie Gonzalez, and Janie Segui
Parents Leading for Educational Equity (PLEE)

Andrew Schiff
Rhode Island Community Food Bank

Martin Sinnott
Child & Family

Susan Stevenson
Gateway Healthcare

The Honorable O. Rogerie Thompson
U.S. 1st Circuit Court of Appeals

Lynne Urbani
Rhode Island House of Representatives

David Veliz
Rhode Island Interfaith Coalition

Karla Vigil and Carlon Howard
The Equity Institute

James Vincent
NAACP, Providence Chapter

Brenda Whittle
Neighborhood Health Plan of Rhode Island

Chanda Womack
ARISE

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Family and Community

Child Population, Children in Single-Parent Families, Racial and Ethnic Diversity, Racial and Ethnic Disparities: Jean D'Amico, Alicia VanOrman, Population Reference Bureau.

Grandparents Caring for Grandchildren: Leon Saunders, Colleen Caron, Brian Renzi, RI Department of Children, Youth and Families; Darlene Allen, Adoption RI; Lisa Guillette, Foster Forward; Jennifer Miller, Child Focus.

Mother's Education Level: Ellen Amore, Richard Lupino, Will Arias, Samara Viner-Brown, RI Department of Health.

Economic Well-Being

Median Family Income: Linda Katz, The Economic Progress Institute; Jean D'Amico, Population Reference Bureau.

Cost of Housing: Amy Rainone, Brian DeChambeau, Rhode Island Housing; Eric Hirsch, Providence College and RI Emergency Food and Shelter Board; Brenda Clement, Annette Bourne, HousingWorks RI.

Children Experiencing Homelessness: Eileen Botelho, Kenneth Gu, RI Department of Education; Caitlin Frumerie, Jennifer Barrera, Amy Ferguson, Tucker Morgan, RI Coalition to End Homelessness; John Wesley, Ian Colomer, RI Coalition Against Domestic Violence; Kelly Henry, Sojourner House; Eric Hirsch, Providence College and RI Emergency Food and Shelter Board.

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Children in Poverty: Linda Katz, The Economic Progress Institute; Amy Rainone, Brian DeChambeau, Rhode Island Housing; Frank DiBiase, Rick Mulcahey, Office of Child Support Services; Jean D'Amico, Population Reference Bureau.

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Women and Children Participating in WIC: Ann Barone, Preet Kaur, RI Department of Health.

Children Participating in School Breakfast: Stephen Carey, Scott Gausland, Kenneth Gu, RI Department of Education; Bethany Caputo, RI Department of Human

Services; Kathleen Gorman, University of RI Feinstein Center for a Hunger Free America; Andrew Schiff, RI Community Food Bank.

Health

Children's Health Insurance: Rebecca Lebeau, RI Executive Office of Health and Human Services; Allison Parker, Sandeep Janyavula, HealthSource RI; Linda Katz, The Economic Progress Institute; Jean D'Amico, Population Reference Bureau.

Childhood Immunizations: Dora Dumont, Hanna Kim, Kathy Marceau, Patricia Raymond, Samara Viner-Brown, Tricia Washburn, RI Department of Health.

Access to Dental Care: Rebecca Lebeau, RI Executive Office of Health and Human Services; Kathy Taylor, Samara Viner-Brown, Sam Zwetchkenbaum, Sadie DeCourcy, Hanna Kim, Karine Monteiro, Jordyn Learman, RI Department of Health; Allison Parker, Sandeep Janyavula, HealthSource RI; Eva Marie Stahl, Community Catalyst; Colin Reusch, Children's Dental Health Project.

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Women with Delayed Prenatal Care, Low Birthweight Infants, Infant Mortality: Ellen Amore, William Arias, Samara Viner-Brown, RI Department of Health; Jean D'Amico, Population Reference Bureau.

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Safety

Child Deaths and Teen Deaths: Tara Cooper, Kathy Taylor, Samara Viner-Brown, RI Department of Health; Sharon Bazor, Siobhan Catala, Brendan Ryan, RI Department of Transportation; Jean D'Amico, Population Reference Bureau.

Youth Violence: Gina Tocco, Gina Simeone, RI Department of Public Safety; Brother Michael Reis, Tides Family Services; Tara Cooper, Kathy Taylor, Samara Viner-Brown, RI Department of Health; Peg Votta, RI Department of Education.

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Youth Referred to Family Court: Michael Forte, Kevin Richard, Richard Scarpellino, Ron Pagliarini, Sharon O'Keefe, RI Family Court; Gina Tocco, RI Department of Public Safety; Meghan McDonough, RI Office of the Attorney General; Brother Michael Reis, Tides Family Services.

Youth in the Juvenile Justice System: Kevin Aucoin, Larome Myrick, Leon Saunders, Colleen Caron, Jessica Nash, Brian Renzi, Jane Pellegren, Heather Dos Santos, Mary Clair-Michaud, Elizabeth Lowenhaupt, Timothy Owens, RI Department of Children, Youth and Families; Brother Michael Reis, Tides Family Services; Meghan McDonough, RI Office of the Attorney General; Gina Tocco, RI Department of Public Safety.

Children of Incarcerated Parents: Keith Ivone, Erin Boyar, Waverly Findlay, Ken Findlay, RI Department of Corrections.

Children Witnessing Domestic Violence: Elaine Dorazio, Veronica Hobbs, RI Supreme Court Domestic Violence Training and Monitoring Unit; John Wesley, Ian Colomer, RI Coalition Against Domestic Violence; Kelly Henry, Sojourner House; Eric Hirsch, Providence College and RI Emergency Food and Shelter Board.

Child Abuse and Neglect: Kevin Aucoin, Colleen Caron, Joseph Carr, Joan Harmon, Jane Pellegren, Brian Renzi, Leon Saunders, Erica Nadler, Michael Burk, Joseph Carr, Kyeonghee Kim, Stephanie Terry, RI Department of Children, Youth and Families; Darlene Allen, Adoption RI; John Wesley, Ian Colmer, RI Coalition Against Domestic Violence; Christine Robin Payne, Executive Office of Health and Human Services; Kathy Taylor, Samara Viner-Brown, Sara Remington, RI Department of Health; Tanja Kubas-Meyer, RI Coalition for Children and Families.

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Education

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Nicole Chiello, RI Department of Human Services; Phyllis Lynch, Lisa Nugent, Zoe McGrath, Ruth Gallucci, RI Department of Education; Lisa Hildebrand, Stephanie Ferreira, RIAEYC/BrightStars; Brenda Potter, Center for Early Learning Professionals; Erin Cox, Megan Ressler, LISC; Maryann Finamore-Allmark, Children's Friend; Kim Maine, Sunshine Child Development Center; Khadija Lewis Khan, Beautiful Beginnings Child Care Center, Maria Fajardo, SEIU 1199; Amy Vogel, Mary Ann Shallcross Smith, Dr.

Daycare/Business Owners in Childcare Association; Lori Wagner, RI Child Care Directors Association.

Children Receiving Child Care Subsidies:

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Children Receiving Preschool Special Education Services:

Ruth Gallucci, Betty Landry, David Sienko, RI Department of Education.

Public School Enrollment and Demographics:

Kenneth Gu, RI Department of Education.

Children Enrolled in Kindergarten:

Phyllis Lynch, David Sienko, Kenneth Gu, RI Department of Education.

Out-of-School Time: Nicole Chiello, Kevin Slattery, Nikolaos Petropoulos, Jose Garcia, RI Department of Human Services; Jan Mermin, RI Department of Education; Marlene Guay, Roshni Darnal, Larry Warner, United Way of RI; Lisa Hildebrand, RIAEYC/BrightStars, Charlie Clifford, State Alliance of Rhode Island YMCAs; Hillary Salmons; Charlotte Boudreau.

Multilingual Learners/English Learners:

Kenneth Gu, David Sienko, Flavia Molea Baker, RI Department of Education.

K-12 Students Receiving Special Education Services:

Betty Landry, David Sienko, Kenneth Gu, RI Department of Education.

Student Mobility: Kenneth Gu, Peg Votta, RI Department of Education.

Third- and Eighth-Grade Reading Skills:

Kenneth Gu, Ana Karantonis, Phyllis Lynch, Lisa Foehr, Kirtley Fisher, RI Department of Education.

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Schools Identified for Intervention:

Kenneth Gu, Rachel Peterson, RI Department of Education.

Chronic Early Absence: Kenneth Gu, Rachel Peterson, RI Department of Education

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College Preparation & Access and College Enrollment & Completion:

Kenneth Gu, Rachel Peterson, Scott Gausland, Peg Votta, RI Department of Education.

Teens Not in School and Not Working:

Jean D'Amico, Alicia VanOrman, Population Reference Bureau.

Poetry Credits

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Rhode Island KIDS COUNT
One Union Station
Providence, RI 02903

(401) 351-9400
rikids@rikidscount.org
www.rikidscount.org
twitter.com/RIKidsCount
www.facebook.com/RhodeIslandKIDSCOUNT

