2026 Rhode Island KIDS COUNT Factbook

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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.

Hard copies of the *2026 Rhode Island KIDS COUNT Factbook* were only available via preorder or at the *Factbook* breakfast. However, the entire *Factbook* is available in digital form on our website. You can download it as a complete book or by indicator at https://rikidscount.org/factbook/.

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2026 Rhode Island KIDS COUNT Factbook
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* *New Indicator*

Overview

Their Unjustly reasons

by Ashton Richards

As the colors are removed without doing any harm,

the people in power control this unfair alarm.

With days growing old, and nights starting young,

this removal has just yet begun.

Cultures flushed out, some from their sacred land,

the people in power then have a marching band.

Some young, some old,

they are taken because someone felt bold.

The *2026 Rhode Island KIDS COUNT Factbook* is the thirty-second annual profile of the well-being of children in Rhode Island. The annual Factbook is a valuable tool for planning and action by community leaders, policymakers, advocates, and others working toward changes that will improve the quality of life for all children.

The *2026 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 five cities with the highest concentration of children living in poverty. These five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

The *Factbook* provides community-level information on indicators 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 *2026 Rhode Island KIDS COUNT Factbook* examines 67 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 that child's health and education. The *2026 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 Importance of Data to Inform Policy, Planning, and Action

Data is an important tool that everyone from community leaders to policymakers to advocates use to inform their planning, policymaking, and action. The *Factbook* has always provided data to be used in this way. However, recently some data has been harder to obtain, no longer available, or missing key information on disparities by race, ethnicity, or the experiences of LGBTQ+ youth. For example, the U.S. Department of Agriculture has announced that it will no longer produce its annual Household Food Security Report, ending over 30 years of data collection on this topic. Data on pregnancy risks and maternal and infant mortality is also under threat, and a 2025 Executive Order has halted efforts to include information on sexual orientation and gender identity in national surveys. Problems like food insecurity, maternal mortality, and high suicide rates among LGBTQ+ youth will not go away just because the data is not there, but not having the data will make it harder to improve child well-being and solve these problems together.

Child Poverty is Concentrated in Five Core Cities

Poverty is linked to every KIDS COUNT indicator. Between 2020 and 2024, more than two-thirds (69%) of Rhode Island's children living in poverty lived in just five cities. These communities (Central Falls, Newport, Pawtucket, Providence, and Woonsocket) are the five core cities highlighted throughout the *Factbook*. Children in poverty live in every community in Rhode Island, but these five communities deserve special attention because they are where child poverty is most concentrated. While not in the traditional urban core, Newport was added to the core city list because its child poverty rate was the same or higher than Pawtucket's for the past few years, showing a change in where child poverty is 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

"We count"

by Renee Gomes

We rise from Rhode Island streets
with unshaken truth,
kids, parents, neighbors
every voice uncouth.
Equity isn't charity,
it's the deal we're owed,
schools, homes, and health
should never be sold.
We glow like odd ones do,
unafraid to be loud,
our stories inked in fact books,
refusing the crowd.
Community is power,
not pity dressed neat,
justice is real when every child eats.
Count us as sparks, not stats on a chart
Rhode Island's future
beats bold in our heart.

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. Children under age 18 made 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 (a 15% decrease from 2000 to 2020).[1–3] In 2020, 30% (62,971) of Rhode Island children were under age six, 22% (45,198) were ages six to nine, 30% (61,948) were ages 10 to 14, and 19% (39,668) were ages 15 to 19.[1]

Between 2020 and 2024, there were 117,871 households with children under age 18 in Rhode Island, representing 27% of all households.[4] In Rhode Island, between 2020 and 2024, 123,746 (60%) children under age 18 lived in married-couple households, 64,067 (31%) children lived in single parent households, and 17,467 (8%) children lived with relatives, including grandparents.[5] A total of 3,376 (2%) children lived with foster families or other non-relative heads of household.[6] There were 571 (<1%) children and youth under age 18 who lived in group quarters and 133 (<1%) youth who were householders or spouses.[7]

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. In 2020, Hispanic children made up 26% of children under age 18 in the United States and 27% of children under age 18 in Rhode Island.[1,8]

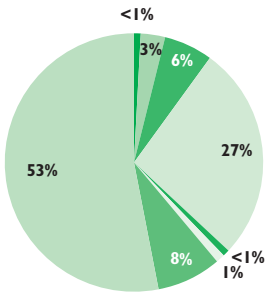
Between 2020 and 2024, there were 11,412 foreign-born children under the age of 18 living in Rhode Island, representing approximately 6% of the child population.[9] Of Rhode Island children ages five to 17, 76% speak only English at home, 18% speak Spanish, 4% speak other Indo-European languages, 1% speak Asian or Pacific Island languages, and 1% speak other languages at home.[10]

Sexual orientation and gender identity are other important facets of diversity among youth. According to the *2023 Youth Risk Behavior Survey*, 17.5% of high school students in Rhode Island described themselves as lesbian, gay, or bisexual. In addition, 5.2% described themselves as other and 4.8% as questioning. Among high school students, 3.9% described themselves as transgender.[11]

Rhode Island Children Under Age 18, 2020

By Race/Ethnicity*

<1% (814)	American Indian and Alaska Native
3% (6,955)	Asian
6% (13,462)	Black
27% (56,113)	Hispanic or Latino
<1% (65)	Native Hawaiian/Pacific Islander
1% (2,939)	Some Other Race
8% (17,822)	Two or More Races
53% (111,615)	White

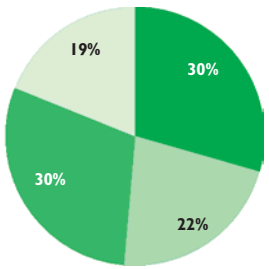


n=209,785

Source: U.S. Census Bureau, Census 2020, Table P2 and Table P4. All categories are mutually exclusive. If Hispanic was selected as an ethnicity, individuals are not included in other racial categories.

By Age

30% (62,971)	Under Age 6
22% (45,198)	Ages 6 to 9
30% (61,948)	Ages 10 to 14
19% (39,668)	Ages 15 to 17



n=209,785

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

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.[1,3,12]**

◆ **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.[13] 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.[14,15]**

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%
Burriville	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%
Five Core Cities	*77,824*	*77,014*	*-810*	*-1.0%*
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.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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[1] 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] U.S. Census Bureau, Census. (2010). *Summary File 1. Table DP-1.*

[4] U.S. Census Bureau, American Community Survey. (2020-2024). *Table DP02.*

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[8] Pena, J., Figueroa, M.A., Rios-Vargas, M., & Marks, R. (2023). *Hispanic population is younger but aging faster than non-Hispanic population: One in every four children in the United States were of Hispanic origin in 2020.* https://www.census.gov/library/stories/2023/05/hispanic-population-younger-but-aging-faster.html

[9] U.S. Census Bureau, American Community Survey. (2020-2024). *Table B05003.*

[10] U.S. Census Bureau, American Community Survey. (2020-2024). *Table B16007.*

[11] Rhode Island Department of Health, Center for Health Data and Analysis. (2025). *Youth Risk Behavior Survey.*

[12] America Counts Staff. (2021). *Rhode Island's population grew 4.3% last decade.*

[13] U.S. Census Bureau. (2018). *2020 census: Counting everyone once, only once, and in the right place.* https://www2.census.gov/cac/nac/meetings/2018-11/chapin-hard-to-count.pdf

(continued on page 172)

Babies

DEFINITION

Babies 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. However, in 2024, the U.S. fertility rate was 54.6 births per 1,000 women ages 15 to 44, nearly a 1% increase from 2023.[1]

In 2023, Rhode Island had the second lowest fertility rate among states (45.2 births per 1,000 women ages 15 to 44).[2] The general decline in the fertility rate is due to women delaying childbearing, as well as having fewer total children.[3] Nationally, fertility rates have declined across all racial and ethnic groups; however, Black, Hispanic, and Native Hawaiian and Other Pacific Islander women have higher fertility rates than other groups.[1]

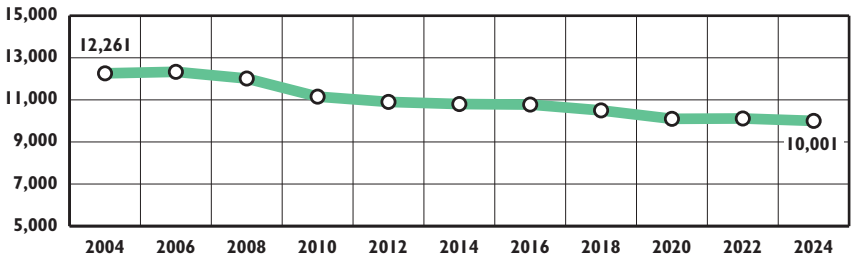
Fertility rates, as well as immigration, an increase in multiracial marriages, and the proportion of women of childbearing age among racial and ethnic groups has led to an increasingly diverse child population, both in Rhode Island and nationally.[4] In 2024 in Rhode Island, 46% of babies born were Babies of Color.[5]

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 $310,000 per child from birth to age 17 on housing, child care and other costs.[6] Policies such as paid family leave, subsidized child care, affordable housing, universal preschool, and tax credits can help families afford the high cost of raising a child and improve the health and well-being of children.[7,8]

The basic architecture of the human brain develops during the infant and toddler years. Babies who have positive early childhood experiences, stable, loving relationships with parents and caregivers, and good health and nutrition have the sturdy foundation they need to thrive. Babies who don't get what they need for healthy growth and development in the first few years of life can encounter lifelong educational, social, health, and developmental challenges.[9,10]

Infancy is a time of great opportunity and vulnerability. A child's development can be harmed by toxic stress caused by adverse childhood experiences (including extreme poverty, child abuse, caregiver mental health or substance use disorders, household violence) and factors such as community violence, food insecurity, and racism. These negative experiences in early childhood place a child at increased risk for developmental delays, mental health challenges, and health issues. Timely interventions can prevent or reverse the effects of early adversity.[8,10,11]

Rhode Island Births, 2004-2024



Source: Rhode Island Department of Health, Vital Records, Rivers Database 2004-2024. Note: Birth data 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 18% between 2004 and 2024, from 12,261 babies in 2004 to 10,001 babies in 2024.[12]**

◆ **The U.S. teen birth rate reached a record low in 2024, with 12.7 births per 1,000 teens ages 15 to 19.[1] Rhode Island had the eighth lowest teen birth rate in the U.S. in 2023, with 3.3 births per 1,000 teens ages 15 to 19.[2]**

Births by Factors, Rhode Island, 2025

◆ **In Rhode Island in 2025, 5,133 babies (54%) were born with private insurance, 4,173 babies (44%) were born with Medicaid/RIte Care insurance, 19 babies (<1%) had no insurance, and 151 babies (2%) had an unknown insurance status.[13]**

◆ **All babies born in Rhode Island are screened through the Rhode Island Department of Health's Newborn Risk Assessment Program. In 2025, there were 6,237 newborns (66%) who had developmental, socio-economic and/or health factors that potentially put them at risk for later poor outcomes. Babies in families considered "at risk" are referred to First Connections at the Department of Health to help support healthy child development.[13,14]**

Table 2.

Babies, Rhode Island, 2025

CITY/TOWN	# OF BABIES BY MATERNAL RACE/ETHNICITY*						# OF BABIES BORN TO FAMILIES WITH MEDICAID/ RITECARE	# OF BABIES BORN TO UNMARRIED MOMS	TOTAL # OF BIRTHS
	AMERICAN INDIAN/ ALASKA NATIVE	ASIAN	BLACK	HISPANIC*	SOME OTHER/ TWO OR MORE RACES	WHITE			
Barrington	<5	7	<5	<5	5	99	16	13	114
Bristol	<5	6	<5	<5	5	105	24	40	119
Burrillville	<5	<5	<5	7	<5	90	26	39	98
Central Falls	9	<5	34	197	108	107	246	195	285
Charlestown	<5	<5	<5	5	<5	44	10	17	51
Coventry	<5	5	<5	15	11	273	71	84	300
Cranston	6	58	79	241	127	494	297	324	803
Cumberland	<5	35	16	25	21	202	64	78	287
East Greenwich	<5	8	<5	<5	11	78	10	10	101
East Providence	<5	10	31	55	32	289	126	154	375
Exeter	<5	<5	<5	<5	<5	47	<5	16	50
Foster	<5	<5	<5	<5	<5	39	13	19	46
Glocester	<5	<5	<5	<5	5	53	13	14	59
Hopkinton	<5	<5	<5	<5	<5	70	12	20	71
Jamestown	<5	<5	<5	<5	<5	30	<5	<5	33
Johnston	<5	13	31	81	45	193	104	115	291
Lincoln	<5	13	11	24	11	123	49	54	161
Little Compton	<5	<5	<5	<5	<5	13	<5	6	14
Middletown	<5	6	5	23	14	95	27	29	122
Narragansett	<5	<5	<5	<5	<5	61	12	14	67
New Shoreham	<5	<5	<5	<5	<5	8	<5	<5	9
Newport	<5	<5	10	53	26	149	70	77	193
North Kingstown	<5	5	<5	10	25	145	33	40	180
North Providence	<5	8	45	102	46	166	119	131	280
North Smithfield	<5	5	<5	15	6	66	18	20	81
Pawtucket	8	11	184	261	134	319	425	427	720
Portsmouth	<5	<5	<5	6	5	102	18	28	114
Providence	55	81	370	1,358	730	801	1,558	1,305	2,185
Richmond	<5	<5	<5	<5	<5	63	15	25	70
Scituate	<5	<5	<5	6	5	98	15	17	108
Smithfield	<5	<5	<5	6	7	101	22	31	119
South Kingstown	<5	<5	<5	9	12	129	25	40	153
Tiverton	<5	<5	<5	5	8	60	21	25	74
Warren	<5	<5	<5	10	6	73	17	20	84
Warwick	7	37	30	100	46	565	178	234	702
West Greenwich	<5	<5	<5	<5	<5	36	9	10	41
West Warwick	<5	10	27	63	32	227	131	152	302
Westerly	<5	<5	<5	14	5	126	49	52	144
Woonsocket	9	19	67	186	117	244	315	304	468
Five Core Cities	*83*	*116*	*665*	*2,055*	*1,115*	*1,620*	*2,614*	*2,308*	*3,851*
Remainder of State	*37*	*250*	*312*	*853*	*509*	*4,364*	*1,559*	*1,876*	*5,625*
Rhode Island	*120*	*366*	*977*	*2,908*	*1,624*	*5,984*	*4,173*	*4,184*	*9,476*

Source of Data for Table/Methodology

Rhode Island Department of Health, KIDSNET Database, 2025. Birth data from 2025 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.

*Unknowns were excluded for each category (405 babies had unknown maternal race information, and 14 had unknown maternal ethnicity information)

**Hispanic can be of any race

"# Babies Born to Unmarried Moms" include single, separated, divorced, or widowed mothers.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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(continued on page 172)

Family Structure

DEFINITION

Family Structure is the percentage of children under age 18 who live in different family structures.

SIGNIFICANCE

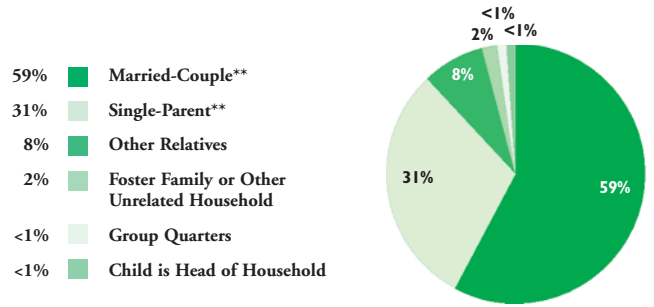
American families are more diverse today than they were several decades ago.[1] In the United States, one in four parents living with a child is unmarried (25%). This marks a dramatic change from 50 years ago, when fewer than one in 10 parents living with their children were unmarried (7%). The profile of unmarried parents has also shifted, and now 35% of all unmarried parents are living with a partner.[2] However, after increasing for several decades, birth rates for unmarried women in the U.S. decreased to 36 per 1,000 women in 2023, a 30% decline compared to its peak of 52 per 1,000 women between 2007 and 2008.[3] Babies born to cohabiting couples make up 25% of all births and 60% of nonmarital births in the U.S.[4]

Children in the U.S. now 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.[4]

In addition, in the U.S. families are now four times more likely to live in multigenerational households than they were 50 years ago. Multigenerational households now account for 18% of the population.[5]

The financial hardship and associated stress of single parenthood can contribute to differences in the socioeconomic well-being of children in single-parent households, compared to those in two-parent households.[6] The growth in multigenerational households is likely due to many interconnected factors, including economic, cultural, and caregiving needs and the increasing cost of housing. Multigenerational households can also help promote close family bonds, improve mental and physical health, and provide the opportunity for parents to pursue further education or job training, all of which can improve the well-being of children.[7]

Rhode Island Children Under Age 18 by Family Structure, 2020-2024



n=207,425

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

Source: U.S. Census Bureau, American Community Survey, 2020-2024. Tables B09001, B09002, and B09018.

◆ **In Rhode Island, 59% of children live in married-couple households, making them almost twice as likely to live in such households compared to single-parent households (31%). Additionally, 8% of children live with a grandparent or another relative.[8,9]**

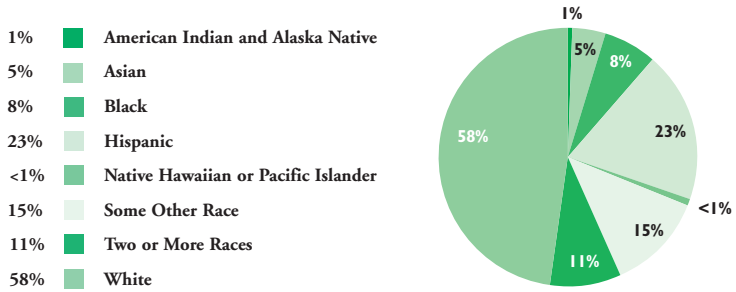
Single-Parent Families

	2004	2014	2024
RI	39%	39%	38%
US	31%	35%	34%
National Rank*			*44th*
New England Rank**			*6th*

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

The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org. Single-parent families may include cohabiting couples and do not include children living with married stepparents.

Multigenerational Households in Rhode Island, by Race & Ethnicity, 2020



n= 17,092

Source: U.S. Census Bureau, Decennial Census 2020, PCT14, PCT14B, PCT14C, PCT14D, PCT14E, PCT14F, PCT14H, PCT14I

◆ **Between 2020 and 2024, 4% of Rhode Island families lived in multigenerational households, compared to 3% of households between 2010 and 2014.[10,11]**

◆ **According to the 2020 Census, 7% of Hispanic families, 7% of Asian families, and 6% of Black families live in multigenerational households in Rhode Island, compared to 3% of white families.[12–15] Among major racial and ethnic groups, multigenerational families are less likely to live in poverty.[5]**

◆ **Twenty-four percent of U.S. households say child care is a factor in their living arrangements, with 9% of upper income adults considering it a factor, compared to 32% of lower-income adults.[5] The lack of affordable housing can make it necessary to combine resources to attain homeownership or to afford the average cost of rent.[16] In Rhode Island, the housing wage is almost double the hourly wage of the average renter.[17]**

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(continued on page 172)

Relative Caregiving and Kinship Care

◆ **In the United States, 2.5 million children are in families where grandparents or other relatives or a close family friend serve as the primary caregiver. Children of Color are more likely to be cared for by grandparents than other groups.[18]**

◆ **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, parental substance use, or incarceration.[19,20]**

◆ **Many grandparents have informal custody arrangements and are not involved with child welfare agencies, often receiving fewer services than traditional foster parents.[20] Nearly one in five grandparent caregivers lives in poverty, with 40% of grandmother-only caregivers living below the poverty line, 76% of which receive public assistance.[19,21] Children in informal kinship care are more likely to live in poverty, less likely to be covered by health insurance, and more likely to have physical and mental disabilities.[22]**

◆ **Nearly all children in kinship care are eligible for cash assistance through Temporary Assistance for Needy Families (TANF) regardless of their household's income level, yet children in informal custody arrangements are much less likely to receive these payments.[19,21]**

◆ **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.[20] 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.[23] On December 31, 2025, children in kinship foster care made up 30% of all children in out-of-home placements in Rhode Island.[24]**

◆ **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.[25] Rhode Island is one of 42 states with a Guardianship Assistance Program that provides financial assistance payments to grandparents and other relative caregivers who assume legal guardianship.[26]**

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 physical health and mental health, school readiness, educational achievement, and cognitive abilities.[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 2020 and 2024, babies born to mothers with a high school degree or less had a higher infant mortality rate (5.6 per 1,000) than babies born to mothers with more advanced education (3.0 per 1,000 births).[4]

Parental education levels are linked to healthy parenting practices like established routines, which is related to academic achievement. Children of more educated parents participate in early learning programs more frequently. 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.[1,2,5,6] Between 2020 and 2024, women with bachelor's degrees in Rhode Island earned twice as much as those with less than a high school diploma and 1.7 times more than women with a high school diploma.[7]

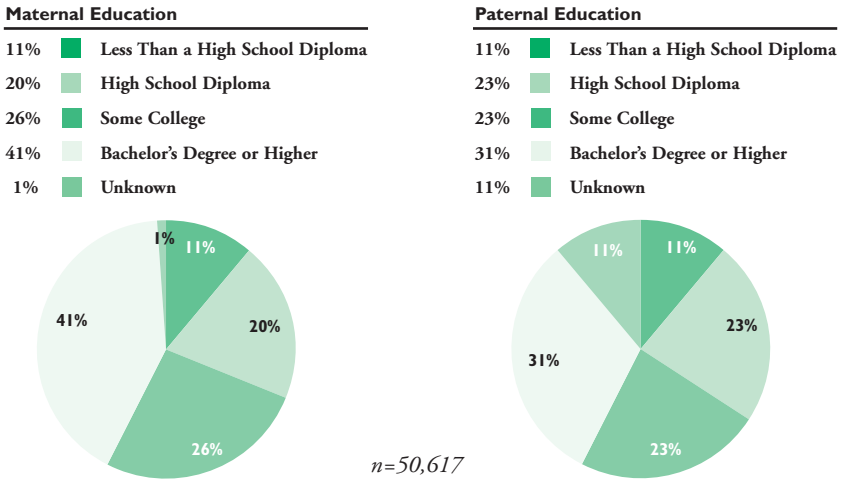
Between 2020 and 2024, 11% of Rhode Island births were to mothers with less than a high school diploma and 68% were to mothers with at least some college education.[4] Nationally in 2024, 11% of children under age 18 lived in families in which the head of household had less than a high school diploma, and 49% lived in families in which the head of household had an associate degree or higher.[8]

Births to Mothers with Less Than a High School Diploma, by Race and Ethnicity, Rhode Island, 2020-2024

RACE/ETHNICITY	% OF BIRTHS
All Races	11%
Asian	6%
Black	11%
Hispanic	24%
Native American	25%
White	9%

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2020-2024.

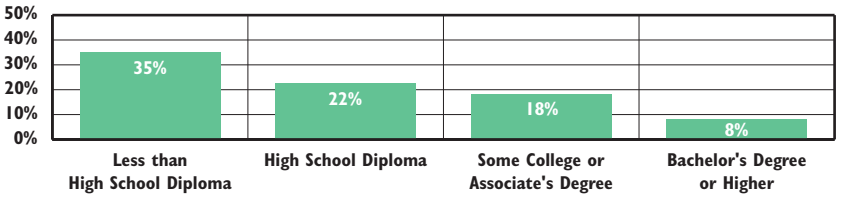
Births by Parental Education Levels, Rhode Island, 2020-2024



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2020-2024. Percentages may not sum to 100% due to rounding.

◆ **In Rhode Island between 2020 and 2024, 31% of all infants were born to mothers with a high school diploma or less, and 34% were born to fathers with a high school diploma or less.[4]**

Poverty Rates for Families Headed by Single Women by Educational Attainment, Rhode Island, 2020-2024



Source: U.S. Census Bureau, American Community Survey, 2020-2024. Table S1702.

◆ **In Rhode Island between 2020 and 2024, 35% of families headed by single women with less than a high school diploma lived in poverty, compared with 8% of those with a bachelor's degree or higher.[9]**

Table 3.

Births by Education Level of Mother, Rhode Island, 2020-2024

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	579	503	87%	46	8%	18	3%^	*	*
Bristol	689	424	62%	159	23%	82	12%	19	3%^
Burrillville	680	297	44%	222	33%	121	18%	33	5%
Central Falls	1,479	130	9%	366	25%	482	33%	471	32%
Charlestown	261	157	60%	65	25%	32	12%	*	*
Coventry	1,470	709	48%	468	32%	230	16%	51	3%
Cranston	3,902	1,769	45%	1,125	29%	705	18%	266	7%
Cumberland	1,734	1,080	62%	373	22%	195	11%	53	3%
East Greenwich	687	570	83%	75	11%	28	4%	11	2%^
East Providence	2,243	1,085	48%	617	28%	401	18%	121	5%
Exeter	223	136	61%	47	21%	32	14%	*	*
Foster	228	122	54%	64	28%	32	14%	*	*
Glocester	320	167	52%	101	32%	44	14%	*	*
Hopkinton	307	146	48%	97	32%	57	19%	*	*
Jamestown	137	115	84%	12	9%^	*	*	*	*
Johnston	1,404	599	43%	412	29%	279	20%	101	7%
Lincoln	950	552	58%	206	22%	137	14%	40	4%
Little Compton	79	55	70%	22	28%	*	*	0	0%
Middletown	711	395	56%	151	21%	112	16%	46	6%
Narragansett	277	185	67%	62	22%	25	9%	*	*
New Shoreham	39	24	62%^	11	28%^^	*	*	*	*
Newport	995	467	47%	171	17%	185	19%	163	16%
North Kingstown	1,083	735	68%	214	20%	101	9%	29	3%
North Providence	1,600	698	44%	524	33%	270	17%	92	6%
North Smithfield	485	284	59%	123	25%	62	13%	*	*
Pawtucket	4,191	1,033	25%	1,338	32%	1,187	28%	574	14%
Portsmouth	633	431	68%	117	18%	68	11%	14	2%^
Providence	11,317	2,753	24%	2,817	25%	3,034	27%	2496	22%
Richmond	361	211	58%	92	25%	49	14%	*	*
Scituate	460	279	61%	115	25%	55	12%	*	*
Smithfield	712	441	62%	181	25%	63	9%	20	3%^
South Kingstown	829	590	71%	127	15%	81	10%	25	3%
Tiverton	578	309	53%	163	28%	81	14%	16	3%^
Warren	435	228	52%	127	29%	64	15%	13	3%^
Warwick	3,471	1,761	51%	989	28%	549	16%	148	4%
West Greenwich	245	145	59%	69	28%	27	11%	*	*
West Warwick	1,418	459	32%	488	34%	343	24%	118	8%
Westerly	829	393	47%	226	27%	170	21%	38	5%
Woonsocket	2,567	425	17%	758	30%	846	33%	504	20%
*Unknown***	*9*	*	*	*	*	*	*	*	*
Five Core Cities	*20,549*	*4,808*	*23%*	*5,450*	*27%*	*5,734*	*28%*	*4,208*	*20%*
Remainder of State	*30,059*	*16,054*	*53%*	*7,890*	*26%*	*4,513*	*15%*	*1,254*	*4%*
Rhode Island	*50,617*	*20,863*	*41%*	*13,343*	*26%*	*10,259*	*20%*	*5,541*	*11%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2020-2024. 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 2020 and 2024, maternal education levels were unknown for 611 births (1%).

*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.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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(continued on page 172

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 2024, 52% 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 70,000 between 2010 and 2020, and the number of non-Hispanic white children decreased by over 31,000 during the same period.[5,6]

In 2020 in Rhode Island, 53% of children under age 18 were white, 8% were Two or more races, 6% were Black or African American, 3% were Asian, 1% identified as Some other race, and less than 1% were American Indian or Alaska Native. In 2020, 27% of children living in Rhode Island were Hispanic.[5]

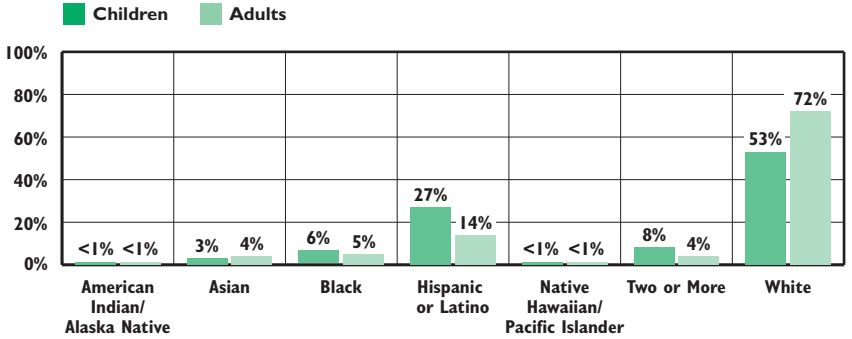
In 2020, more than half (61%) of all Children of Color in Rhode Island lived in the five core cities of Central Falls, Newport, Pawtucket, Providence, and Woonsocket. More than three-quarters (78%) of children living in the five core cities were Children of Color.[5]

Between 2020 and 2024, there were 11,412 foreign-born children living in Rhode Island, 18% of whom were naturalized U.S. citizens.[7] Of Rhode Island's immigrant children, 36% were born in the Caribbean, 33% were born in Central or South America, 16% were born in Asia, 9% were born in Africa, 4% were born in Europe, and 1% were born in North America (Canada or Mexico).[8]

Between 2020 and 2024, 24% of children between the ages of five and 17 living in Rhode Island spoke a language other than English at home. During this same time, 18% of children spoke Spanish, 4% spoke other Indo-European languages, and 1% spoke Asian and Pacific Island languages.[9]

Many social service agencies and other community and family-facing organizations are working to adapt their practices to be more culturally competent and better serve this increasingly diverse child population.[10]

Population by Race/Ethnicity, Rhode Island, 2020



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

◆ **Children in Rhode Island 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.[5]**

◆ **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 2020 and 2024, 28% of Hispanic children, 24% of American Indian or Alaska Native children, 22% of Black children, 9% of Asian/Pacific Islander children, and 7% of white children in Rhode Island lived in families with incomes below the federal poverty threshold.[11]**

◆ **In 2023, 30% of children in Rhode Island lived in immigrant families, which is higher than the U.S. rate of 25%. Nationally and in Rhode Island, nearly all children in immigrant families, 96% and 97% respectively, have parents who have been in the U.S. for more than five years.[3]**

◆ **There will be several changes to the 2030 Census, including: a combined question for collecting data on race and ethnicity, a new category for people of Middle Eastern or North African (MENA) descent, and detailed data on race and ethnicity. Respondents will also be able to select multiple categories for the race and ethnicity question. These changes are intended to produce more accurate data on the race and ethnicity of the United States population and to better reflect how respondents identify.[12]**

Table 4.

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

CITY/TOWN	UNDER AGE 18 BY RACE AND ETHNICITY: AMERICAN INDIAN AND ALASKA NATIVE	ASIAN	BLACK	HISPANIC OR LATINO	NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER	SOME OTHER RACE	TWO OR MORE RACES	WHITE	2020 POPULATION UNDER AGE 18
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
Five Core Cities	*373*	*2,255*	*9,478*	*39,043*	*29*	*1,742*	*7,076*	*17,018*	*77,014*
Remainder of State	*441*	*4,700*	*3,984*	*17,070*	*36*	*1,197*	*10,746*	*94,597*	*132,771*
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.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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(continued on page 173)

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 age 18 were American Indian or Alaska Native, 3% Asian, 1% Pacific Islander, 6% Black, 27% Hispanic or Latino, 1% Some other race, 8% Two or more races, and 53% 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 2020 and 2024, 14% of all Rhode Island children lived in poverty, 73% of whom were Children of Color.[4]

Black, Latino, and Native American children are more likely to live in neighborhoods of concentrated poverty.[5] Between 2020 and 2024, in Rhode Island, 14% of Hispanic children and 8% of children of Two or More Races lived in concentrated poverty compared to only 1% of white children.[6] In 2020, nearly two thirds (61%) of Rhode Island's Children of Color lived in one of the five core cities (those cities with the highest concentration of children living in poverty), and more than three quarters of the children in Central Falls (90%) and Providence (85%) were Children of Color.[1]

Racial and ethnic disparities in child well-being can be traced to the founding of the United States and the inequitable practices and policies that harmed Families of Color. From the removal of Native Americans from their lands and the use of Africans as enslaved labor, the country's first People of Color were prevented from fully participating in the economy while simultaneously building wealth for the country and its white citizens. Racism became an economic tool infused into laws, policies, and practices that have harmed Asian, Black, Latino, Native American, and low-income white people for centuries. Substantial changes to these laws and policies did not occur until the late 1960s, and the harm continues to reverberate in the lives of Children of Color.[7–9]

Long-standing racial and ethnic disparities continue to persist.[10] Children in immigrant families (defined as children living with at least one foreign-born parent) also face additional barriers. In 2023, 30% (61,000) of Rhode Island children were living in immigrant families. More than half (58%) of Rhode Island's Hispanic children live in an immigrant family, and Hispanic workers are disproportionately represented in low-wage blue-collar and service sectors.[11,12]

Root Causes of Racial and Ethnic Disparities in Child Well-being

- **Economic Well-being:** **Historic policies such as the *Homestead Acts* and the *Federal Housing Act* built the foundation of the American middle class by facilitating homeownership; however, People of Color were excluded from many of these wealth-building opportunities due to discriminatory policies in housing and banking.[13,14] The results of this past discrimination and current systemic racism can be seen in current disparities in homeownership, an important component of wealth for many families in the United States and a tool to building intergenerational wealth.[15]**

- **Health:** **Health care only accounts for 10-20% of an individual's overall health outcomes and is just one of the social drivers of health, which is defined as the conditions and environments where people are born, live, learn, work, and play that greatly impact health outcomes.[16] These social drivers of health, including economic stability, educational opportunities, neighborhood and the built environment, and social context, account for over 80% of health outcomes. Inequities in these drivers along with pervasive racial bias and unequal treatment of Communities of Color from the medical system contribute to significant unintended outcomes and disparities.[7,17]**

- **Safety:** **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.[18–20]**

- **Education:** **An increase in segregation in schools has resulted in students in schools with high concentrations of low-income students and Students of Color having inequitable educational opportunities.[21] Additionally, 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.[22,23]**

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

	ALL RACES	AMERICAN INDIAN/ ALASKA NATIVE	ASIAN	BLACK	HISPANIC	NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	WHITE
Children in Poverty	14%	24%	9%	22%	28%	0%	7%
Births to Mothers with <12 Years Education	11%	26%	6%	10%	24%	NA	4%
Unemployment Rate	4.8%	NA	NA	5.4%	7.8%	NA	4.2%
Median Family Income	$112,375	$80,248	$126,074	$84,993	$68,226	NA	$124,647
Homeownership	64%	40%	54%	37%	39%	22%	70%

Sources: *Children in Poverty* data are from the U.S. Census Bureau, American Community Survey, 2020-2024. Tables S1701, B17020A, B17020B, B17020C, B17020D & B17020I. **Data is for Asian/Pacific Islander *Maternal Education* data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2020-2024 (race data is non-Hispanic). *Unemployment Rate* data are from the Bureau of Labor Statistics, Local Area Unemployment Statistics, 2025. *Median Family Income* data are from the U.S. Census Bureau, American Community Survey, 2020-2024, Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113E & B19113I. *Homeownership* data are from the U.S. Census Bureau, American Community Survey, 2020-2024, Tables B25003, B25003A, B25003B, B25003C, B25003D, B25003E & B25003I. For U.S. Census Bureau data, Hispanics may be included in any of the race categories. All Census data refer only to those individuals who selected one race. NA indicates that the rate was suppressed because the number was too small to calculate a reliable rate.

◆ **Between 2020 and 2024 in Rhode Island, 14% of all children, 24% of American Indian or Alaska Native children, 28% of Hispanic children, 22% of Black children, 9% of Asian/Pacific Islander children, and 7% of white children in Rhode Island lived in families with incomes below the federal poverty threshold.[24]**

◆ **In 2025 in Rhode Island, the unemployment rate was 7.8% for Hispanic workers, 5.4% for Black workers, and 4.2% for white workers. Nationally, the unemployment rate was 6.9% for Black workers, 5.1% for Hispanic workers, and 3.8% for white workers.[25]**

◆ **People of Color are overrepresented among low-income working families. In Rhode Island, 64% of Latino two-parent families earn less than the income required to meet their basic needs, compared to 26% of white two-parent families.[26]**

◆ **In Rhode Island, white residents have a homeownership rate almost double the rate of Black and Latino residents.[27] Nearly 40% of Latino homeowners in Rhode Island experience cost burdens and 20% pay more than 50% of their income on housing.[28] 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.[29]**

Health Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	AMERICAN INDIAN/ ALASKA NATIVE	ASIAN	BLACK	HISPANIC	NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	WHITE
Children Without Health Insurance	3.7%	NA	1.2%	9.0%	6.1%	NA	1.5%
Women with Delayed or No Prenatal Care	16.0%	27.7%	15.9%	22.2%	19.1%	NA	12.7%
Low Birthweight Infants	7.7%	13.8%*	8.8%	10.8%	8.3%	NA	6.6%
Severe Maternal Morbidity (rate per 10,000 births)	112	NA	NA	181	142	NA	90
Any Infant Breastfeeding	82%	75%	86%	79%	79%	78%	84%
Combined Overweight and Obesity	36%	NA	NA	40%	40%	NA	30%

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2020-2024 unless otherwise specified. Race and ethnicity is self-reported. Race data is non-Hispanic unless otherwise specified. *Children Without Health Insurance* data are from the U.S. Census Bureau, American Community Survey, 2024, Tables B27001, B27001A, B27001B, B27001D & B27001I. For U.S. Census Bureau data, Hispanic also may be included in any of the race categories. *Severe maternal morbidity* data is for 2021-2024. For *Any Infant Breastfeeding*, infants of any race may be included in the Hispanic category, and Hispanic infants may be included any race category. *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, Cigna HealthCare, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Rhode Island Department of Health, 2024. NA data not available. *The data are statistically unreliable. Due to small numbers, please interpret percentage with caution.

◆ **In Rhode Island, 3.7% of childern under 19 are uninsured.[30] Black (9.0%) and Hispanic (6.1%) children are more likely to be uninsured than white children (1.5%).[31] Just over half (55%) of RI children under age three receive medical assistance.[32,33]**

◆ **Although progress has been made on many health indicators across racial and ethnic populations, disparities still exist for many 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. The Black infant mortality is the highest of any racial and ethnic group even after controlling for socioeconomic factors.[34,35]**

◆ **American Indian and Alaskan Native and Hispanic children in Rhode Island are more likely to live in older housing, which increases the risk for lead exposure, environmental allergens, and dust.[36,37] Between 2020-2024, Black and Hispanic children were more likely than non-Hispanic white children to visit the emergency room due to asthma.[38]**

Racial and Ethnic Disparities

Safety Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	AMERICAN INDIAN/ ALASKA NATIVE	ASIAN/ PACIFIC ISLANDER	BLACK	HISPANIC	WHITE
Youth at the Training School (per 1,000 youth ages 13-18)	2.6	2.7	0.4	9.1	4.6	1.0
Children of Incarcerated Parents (per 1,000 children)	12.8	17.8	3.1	52.0	12.6	7.7
Child Neglect & Abuse (per 1,000 children)	10.4	12.7	3.9	25.1	15.1	13.4

Sources: *Youth at the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, Calendar Year 2024. *Children of Incarcerated Parents* data are from the Rhode Island Department of Corrections, September 30, 2024 and reflect the race of the incarcerated parent (includes only the sentenced population). *Child Neglect & Abuse* data are from the Rhode Island Department of Children, Youth and Families, RICHIST Database, 2024. Population denominators used for *Youth at the Training School* are youth ages 13 to 18 by race from the U.S. Census Bureau, Census 2020, DHC. Population denominators used for *Children of Incarcerated Parents and Child Neglect & Abuse* are the populations under age 18 by race from the U.S. Census Bureau, Census 2020, P2,P4.

◆ **Nationally, racial and ethnic disproportionality in the youth justice, adult corrections, and child welfare systems is well-documented with disproportionality occurring at multiple steps within each system.**[19,39]

◆ **During 2025 in Rhode Island, Black youth were nine times more likely to be at the Rhode Island Training School compared to white youth and were five times more likely compared to youth of all races. American Indian or Alaskan Native youth and Hispanic youth were three and five times more likely, respectively, to be at the Training School compared to white youth. Black children in Rhode Island are twice as likely to enter the child welfare system as victims of neglect or abuse as white children and children of all races in 2025.**[40]

◆ **In Rhode Island on September 30, 2025, 52.0 per 1,000 Black children had an incarcerated parent compared to 7.7 per 1,000 white children. American Indian or Alaska Native children also experience higher rates of parent incarceration (17.8 per 1,000).**[41]

Education Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN+	BLACK	HISPANIC	WHITE
3rd Grade Students Meeting Expectations in Reading	37%	11%	55%	24%	23%	47%
3rd Grade Students Meeting Expectations in Math	38%	16%	60%	23%	25%	49%
Four-Year High School Graduation Rates	86%	76%	92%	84%	80%	89%
Immediate College Enrollment Rates	62%	48%	67%	58%	52%	68%
% of Adults Over Age 25 With a Bachelor's Degree or Higher	38%	13%	55%	25%	16%	42%

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)*, 2025. *Four-Year High School Graduation Rates* data are from the Rhode Island Department of Education, Class of 2025. *Immediate College Enrollment Rates* data are from the Rhode Island Department of Education, Class of 2025. *Adult Educational Attainment* data are from the U.S. Census Bureau, American Community Survey, 2020-2024, 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.**[42] **In October 2024, 50% of Rhode Island public school students identified as Students of Color while 87% of Rhode Island public school educators identified as white.**[43]

◆ **In Rhode Island, Black and Hispanic children are more likely to attend school in the five core cities and less likely to meet expectations in reading and mathematics in third grade than white or Asian children.**[44,45]

◆ **In Rhode Island during the 2024-2025 school year, Students of Color missed more school than their peers. American Indian or Alaska Native (35%), Hispanic (38%), and Black (23%) K-12 students had higher rates of chronic absence than Asian (16%) and white (18%) students.**[44]

◆ **In Rhode Island, American Indian or Alaska Native, Hispanic, Multi-Racial 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.**[46]

Rhode Island's Immigrant Children and Youth

◆ Since the establishment of modern-day Rhode Island, immigrants have been integral to the state's economic success. Rhode Island was the birthplace of the American Industrial Revolution and ever since has been home to diverse immigrant populations.[47,48]

◆ About one in eight residents is foreign-born, and most speak English and are naturalized citizens.[48] From 2020 to 2024, more than 160,000 Rhode Islanders were born in another country with 21% from the Dominican Republic, 12% from Guatemala, 11% from Portugal and 5% from Cabo Verde.[49] As of 2023, nearly one third (30%) of children in Rhode Island and more than half (58%) of Hispanic children lived in an immigrant family.[11]

◆ In Rhode Island, from 2012 to 2025, the number of public-school students identified as being immigrants, has more than tripled (1,893 to 6,105), and it is estimated that 10% to 24% of children ages five to 17 live in mixed-status families (households where one or more members are undocumented and others have lawful or U.S. citizenship status).[50,51]

Economic Well-Being

◆ Adults without legal status face limited employment opportunities, low-wage jobs, exploitation, and reduced access to safety net programs, which can impact children regardless of their legal status or eligibility for safety net programs.[52,53] Fifty-eight percent of mixed-status families report economic hardship due to immigration policies and fear of accessing supports, putting children's educational success and economic mobility at risk.[53]

◆ Federal policy changes in 2025 limit immigrants from accessing nutrition supports through SNAP.[54] Low-income families can only qualify for RI Works if they have been lawful permanent residents for at least five years.[55]

Health

◆ Immigration enforcement action and anti-immigrant rhetoric is affecting children's access to health care.[56,57] Families and children are delaying or avoiding seeking health care due to the presence of immigration enforcement officers at health clinics, centers, and hospitals.[56,58]

◆ In Rhode Island, mixed-status families may be reluctant to enroll their U.S. citizen children in RIte Care for fear of their data being shared with the federal government. Families may also be afraid to enroll undocumented children in the Cover All Kids program, which offers state-only-funded coverage to undocumented Rhode Island children, for the same reasons.[59,60]

Health *(continued)*

◆ Immigrant families may also be concerned about their green card or immigration application status if they access care at community health centers, due to changes in Public Charge guidance that discourages use of any public benefits and removes clarity around which benefits are not considered in immigration applications.

Justice System

◆ When a noncitizen child has been abused, abandoned, or neglected, there are certain legal protections that may be afforded to them. The Rhode Island Family Court has the jurisdiction to make findings for special immigrant juvenile status (SIJS) petitions, including determinations about dependency, parental reunification, and the child's best interest. In 2025, Rhode Island passed legislation that extended the Family Court's jurisdiction to make findings for SIJS petitions to noncitizen children and youth up to age 21.[61,62]

◆ Noncitizen youth may be eligible to be appointed a legal guardian and remain in the U.S. if they are declared dependent on the Court, cannot be reunified with a parent because they were abused, abandoned, or neglected, and that it is in the best interest of the child to remain in the U.S. If a SIJS classification is granted, youth may eventually qualify for lawful permanent residency.[62,63]

Education

◆ In the U.S., all children, regardless of their or their parent's citizenship status, are entitled to equal access to a public elementary and secondary education.[64]

◆ In January 2025, the federal government reversed 2011 Immigration and Customs Enforcement (ICE) guidance that limited immigration enforcement in sensitive locations such as churches, hospitals, and schools.[65] In response, the Office of the Attorney General and the Rhode Island Department of Education issued guidance to school districts affirming that immigration enforcement officers are not allowed inside school buildings without a judicial warrant, and that student information must be protected.[66]

◆ Immigration enforcement has a negative effect on student attendance, school enrollment rates, and student achievement, particularly for students of Color, as well as impacts on their mental health.[50] In Rhode Island, the increased presence of immigration enforcement has been associated with lower attendance rates among multilingual students.[67]

(References are on page 173)

Economic Well-Being

The Plan

by Trinity Allen

The Plan
I'm thirteen with a dream, trying hard just to stand
To be a lawyer someday, if life gives me the chance.
I've seen what kids and parents face, I felt it too,
All the pain, all the bruises, the black and blue.
I'll help parents win custody, fight battles they fear,
'Cause mine lost the fight that mattered most that year.
I'll fight abuse, stop the hurt I once knew,
Help with divorce, 'cause I hated my last name too.
I'll help with adoption, give kids a place to stay,
'Cause feeling unwanted nearly broke me one day.
No support, no help, just me pushing through
Fourteen siblings, only live with two.
But maybe one day, in a suit, standing tall,
I'll fight a custody case, giving it my all.
And someone will open a book, flip a page, and see
This poem, this dream, this future version of me.

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 2024, the median family income for Rhode Island families with their own children was $105,770.[1]

Between 2020 and 2024, in Rhode Island, the median family income for married two-parent families ($143,465) was more than twice that of male-headed single-parent families ($68,107) and more than three times that of female-headed single-parent families ($43,965).[2]

In 2025, Rhode Island's unemployment rate was, 4.8%.The unemployment rate was 7.8% for Hispanic workers, 5.4% for Black workers, and 4.2% for white workers.[3] Due to the government shutdown, October 2025 unemployment data were not collected. The 2025 unemployment data are an 11-month average and should not be compared to previous years.[4]

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. In 2022, 20% of U.S. workers made less than $15 per hour.[5–7] Conditions at low-wage jobs, such as unstable and inadequate work hours, lack of paid time off, and strict attendance policies can harm children's development by making it difficult for parents to find and keep affordable high-quality child care for their children.[8]

In the U.S., income inequality has grown substantially since the 1970s.[9] In 2022 in Rhode Island, the top 1% of households held almost 20% of total income. Rhode Island has the 22nd highest income inequality of the 50 states based on the share of income held by the top 1% of households.[10]

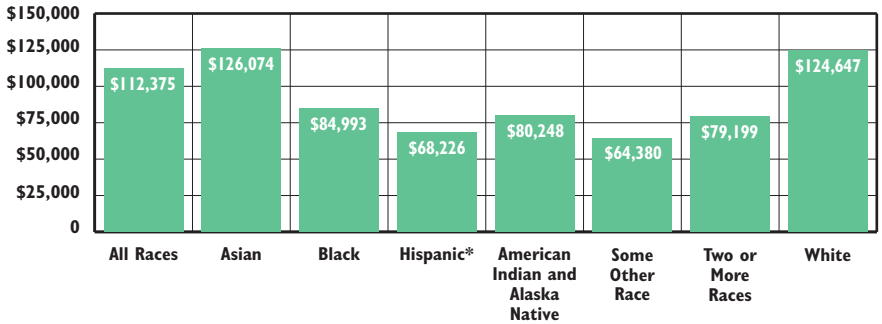
Median Family Income

	2024
RI	$104,000
US	$101,200
National Rank*	*22nd*
New England Rank**	*6th*

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

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

Median Family Income, by Race and Ethnicity, Rhode Island, 2020-2024*



Source: U.S. Census Bureau, American Community Survey, 2020-2024. Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113F, B19113G, and B19113I. *Median Family Income by race and ethnicity includes all families because data for families with "own children" are not available by race and ethnicity. **Hispanics may be in any race category.

◆ **The median income for Asian and white families in Rhode Island is higher than that of Black families and nearly twice as high as for Hispanic families and families of Some other race.[11]**

◆ **Educational attainment is strongly associated with economic well-being. Rhode Islanders who have achieved a bachelor's degree have twice the median earnings as workers who have not completed high school. In Rhode Island, more than one in four Hispanic adults, one in seven Black adults, and one in 14 white adults lack a high school diploma.[12]**

◆ **According to the *2024 Rhode Island Standard of Need*, it costs a single-parent family with two young children $83,239 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 $99,418 to meet this budget without government subsidies.[13] At the current Rhode Island minimum wage of $16 per hour in 2026, this family would have to work 119 hours per week for 52 weeks to meet this budget.**

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

Table 5. **Median Family Income, Rhode Island, 2020-2024**

CITY/TOWN	2020-2024 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18	
	ESTIMATES WITH HIGH MARGINS OF ERROR*	ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR
Barrington		$178,770
Bristol		$141,079
Burrillville		$118,542
Central Falls	$35,063	
Charlestown		$121,546
Coventry		$126,759
Cranston		$114,493
Cumberland		$160,066
East Greenwich		250,000+
East Providence		$109,130
Exeter	$109,886	
Foster		$161,733
Glocester		$142,019
Hopkinton	$145,938	
Jamestown***		250,000+
Johnston		$94,033
Lincoln		$137,604
Little Compton	$159,875	
Middletown		$111,250
Narragansett	$115,795	
New Shoreham		**
Newport	$51,216	
North Kingstown		$168,077
North Providence		$102,481
North Smithfield	$118,981	
Pawtucket		$77,799
Portsmouth	$192,926	
Providence		$69,167
Richmond		$147,000
Scituate	$150,441	
Smithfield		$162,315
South Kingstown		$145,160
Tiverton		$143,780
Warren		$130,208
Warwick		$108,219
West Greenwich		$176,471
West Warwick		$84,222
Westerly		$138,950
Woonsocket		$56,692
Five Core Cities		*NA*
Remainder of State		*NA*
Rhode Island		*$105,770*

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 2020-2024 data come from a Population Reference Bureau analysis of 2020-2024 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.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

**The estimate or margin of error could not be computed due to an insufficient number of observations.

***The margin of error could not be computed because the median falls in the lowest interval or highest interval of an open-ended distribution.

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

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[8] National Women's Law Center. (2020). *Workplace justice collateral damage: Scheduling challenges for workers in low-paid jobs and their consequences.*

[9] Sherman, A., Trisi, D., & Cureton, J. (2024). *A guide to statistics on historical trends in income inequality.* Center on Budget and Policy Priorities.

[10] Frank, M. W. (2025). *U.S. state-level income inequality data.* https://profiles.shsu.edu/eco_mwf/inequality.html

[11] U.S. Census Bureau, American Community Survey. (2020-2024). *Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113E, B19113F, B19113G, & B19113I.*

[12] U.S. Census Bureau, American Community Survey. (2020-2024). *Table S1501.*

[13] The Economic Progress Institute. (2024). *The 2024 Rhode Island standard of need.*

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 2025, a worker had to earn $45.34 an hour or $94,303 per year to be able to afford the average rent in Rhode Island ($2,358 per month for a two-bedroom apartment) without a cost burden. This hourly wage was over three times the minimum wage of $15.00 per hour in 2025.[4,5] In 2025, Rhode Island required the 17th highest hourly wage of any state to afford the rent for a two-bedroom home.[6] For the first time the median renter with an income of $48,434 could not affordably rent in any Rhode Island city or town.[7]

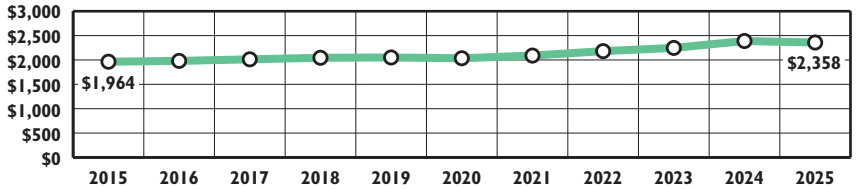
Federally-funded Section 8 Housing Choice rental vouchers can help low-income individuals and families afford the cost of rent; however, there are not enough vouchers to meet the need and long waiting periods are common.[8] In 2021, the General Assembly enacted legislation that prohibits discrimination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

According to HousingWorks RI, a household earning the state's median household income of $86,372 would not be able to affordably buy in any of Rhode Island's cities or towns.[7]

Rhode Island law establishes a goal that at least 10% of every community's housing stock qualify as Low- and Moderate-Income Housing (LMIH).[10] Eight cities and towns (Burrillville, Central Falls, East Providence, Newport, Pawtucket, Providence, West Warwick, and Woonsocket) now meet that goal.[7]

Rhode Island continues to heavily rely on federal funding to meet its housing needs. Rhode Island contributes less state funding to housing than other New England states. In Federal Fiscal Year 2024, more than 80% of Rhode Island's housing expenditures came from federal sources. More state investments will be needed to meet the state's housing goals.[7]

Average Rent, Two-Bedroom Apartment, Rhode Island, 2015-2025



Source: Rhode Island Housing, Rhode Island Rent Survey, 2015-2025. Rents are adjusted to 2025 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.

◆ **In 2025, the average cost of rent for a two-bedroom apartment in Rhode Island was $2,358. Even when adjusting for 2025 dollars, rents have increased 20% from 2015 to 2025.[11]**

◆ **Nationally, households with children are twice as likely as other households to be threatened with eviction, and Black renters are about five times more likely to be evicted than white renters. Studies show that experiencing an eviction increases a child's likelihood of lead poisoning, food insecurity, emotional trauma, and academic decline.[12,13]**

◆ **States can reduce evictions by investing in eviction diversion programs, providing a right to counsel for those facing eviction, automatically sealing eviction records, enacting just cause eviction legislation, and passing source of income discrimination laws.[13]**

Legislative and Budget Initiatives Addressing Affordable Housing

◆ **Rhode Island's FY 2025 budget included approval for a $120 million bond to be included on the ballot for the November 2024 election. The bond was the largest housing bond in the state's history. Rhode Island voters overwhelmingly approved the bond, which is providing funding for affordable housing, homeownership programs, community revitalization, site acquisition, housing-related infrastructure, and municipal planning.[14,15]**

◆ **Rhode Island's FY 2026 budget increased the real estate transfer tax and established a new property tax on homes valued at over $1 million that are not primary residences. Funding from these new revenue sources will support housing and homelessness initiatives, including the development of affordable housing.[16]**

Table 6.

Cost of Housing for Very Low-Income Families, Rhode Island, 2025

CITY/TOWN	FAMILY INCOME: 2025 POVERTY LEVEL FAMILY OF THREE	FAMILY INCOME: 2025 VERY LOW-INCOME FAMILY	HOMEOWNERSHIP COSTS: TYPICAL MONTHLY HOUSING PAYMENT	HOMEOWNERSHIP COSTS: % INCOME NEEDED FOR HOUSING PAYMENT, VERY LOW-INCOME FAMILY	RENTAL COSTS: AVERAGE RENT 2-BEDROOM APARTMENT	RENTAL COSTS: % INCOME NEEDED FOR RENT POVERTY LEVEL FAMILY OF THREE	RENTAL COSTS: % INCOME NEEDED FOR RENT VERY LOW-INCOME FAMILY
Barrington	$26,650	$51,450	$6,234	145%	$1,936	87%	45%
Bristol	$26,650	$51,450	$4,786	112%	$2,037	92%	48%
Burrillville*	$26,650	$51,450	$3,690	86%	$1,614	73%	38%
Central Falls	$26,650	$51,450	$3,454	81%	$1,718	77%	40%
Charlestown*	$26,650	$51,450	$4,818	112%	$1,614	73%	38%
Coventry	$26,650	$51,450	$3,507	82%	$2,281	103%	53%
Cranston	$26,650	$51,450	$3,646	85%	$2,415	109%	56%
Cumberland	$26,650	$51,450	$4,372	102%	$2,539	114%	59%
East Greenwich	$26,650	$51,450	$6,621	154%	$2,033	92%	47%
East Providence	$26,650	$51,450	$3,576	83%	$2,315	104%	54%
Exeter*	$26,650	$51,450	$4,425	103%	$1,614	73%	38%
Foster*	$26,650	$51,450	$4,308	100%	$1,614	73%	38%
Glocester*	$26,650	$51,450	$3,781	88%	$1,614	73%	38%
Hopkinton*	$26,650	$55,700	$3,854	83%	$1,576	71%	34%
Jamestown*	$26,650	$51,450	$8,927	208%	$1,614	73%	38%
Johnston	$26,650	$51,450	$3,793	88%	$2,400	108%	56%
Lincoln	$26,650	$51,450	$4,612	108%	$1,884	85%	44%
Little Compton*	$26,650	$51,450	$6,944	162%	$1,614	73%	38%
Middletown	$26,650	$62,800	$5,661	108%	$2,388	108%	46%
Narragansett	$26,650	$51,450	$6,641	155%	$3,265	147%	76%
New Shoreham*	$26,650	$55,700	$13,043	281%	$1,576	71%	34%
Newport	$26,650	$62,800	$7,691	147%	$2,194	99%	42%
North Kingstown	$26,650	$51,450	$5,207	121%	$2,360	106%	55%
North Providence	$26,650	$51,450	$3,612	84%	$2,291	103%	53%
North Smithfield	$26,650	$51,450	$4,191	98%	$2,506	113%	58%
Pawtucket	$26,650	$51,450	$3,216	75%	$1,983	89%	46%
Portsmouth	$26,650	$62,800	$5,486	105%	$2,433	110%	46%
Providence**	$26,650	$51,450	$3,754	88%	$2,396	108%	56%
Richmond*	$26,650	$51,450	$3,762	88%	$1,614	73%	38%
Scituate*	$26,650	$51,450	$4,888	114%	$1,614	73%	38%
Smithfield	$26,650	$51,450	$4,392	102%	$2,094	94%	49%
South Kingstown*	$26,650	$51,450	$5,098	119%	$1,614	73%	38%
Tiverton	$26,650	$51,450	$3,729	87%	$2,146	97%	50%
Warren	$26,650	$51,450	$4,374	102%	$2,748	124%	64%
Warwick	$26,650	$51,450	$3,470	81%	$2,508	113%	58%
West Greenwich*	$26,650	$51,450	$5,130	120%	$1,614	73%	38%
West Warwick	$26,650	$51,450	$3,447	80%	$2,423	109%	57%
Westerly	$26,650	$55,700	$4,481	97%	$1,538	69%	33%
Woonsocket	$26,650	$51,450	$3,291	77%	$1,652	74%	39%
Five Core Cities	*$26,650*	*$53,720*	*$4,281*	*96%*	*$1,988*	*90%*	*44%*
Remainder of State	*$26,650*	*$52,493*	*$4,956*	*113%*	*$2,311*	*104%*	*53%*
Rhode Island	*$26,650*	*$53,550*	*$3,957*	*89%*	*$2,358*	*106%*	*53%*

Source of Data for Table/Methodology

Family Income: 2025 poverty level for a family of three as reported in: *Federal Register, 90*(11), January 17, 2025, pages 5917-5918.

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. (2025). *FY2025 Rhode Island income limits for low- and moderate-income households.* https://www.rihousing.com/wp-content/uploads/FY-25-HUD-Income-Limits.pdf

Homeownership costs: Data on typical monthly housing payments are from HousingWorks RI's *2025 Housing Fact Book.* They are based on the median selling price of a single-family home using year-end 2024 data and calculated based on a 30-year mortgage at a 6.72% interest rate with a 3.5% downpayment. 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, 2025. Estimates include rent and utility costs. Starting with the *2019 Factbook*, the 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 2025 dollars. Statewide average based on all units in state. Core city and remainder of state are calculated by Rhode Island Housing. Data cannot be compared to Factbooks prior to 2019.

(continued with References on page 174)

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]

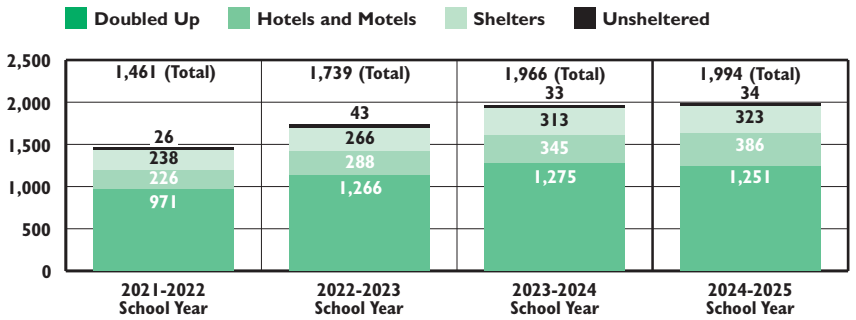
Many families living in deep poverty are caught in a cycle of housing instability that often includes living in housing that is unaffordable and/or unsafe, doubling up with families or friends, being evicted, and falling into homelessness. For these families, the shortage of housing that is affordable 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.[2]

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.[3,4]

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.[5-7]

In Rhode Island in 2025, 440 families with 819 children stayed at an emergency homeless shelter, transitional housing facility, or hotel paid for by DCYF (including 326 infants, toddlers, and children under age six).[8] An additional 291 children stayed at a domestic violence shelter or transitional housing facility.[9,10] In 2025, Rhode Island phased out the use of hotels for emergency shelter and moved from a coordinated entry system with one statewide hotline to seven regional access points for shelter, including a mobile unit.[11]

Homeless Children Identified by Public Schools, Rhode Island, 2021-2022 through 2024-2025 School Years



Source: Rhode Island Department of Education, 2021-2022, 2022-2023, 2023-2024 and 2024-2025 school years.

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.[12]**

◆ **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.[12]**

◆ **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 2024-2025 school year, Rhode Island public school personnel identified 1,994 children as homeless. Of these children, 63% (1,251) lived with other families ("doubled up"), 19% (386) lived in hotels or motels, 16% (323) lived in shelters, and 2% (34) were unsheltered. The number of students identified as homeless in Rhode Island has increased by 36% (533 students) from the 2021-2022 school year.[13,14]**

Supporting Young Children Experiencing Homelessness

- Children under age five are the age group most at risk of eviction in the United States.[15] Eviction, crowded housing, frequent moves, and homelessness can all have negative effects on a child's early development.[16]

- Homelessness during pregnancy is associated with low birthweight and preterm births, and homelessness during infancy is associated with language, literacy, and socioemotional delays. The younger a child is and the longer they are homeless the more severe the impact can be.[16]

- Access to high-quality early childhood programs can help mitigate the effects of homelessness on young children, but many families with young children have difficulty accessing these programs. Congress has updated requirements for many federal early care, education, and homelessness programs to increase access. For example, children experiencing homelessness are now categorically eligible for Early Head Start and states must prioritize young children experiencing homelessness for child care assistance.[16]

- In Rhode Island, only 19% of infants and toddlers experiencing homelessness are enrolled in an early childhood development program.[16]

Table 7. **Homeless Children Identified by Public Schools, Rhode Island, 2024-2025 School Year**

SCHOOL DISTRICT	TOTAL ENROLLMENT	# OF CHILDREN IDENTIFIED AS HOMELESS BY PUBLIC SCHOOL PERSONNEL
Barrington	3,294	13
Bristol Warren	2,693	21
Burrillville	1,993	60
Central Falls	2,560	104
Chariho	2,966	40
Coventry	4,056	40
Cranston	10,037	52
Cumberland	4,881	28
East Greenwich	2,490	*
East Providence	5,225	41
Exeter-West Greenwich	1,544	17
Foster	241	0
Foster-Glocester	1,273	*
Glocester	563	*
Jamestown	406	0
Johnston	3,191	28
Lincoln	3,278	27
Little Compton	218	0
Middletown	1,860	74
Narragansett	977	*
New Shoreham	126	0
Newport	1,795	63
North Kingstown	3,786	74
North Providence	3,488	62
North Smithfield	1,637	10
Pawtucket	7,816	128
Portsmouth	2,134	*
Providence	20,250	325
Scituate	1,194	*
Smithfield	2,361	30
South Kingstown	2,253	29
Tiverton	1,520	*
Warwick	7,853	68
West Warwick	3,469	64
Westerly	2,139	56
Woonsocket	5,541	297
Charter Schools	*12,630*	*183*
State-Operated Schools	*1,979*	*29*
Collaboratives	*261*	*
Five Core Cities	*37,962*	*917*
Remainder of State	*83,146*	*862*
Rhode Island	*135,978*	*1,994*

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in grades preschool to 12 on October 1, 2024.

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 include the Achievement First Rhode Island and Blackstone Valley Prep Mayoral Academy Networks, Blackstone Academy, Beacon Charter High School for the Arts, Charette High School, Excel Academy Rhode Island, Highlander Charter School, The Hope Academy, The Learning Community, Nuestro Mundo Public Charter School, Rhode Island Nurses Institute Middle College, RISE Prep Mayoral Academy, SouthSide Elementary Charter School, Trinity Academy for the Performing Arts, and The Village Green Virtual Public Charter School.

State-operated schools reporting include the Metropolitan Regional Career & Technical Center and William M. Davies Jr. Career and Technical High School and Rhode Island School for the Deaf and Sheila C. "Skip" Nowell Leadership Academy.

Collaboratives reporting include UCAP and YouthBuild.

In 2025, the Central Falls, Middletown, North Kingstown, North Providence, Providence, Scituate, Warwick, West Warwick, Westerly, Woonsocket, the Metropolitan Regional Career & Technical Center, and Rhode Island Nurses Institute Middle College 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 five core cities, remainder of state, and state totals

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

(continued with References on page 174)

Family Tax Credits

DEFINITION

Family Tax Credits is the number of filers receiving the state Earned Income Tax Credit and the value of state and federal credits received.

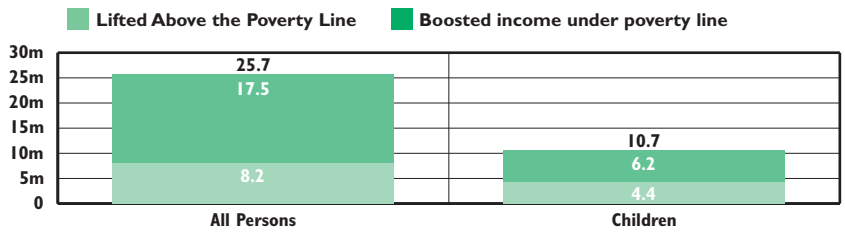
SIGNIFICANCE

Tax credits, such as the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC), are effective tools for reducing poverty rates by putting money back into the incomes of low- to moderate income working families by reducing taxes owed or issuing a tax refund when taxes are not owed.[1,2] Several factors determine how much an individual or family receives from the EITC, including household income, marital status, and the number of people in the household.[3] Most EITC recipients are parents with children. Many are from households led by working single mothers and Women of Color.[4]

The EITC and CTC help families immediately and can produce lasting benefits for children and families. In 2024 the federal EITC and CTC lifted an estimated 8.2 million people above the poverty level and 17.5 million people out of deep poverty.[3] Tax credits like CTC can also reduce material hardship for many families, increasing their ability to purchase food, pay off medical debt, and keep up with monthly bills.[5] Improved financial stability can reduce the stress on parents by helping them better provide for their children's basic needs.[6] Tax credits can also help to improve the overall health and well-being of children, promoting a healthy birthweight, reducing incarceration rates, and reducing the likelihood that a child will experience poverty as an adult.[5,7] Recipients are more likely to work, and their children do better in school, are more likely to attend college, and earn more as adults.[8]

In 2021, the U.S. child poverty rate fell to a historic low of 5.2%, down from 9.7% in 2020, lifting 2.9 million children out of poverty, largely due to the *American Rescue Plan's* expansion of the federal CTC.[5,9] Key to this historic reduction in child poverty was the extension of full CTC eligibility to low- and moderate-income families. The expansion increased the benefit from $2,000 per child to up to $3,600 for children under age six and $3,000 for children ages six to 17.[10] Before this change, approximately one in three children nationwide were left out of the full CTC because their family incomes were too low to qualify.[11]

Impact of Earned Income Tax Credit and Child Tax Credit, United States, 2024



Source: Analyses were conducted by and the graph was created by the Center on Budget and Policy Priorities (2026). These data reflect the Supplemental Poverty Measure threshold which includes non-cash government programs, such as housing and food assistance. The data are from the Census Bureau March 2025 Current Population Survey.

◆ **In 2024 the federal EITC and CTC lifted an estimated 4.4 million U.S. children above the poverty level and helped 6.2 million children move out of deep poverty.[3]**

◆ **In 2025, 68,800 Rhode Island filers claimed the federal EITC, bringing $181.9 million into the state; the average credit for tax year 2024 was $2,644.[12]**

◆ **In tax year 2024, Providence residents received nearly $56.8 million in federal EITC, followed by Pawtucket ($16.7 million), Cranston ($11.5 million), Woonsocket ($10.9 million), and Central Falls residents ($6.9 million), impacting thousands of working families across the state.[13]**

State Earned Income Tax and Child Tax Credits

◆ **Thirty states and the District of Columbia have a state EITC, including Rhode Island.[3] In 2023, the Rhode Island General Assembly increased the state's refundable EITC from 15% to 16% of the federal EITC.[14]**

◆ **Seventeen states have a state CTC, and 12 of these states have made their CTC refundable, so it helps the lowest income families.[15] In Rhode Island, the Governor's FY 2027 proposed budget includes the state's first permanent, refundable CTC. If this proposal is included in the final budget passed by the General Assembly, families would receive $325 per dependent child under age 19, as either a tax credit or a refund depending on their income. The proposed CTC would put $15 million in the pockets of low-income families with children in FY 2027 and over $30 million in FY 2028 and beyond.[16]**

Table 8.

Rhode Island Earned Income Tax Credits & Refunds, Tax Year 2024

CITY/TOWN**	# FILERS WITH APPROVED EITC TAX CREDITS/REFUNDS	TOTAL RI STATE EITC TAX CREDIT RECEIVED	TOTAL RI STATE EITC TAX REFUNDS RECEIVED*	ESTIMATED TOTAL FEDERAL EITC TAX CREDITS RECEIVED
Barrington	326	$117,445.00	$104,035.00	$650,218.75
Bristol	668	$211,677.00	$187,625.00	$1,172,656.25
Burrillville	737	$293,805.00	$261,269.00	$1,632,931.25
Central Falls	2,481	$1,208,003.00	$1,115,182.00	$6,969,887.50
Charlestown	316	$92,558.00	$83,656.00	$522,850.00
Coventry	1,468	$527,416.00	$468,932.00	$2,930,825.00
Cranston	5,053	$2,046,440.00	$1,840,568.00	$11,503,550.00
Cumberland	1,243	$451,933.00	$394,697.00	$2,466,856.25
East Greenwich	409	$129,834.00	$118,228.00	$738,925.00
East Providence	2,630	$993,932.00	$876,657.00	$5,479,106.25
Exeter	218	$71,817.00	$63,279.00	$395,493.75
Foster	170	$61,231.00	$56,214.00	$351,337.50
Glocester	243	$90,128.00	$82,378.00	$514,862.50
Hopkinton	182	$69,375.00	$65,159.00	$407,243.75
Jamestown	100	$24,669.00	$20,479.00	$127,993.75
Johnston	1,826	$717,133.00	$646,467.00	$4,040,418.75
Lincoln	927	$373,349.00	$336,996.00	$2,106,225.00
Little Compton	85	$22,123.00	$18,125.00	$113,281.25
Middletown	656	$264,256.00	$245,601.00	$1,535,006.25
Narragansett	297	$83,415.00	$75,562.00	$472,262.50
New Shoreham	69	$14,794.00	$13,549.00	$84,681.25
Newport	1,157	$482,464.00	$449,593.00	$2,809,956.25
North Kingstown	980	$359,002.00	$328,641.00	$2,054,006.25
North Providence	2,017	$794,583.00	$710,777.00	$4,442,356.25
North Smithfield	364	$124,214.00	$108,651.00	$679,068.75
Pawtucket	7,137	$3,001,362.00	$2,673,915.00	$16,711,968.75
Portsmouth	440	$145,403.00	$130,495.00	$815,593.75
Providence	20,872	$9,860,221.00	$9,092,700.00	$56,829,375.00
Richmond	197	$79,676.00	$72,350.00	$452,187.50
Scituate	595	$206,743.00	$185,904.00	$1,161,900.00
Smithfield	554	$187,964.00	$167,050.00	$1,044,062.50
South Kingstown	842	$273,213.00	$251,190.00	$1,569,937.50
Tiverton	550	$185,259.00	$163,496.00	$1,021,850.00
Warren	496	$174,675.00	$158,498.00	$990,612.50
Warwick	3,623	$1,294,212.00	$1,140,222.00	$7,126,387.50
West Greenwich	202	$61,586.00	$55,200.00	$345,000.00
West Warwick	2,047	$814,337.00	$731,249.00	$4,570,306.25
Westerly	1,037	$357,405.00	$314,881.00	$1,968,006.25
Woonsocket	4,008	$1,897,382.00	$1,738,035.00	$10,862,718.75
Five Core Cities	*35,655*	*$16,449,432.00*	*$15,069,425.00*	*$94,183,906.25*
Remainder of State	*31,567*	*$11,715,602.00*	*$10,478,080.00*	*$65,488,000.00*
Rhode Island Residents	*67,222*	*$28,165,034.00*	*$25,547,505.00*	*$159,671,906.25*
*Out of State Residents***	*7,119*	*$1,673,825.00*	*$1,507,535.00*	*$9,422,093.75*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Revenue, Division of Taxation for the 2024 Tax Year.

*Tax Refunds may be partially attributable to EITC; other factors are likely to contribute to the refund amount.

** State EITC is connected to employment in a state, therefore residents who live in one state and work in another state are eligible for the tax credits available in the state where they work and not where they live.

Estimating the total federal EITC tax credit: In the beginning of 2024, the state tax credit was 16% of the federal tax credit. Therefore, we estimated the total federal EITC tax credit by multiplying the total Rhode Island EITC refunds by 6.25 to get the full 100% federal EITC amount.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References for Family Tax Credits

[1] Center on Budget and Policy Priorities. (2026). *Policy basics: The Child Tax Credit.* https://www.cbpp.org/research/policy-basics-the-child-tax-credit

[2] Urban Institute & Brookings Institute: Tax Policy Center. (2026). *How does the earned income tax credit affect poor families?* https://taxpolicycenter.org/briefing-book/how-does-earned-income-tax-credit-affect-poor-families

[3] Center on Budget and Policy Priorities. (2025). *The Earned Income Tax Credit.* https://www.cbpp.org/research/policy-basics-the-earned-income-tax-credit

[4] Prenatal to Three Policy Impact Center. (2025). *State Earned Income Tax Credit.* https://pn3policy.org/pn-3-state-policy-roadmap-2025/us/state-eitc/

[5] Beyer, D. (2022). *The expanded Child Tax Credit dramatically reduced child poverty in 2021.* https://www.jec.senate.gov/public/index.cfm/democrats/2022/11/the-expanded-child-tax-credit-dramatically-reduced-child-poverty-in-2021

[6] Prenatal to Three Policy Impact Center. (2025). *State Child Tax Credits: A promising policy to improve child outcomes.*

(continued on page 175)

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 eight weeks of wage replacement benefits. Benefits are available 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.[1,2]

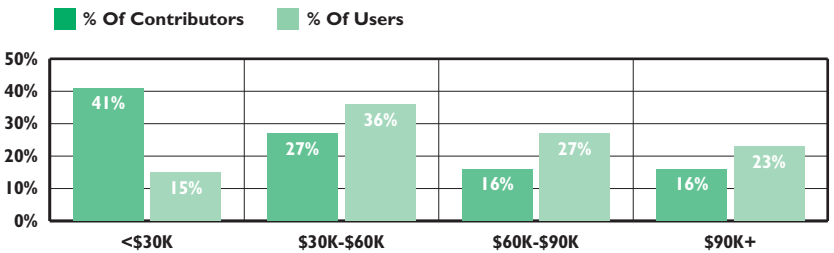
Almost all advanced, industrialized nations guarantee paid leave for new mothers, and many include new fathers. In many European countries, families receive at least six months of paid leave to care for a new baby.[3] The U.S. requires employers with 50 or more workers to offer 12 weeks of leave for workers to care for a new child or to care for a seriously ill family member. However, the time off can be unpaid.[4] Rhode Island's 1987 *Parental and Family Medical Leave Act* requires a 13-week leave but does not require that the leave be paid.[5]

High-wage workers are much more likely to have access to paid family leave than low-wage workers. Women ages 18 to 34; Black, Native American, and Hispanic women; those without a college degree, and low-income workers are less likely to have access to and be able to take paid leave.[6,7]

Paid family and medical leave reduces preterm births, low birthweight, infant hospitalizations, infant mortality, and child neglect and abuse. It also increases the likelihood of breastfeeding, 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 mental health issues and report better overall health. Providing time off from work for new parents gives babies time to form secure attachments, which are the foundation for healthy relationships and development. Paid leave has a positive effect on long-term outcomes for babies. It increases educational levels, future earnings, and college completion of children whose parents can take time off.[8–11]

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.[1,12]

Approved Temporary Caregiver Insurance Claims Compared to Contributions by Wage Range, 2025



Source: Rhode Island Department of Labor and Training, TCI Program, 2025.

◆ **There were 10,013 approved claims for TCI during 2025 (up 7% from 9,391 in 2024); 79% were to bond with a new child and 21% were to care for a seriously ill family member. In 2025, 41% of individuals contributing to TCI earned less than $30,000, yet only 15% of all approved TCI claims were for individuals with wages in this category.[13]**

◆ **Of the 7,948 approved claims to bond with a new child, 99% (7,830) were for a newborn and 1% were for a newly adopted (37), foster (46), or other child (35). Fifty-four percent of claims to bond with a new child were filed by women and 46% were by men.[13]**

◆ **Of the 2,065 approved claims to care for a seriously ill family member, 41% were to care for a spouse or domestic partner, 30% for a parent or parent-in-law, 28% for a child (including adult children), and 1% for a grandparent. Sixty-eight percent of claims to care for a seriously ill family member were filed by women and 32% by men.[13]**

Temporary Disability Insurance for Pregnancy Complications & Childbirth

◆ **In 2025, there were 3,900 approved TDI claims for disabling pre/post pregnancy complications and/or to recover from childbirth. Recovery from childbirth is a disabling condition covered by TDI. In general, six weeks are 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).[13,14]**

Table 9. **Approved Temporary Disability Claims for Childbirth & Temporary Caregiver Claims for Paid Family Leave, Rhode Island, 2025**

	TEMPORARY DISABILITY INSURANCE (TDI) CLAIMS			TEMPORARY CAREGIVER INSURANCE (TCI) CLAIMS		
CITY/TOWN	TDI FOR UNCOMPLICATED CHILDBIRTH	TDI FOR PREGNANCY AND CHILDBIRTH COMPLICATIONS (INCL. C-SECTIONS)	TOTAL TDI CLAIMS	TCI TO BOND WITH NEW CHILD	TCI TO CARE FOR SERIOUSLY ILL FAMILY MEMBER	TOTAL TCI CLAIMS
Barrington	24	18	42	80	18	98
Bristol	28	18	46	89	28	117
Burrillville	18	13	31	53	43	96
Central Falls	17	36	53	95	34	129
Charlestown	15	18	33	56	22	78
Coventry	59	78	137	336	78	414
Cranston	120	194	314	705	201	906
Cumberland	57	59	116	242	69	311
East Greenwich	31	17	48	100	23	123
East Providence	70	83	153	306	95	401
Exeter	12	13	25	55	8	63
Foster	17	10	27	45	16	61
Glocester	11	8	19	52	11	63
Hopkinton	13	14	27	55	19	74
Jamestown	*	*	12	25	5	30
Johnston	57	67	124	270	68	338
Lincoln	27	32	59	133	41	174
Little Compton	*	*	7	*	0	*
Middletown	16	17	33	57	6	63
Narragansett	10	5	14	35	6	41
Newport	24	24	48	71	19	90
New Shoreham	*	*	*	*	*	*
North Kingstown	46	44	90	201	45	246
North Providence	42	59	101	220	53	273
North Smithfield	19	14	33	52	17	69
Pawtucket	69	120	189	449	145	594
Portsmouth	17	23	40	101	11	112
Providence	345	399	744	1,198	263	1,461
Richmond	17	8	25	48	6	54
Scituate	25	28	53	133	25	158
Smithfield	24	26	51	135	42	177
South Kingstown	35	30	65	120	33	153
Tiverton	15	19	34	69	19	88
Warren	17	26	43	65	27	92
Warwick	147	164	311	693	161	854
Westerly	19	40	59	103	34	137
West Greenwich	7	10	17	48	12	60
West Warwick	76	52	128	290	92	382
Woonsocket	33	80	113	201	52	253
Out-of-State	*199*	*233*	*432*	*938*	*217*	*1,155*
Five Core cities	*488*	*659*	*1,147*	*2,014*	*513*	*2,527*
Remainder of state	*1,105*	*1,216*	*2,321*	*4,996*	*1,335*	*6,331*
Rhode Island	*1,593*	*1,875*	*3,468*	*7,010*	*1,848*	*8,858*
Total Program Claims	*1,792*	*2,108*	*3,900*	*7,948*	*2,065*	*10,013*

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, 2025.

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

Five core cities are Central Falls, Newport, 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 five approved claims are suppressed by the Rhode Island Department of Labor and Training.

References

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

[2] Rhode Island Department of Labor and Training. (n.d.). *Temporary Disability / Caregiver Insurance.* Retrieved February 6, 2026, from https://dlt.ri.gov/individuals/temporary-disability-caregiver-insurance

[3] Donovan, S. A. (2020). *Paid family leave in the United States.* Congressional Research Service.

[4] The Kaiser Family Foundation. (2021). *Paid Leave in the U.S.*

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

[6] Boyens, C., Karpman, M., & Smalligan, J. (2022). *Access to paid leave is lowest among workers with the greatest needs.* Urban Institute.

[7] Andrews, E., Mehta, S., & Milli, J. (2024). *Working people need access to paid leave.* Center for Law and Social Policy.

[8] O'Neill, T., & June, M. (2020). *How children benefit from paid family leave policies.*

(continued on page 175)

Children Receiving Child Support

DEFINITION

Children receiving child support is the percentage of parents who make child support payments on time and in full as indicated in the Rhode Island Office of Child Support Services system.

SIGNIFICANCE

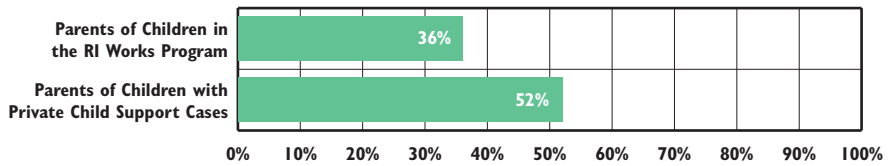
Child support provides a mechanism for non-custodial parents (usually fathers) to contribute to the financial support of their children. Formal agreements are established when parents divorce or separate or when a custodial parent applies for certain public benefits. In Rhode Island, the Office of Child Support Services helps custodial parents locate noncustodial parents, establish paternity/parentage, get or modify a court order, collect child support payments (mostly through payroll withholding), and enforce orders. Families may seek help voluntarily by paying a small fee.[1,2]

The public Child Support Enforcement program was enacted in 1975 as a federal-state program (Title IV-D of the *Social Security Act*) to recover a portion of public expenditures. Federal law requires that when parents apply for cash assistance or Medicaid coverage for their children, they must participate in the public child support enforcement program and must assign their child support rights to the state. State child welfare agencies are also authorized under federal law to require one or both parents of children in foster care to make child support payments to the state.[1]

After child support orders are established, they continue in full force until the child turns 18 or graduates from high school. Enforcement actions are often automated and include credit bureau reporting, seizure of tax refunds, revocation of driver's licenses, and incarceration.[3]

Child support is intended to improve the economic security of children. These payments are vital for many custodial parents, one-quarter of whom live in poverty. However, many non-custodial parents earn low wages and struggle to make payments while meeting their own basic needs. Enforcement actions often limit future income and lead to worse problems. Instead, many states are now offering employment services to noncustodial parents to help them increase their earnings. The child support system can help when non-custodial parents have financial resources, but policymakers increasingly recognize that a punitive system of child support enforcement is not an effective strategy to improve the economic security of many children.[4,5]

On-Time, In-Full Child Support Payments Collected, Rhode Island, December 1, 2025



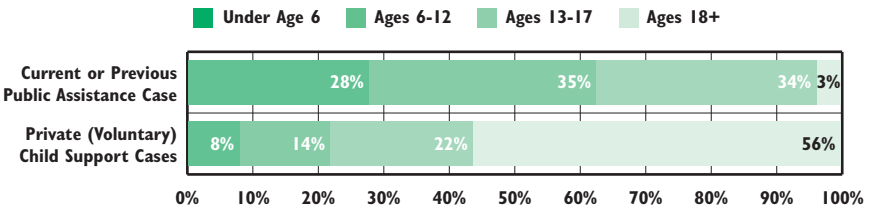
Source: Rhode Island Department of Human Services, Office of Child Support Services, 2025. The percentage does not include cases in which paternity/parentage has not been established or cases in which the non-custodial parent is not under a court order because he/she cannot be located.

◆ **As of December 1, 2025, there were 32,080 children associated with past or present public assistance cases and 21,078 children associated with private cases in Rhode Island's Office of Child Support Services system. Cases remain active as long as the child support order is in place, beyond the receipt of any public assistance.[6]**

◆ **Thirty-six percent of non-custodial parents of children receiving RI Works cash assistance who had a court order for child support made on-time, in-full payments as of December 1, 2025.[6]**

◆ **Fifty-two percent of non-custodial parents associated with a voluntary, private case who were under a child support court order made on time, in-full payments as of December 1, 2025.[6]**

Active Child Support Cases by Age of Child, Rhode Island, December 1, 2025



Source: Rhode Island Department of Human Services, Office of Child Support Services, December 2025. The Office of Child Support Services may continue to try to collect past due child support for children who are over age 18.

Children Receiving Child Support

Child Support Collections in Millions, Rhode Island, Calendar Year 2025

	TOTAL OBLIGATIONS	TOTAL COLLECTED	TOTAL RETAINED BY STATE/FEDERAL GOVERNMENT	TOTAL DISTRIBUTED TO CUSTODIAL PARENTS
Current or Past Public Assistance Cases	$71.1	$47.7	$7.6	$40.1
Private Child Support Cases	$91.3	$42.0	$0	$38.9
Total	*$162.4*	$89.7	$7.6	$79.0

Source: Rhode Island Department of Human Services, Office of Child Support Services, 2025.

◆ In Calendar Year 2025, the Rhode Island Office of Child Support Services collected $89.7 million in child support payments (excluding interstate cases), including 67% of funds owed for public assistance cases and 46% owed for private cases.[6]

◆ For current or past public assistance cases, 84% of funds collected were distributed to custodial parents and 16% of funds were retained as cost-recovery for public benefits. For private cases, 93% of funds were distributed to custodial parents.[6]

◆ In Federal Fiscal Year 2024, the Rhode Island Office of Child Support Services collected $3.62 from non-custodial parents for every $1.00 spent on administering the program down from $5.36 in 2020.[7]

Past Due Child Support, Rhode Island, Calendar Year 2025

	TOTAL PAST-DUE PAYMENTS OWED BY NON-CUSTODIAL PARENTS	NUMBER OF PARENTS WITH PAST-DUE AMOUNTS OVER $10,000
Current or Past Public Assistance Cases	$164.9 million	4,339
Private Child Support Cases	$629.9 million	10,189
Total	*$794.8 million*	*14,528*

Source: Rhode Island Department of Human Services, Office of Child Support Services, 2025.

◆ Almost all parents who owe substantial child support debt have very low incomes. Enforcement mechanisms, including suspending driver's licenses, criminal prosecution, and incarceration, can make it more difficult for non-custodial parents to achieve financial stability and pay child support.[6]

◆ As of 2016, the federal government requires states to consider non-custodial parents' ability to pay when determining child support orders and pursuing enforcement actions. Rhode Island law requires the Office of Child Support Services to file a motion for relief when a non-custodial parent is or will be incarcerated for 180 days or more.[8]

RI Public Assistance Programs and Child Support

◆ **RI Works Cash Assistance:** In Rhode Island, only the first $50 of child support paid on time each month is passed through to custodial parents enrolled in RI Works. The rest is retained as cost-recovery for cash assistance. Increasing the amount of child support funds passed through to custodial parents is associated with increased collections and can reduce child poverty and the risk of child maltreatment.[6,9] During Federal Fiscal Year 2025, the state collected $1.7 million in child support for custodial parents who received RI Works benefits and distributed $444,884 to families. On average, 384 families received a pass-through payment each month. Increasing the pass-through to $100 for one child and $200 for two or more children would have resulted in an additional $594,800 in support for families.[6]

◆ **Medicaid and Cash Medical Child Support:** During Federal Fiscal Year 2025, there were 5,853 court orders associated with past or present public assistance, 1,626 court orders associated with private cases, and 219 court orders associated with interstate cases for cash payments to cover health insurance for children. Rhode Island collected $7.1 million in cash medical payments, retaining $5.2 million (74%) as cost-recovery for Medicaid/RIte Care and transferring $1.9 million (26%) to custodial parents to help cover commercial insurance.[10]

◆ **Children in Foster Care/Out-of-Home Placement:** As of December 1, 2025, 86 children in foster care or out-of-home placement had an active case in the RI Office of Child Support Services system; most did not have child support orders established. Information was not available on the collection or distribution of child support funds for these children. In 2022, the federal government issued guidance encouraging states to stop seeking child support payments for children in foster care because it was counter-productive and not cost-effective.[6]

◆ **Children Enrolled in the Child Care Assistance Program:** As of December 1, 2025, 7,001 children with current or past participation in the RI Child Care Assistance Program had an active child support case in the RI Office of Child Support Services system. Rhode Island is one of only a few states that require participation in Child Support Enforcement to qualify for a child care subsidy. This requirement can be burdensome and there is no evidence it helps families access additional funds to improve their financial security.[11,12]

(References are on page 175)

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 in early childhood and for extended periods, are more likely to have physical and behavioral health problems, experience hunger, experience difficulty in school, become teen parents, and earn less or be unemployed as adults.[1,2] Children in poverty are less likely to be enrolled in preschool, more likely to attend schools that lack resources, and have fewer opportunities to participate in extracurricular activities.[3–5]

Historical and ongoing systemic barriers have limited access to resources, opportunities, and socioeconomic mobility for Black, Latino, and Indigenous communities, contributing to higher child poverty rates.[6] Children in mixed immigration status families, whose parents have low educational levels, or whose parents work part-time or are unemployed are at increased risk of living in poverty.[1,4,7]

In 2025, the federal poverty threshold was $25,938 for a family of three with two children and $32,649 for a family of four with two children.[8] The official poverty measure does not account for government safety net programs or geographical cost of living. To address these limitations, the U.S. Census Bureau publishes the Supplemental Poverty Measure. This measure does not replace the official measure, but it provides policymakers with an additional way to evaluate the effects of anti-poverty policies.[9]

According to the *2024 Rhode Island Standard of Need*, it costs a single-parent family with two young children $83,239 a year to pay basic living expenses, more than three times the federal poverty level for a family of three. This family would need an annual pre-tax income of $99,418 (or $47.80 per hour) to meet this budget. Work supports can help families with incomes below the federal poverty level meet their basic needs.[10]

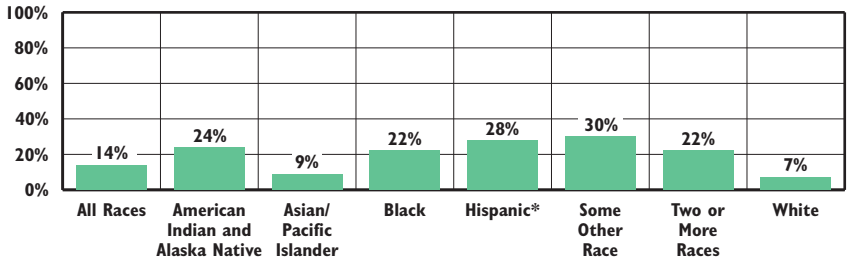
Children in Poverty

	2021	2022	2023	2024
RI	15.0%	11.7%	13.3%	16.3%
US	16.9%	16.3%	16.3%	15.5%
National Rank*				*33rd*
New England Rank**				*6th*

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

Source: U.S. Census Bureau, American Community Survey, 2021-2024, Tables S1701, C17024.

Children in Poverty, by Race and Ethnicity, Rhode Island, 2020-2024



Source: U.S. Census Bureau, American Community Survey, 2020-2024. Tables B17020, B17020A, B17020B, B17020C, B17020D, B17020E, B17020F, B17020G and B17020I. *Hispanic children may be included in any race category.

◆ **Between 2020 and 2024, 14% (27,964) of Rhode Island's 204,304 children with known poverty status lived in households with incomes below the federal poverty threshold.[11]**

◆ **Between 2020 and 2024, 30% of children of Some other Race, 28% of Hispanic, 24% of American Indian and Alaska Native, 22% of Black, and 22% of children of Two or more races in Rhode Island lived in poverty, compared to 9% of Asian/Pacific Islander children and 7% of white children.[12]**

◆ **While Asian American and Pacific Islander children have a lower overall poverty rate, nationally and in Rhode Island, there are large disparities across Asian ethnic groups, with significantly higher poverty rates for many Southeast Asian and South Asian groups.[4,13]**

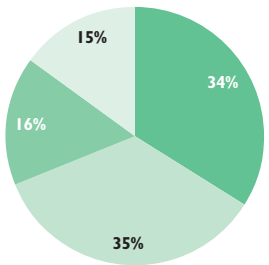
◆ **Since the Federal COVID relief programs expired, the national poverty rate has increased increased from 12.4% in 2022 to 13.4% in 2024.[14,15]**

◆ **The federal *American Rescue Plan Act*, enacted in March 2021, expanded the Child Tax Credit for one year, with a portion distributed in monthly payments from July through December 2021. These payments reduced child poverty by an estimated 29% in November 2021, with the largest impact on Children of Color.[16,17]**

Rhode Island's Children Living in Poverty, 2020-2024

By Age

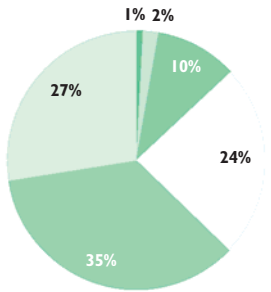
34%	Ages 5 and Younger
35%	Ages 6 to 11
16%	Ages 12 to 14
15%	Ages 15 to 17



n= 27,964

By Race*

1%	American Indian and Alaska Native
2%	Asian/Pacific Islander
10%	Black
24%	Some Other Race
35%	Two or More Races
27%	White

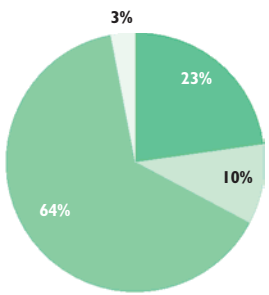


n= 27,964

**Hispanic children may be included in any race category. Between 2020 and 2024, 59% of Rhode Island's 27,964 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

23%	Married Couple Family
10%	Unmarried Male Householder
64%	Unmarried Female Householder
3%	Not in Related-Family Households



n= 27,964

Source: U.S. Census Bureau, American Community Survey, 2020-2024. Tables B17001, B17006, B17020, B17020A, B17020B, B17020C, B17020D, B17020E, B17020F, B17020G, B17020I, & DP02. 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 from www.pewresearch.org. Percentages may not sum to 100% due to rounding.

Child Poverty Concentrated in Five Core Cities, Rhode Island, 2020-2024

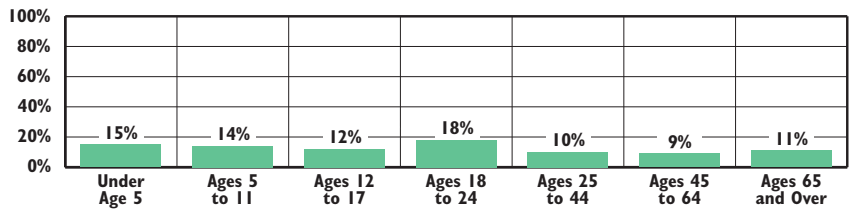
CITY/TOWN	NUMBER IN POVERTY	PERCENTAGE IN POVERTY	NUMBER IN EXTREME POVERTY	PERCENTAGE IN EXTREME POVERTY
Central Falls*	1,977	33%	948	16%
Newport*	1,053	32%	433	13%
Pawtucket	2,882	17%	1,395	8%
Providence	10,515	28%	6,453	17%
Woonsocket*	2,828	28%	1,513	15%
Rhode Island	*27,964*	*14%*	*15,936*	*8%*

Source: Population Reference Bureau analysis of 2020-2024 American Community Survey data. *Child poverty estimates have high margins of error due to small sample sizes.

◆ **Between 2020 and 2024, 69% of Rhode Island's children living in poverty lived in just five cities—Central Falls, Newport, Pawtucket, Providence, and Woonsocket. Starting with the *2026 Rhode Island KIDS COUNT Factbook*, Newport is included in the core cities. The five core cities also have substantial numbers of children living in extreme poverty.[18]**

◆ **In Rhode Island between 2020 and 2024, Hispanic children were about 18 times more likely to live in high-poverty neighborhoods than non-Hispanic white children.[19] Living in high-poverty neighborhoods (those with poverty rates of 30% or more) provides fewer opportunities for children and their families.[20]**

Poverty, by Age, Rhode Island, 2020-2024



Source: U.S. Census Bureau, American Community Survey, 2020-2024, Table B17001.

◆ **Between 2020 and 2024 in Rhode Island, 18% of young adults ages 18 to 24 lived in poverty.[21] In Rhode Island, young adults face the highest risk poverty. Nationally, 3.4 million children live with parents ages 18 to 24, and 37% of them, mostly babies, toddlers, and preschoolers, live in poverty.[22]**

Children in Poverty

Financial Asset Building

◆ Many low-income families lack access to traditional banks and rely on cash transactions or alternative services like check-cashing, payday lenders, and rent-to-own. These families pay high fees, high interest rates on loans and often struggle to build credit histories and achieve economic security.[23,24]

◆ In Rhode Island in 2023, 2.9% of households did not have a checking or savings account, lower than the U.S. rate of 4.2% and the lowest it has ever been.[25] Pandemic relief payments made many families bankable and increased use of safe online and mobile bank accounts.[26]

◆ In 2025, Rhode Island passed legislation to protect consumers from payday lenders charging high interest rates and using deceptive practices.[27]

◆ In 2025, Rhode Island passed legislation to establish an automatic investment program called baby bonds for every child whose parent or guardian is enrolled in RI Works within the first year of the child's life. These funds can be used for education, to buy a home, to start a business, or to make other long-term investments that build wealth — all within Rhode Island. The program will be funded through public or private sources, including state or federal funds and charitable funding when funding is available.[31]

◆ Many public assistance programs have provisions that limit the amount of assets and/or the value of vehicles a family can own. These policies discourage families from saving and building the assets.[28] Rhode Island has a $5,000 asset limit to qualify for RI Works and is one of only eight states with such a restrictive asset limit. Under Rhode Island law, the value of one vehicle per adult (not to exceed two vehicles per household) does not count toward the family's asset limit.[29]

Building Blocks of Economic Security

Income Supports

◆ Government programs like the Earned Income Tax Credit (EITC), Child Tax Credit, Social Security, SNAP, and housing subsidies keep millions of children out of poverty.[9] Federal policy changes affecting SNAP and Medicaid are projected to leave 40% of families worse off by 2033. SNAP cuts alone will affect 3.3 million families, reducing benefits by $840 per year.[30]

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 do not have access to employer-based coverage due to job loss.[32] In Rhode Island low-income children are eligible to enroll in RIte Care regardless of immigration status.[33]

Affordable Quality Child Care

◆ In Rhode Island in 2024, the average annual cost of center-based child care for one infant was $16,770.[34] Child care subsidies help families living in poverty afford the cost of high-quality child care, help parents maintain employment, and support children's development.[35]

Educational Attainment

◆ Between 2022 and 2032, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring a high school diploma or less.[36] Forty-six percent of Rhode Islanders had a postsecondary degree in 2020-2024.[37]

Affordable Housing

◆ In 2025, the average rent for a two-bedroom apartment in Rhode Island was $2,358.[38] In Rhode Island, a family of three at the federal poverty level would need to spend more than all their income on rent.[39] Nationally, only one in four eligible low-income families receive rental assistance to help them afford the high cost of housing.[40]

Child Support

◆ As of December 1, 2025, there were 57,961 children in Rhode Island's Office of Child Support Services system.[41] 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.[42]

Table 10. **Children Living Below the Federal Poverty Threshold, Rhode Island, 2020-2024**

	CHILDREN UNDER AGE 18 LIVING BELOW POVERTY 2020-2024			
	ESTIMATES WITH HIGH MARGINS OF ERROR*		ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR	
CITY/TOWN	N	%	N	%
Barrington			158	3.5%
Bristol			161	5.8%
Burrillville	261	8.5%		
Central Falls	1,977	33.3%		
Charlestown	0	0.0%		
Coventry			448	6.9%
Cranston			1,657	10.3%
Cumberland			299	3.5%
East Greenwich			99	2.8%
East Providence			917	12.9%
Exeter	187	13.4%		
Foster	38	4.5%		
Glocester			0	0.0%
Hopkinton	37	2.7%		
Jamestown	0	0.0%		
Johnston	485	9.3%		
Lincoln	350	7.2%		
Little Compton	10	2.1%		
Middletown	261	8.2%		
Narragansett			58	3.8%
New Shoreham	1	5.9%		
Newport	1,053	31.7%		
North Kingstown			386	7.8%
North Providence			391	6.5%
North Smithfield	90	3.7%		
Pawtucket			2,882	17.3%
Portsmouth	232	7.0%		
Providence			10,515	28.0%
Richmond			0	0.0%
Scituate			25	1.6%
Smithfield			82	2.2%
South Kingstown			445	10.0%
Tiverton			41	1.7%
Warren			38	2.5%
Warwick			1,010	7.0%
West Greenwich			0	0.0%
West Warwick			455	9.4%
Westerly			87	2.6%
Woonsocket	2,828	28.3%		
Five Core Cities			*19,255*	*26.2%*
Remainder of State			*8,709*	*6.7%*
Rhode Island			*27,964*	*13.7%*

Source of Data for Table/Methodology

Data are from a Population Reference Bureau analysis of 2020-2024 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.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket

References

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

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

[3] National Center for Education Statistics. (2021). *Table 202.30. 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.* https://nces.ed.gov/programs/digest/d22/tables/dt22_202.30.asp

(continued on page 175)

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. Families qualify based on their income, resources, and family size.[1]

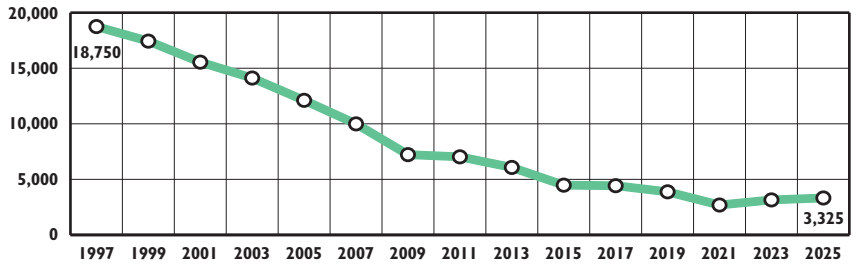
RI Works recipients must participate in an employment plan unless they qualify for an exemption. This employment plan must consider the parent's skills, education, family responsibilities, and place of residence and should outline a process for helping the parent meet employment goals, including opportunities to seek additional education or training to improve their employability prospects.[1]

The program provides a safety net for children whose parents are unable to work due to a disability or who have insufficient earnings or work experience to qualify for unemployment benefits.[1] In 2025, the average hourly wage of working parents enrolled in RI Works was $18.39 per hour.[2]

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.[1] 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 rest is kept by the state and federal governments.[3,4] Colorado, Illinois, and Michigan pass through all current child support, and Maryland families receive up to $100 for one child and up to $200 for two or more children.[5,6] States can pass through up to $100 for one child and $200 for two or more children without having to repay the federal government its portion of child support payments.[5]

The maximum monthly benefit for a family of three is $865 per month.[2] Benefits have been raised only twice in the past 30 years and the maximum benefit is still only 40% of the federal poverty threshold.[7-9]

Cash Assistance Caseload, Rhode Island, 1997–2025*



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1997-2015, and RI Bridges Database, December 2016-2025. 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 the 2010-2025 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 2025, the Rhode Island cash assistance caseload decreased from 18,428 families to 3,325. The number of families receiving cash assistance increased from 2020 to 2024 but declined from 2024 to 2025.[2]**

◆ **The RI Works caseload declined due to policies implemented in 2008 when the program changed from the Family Independence Program (FIP) to RI Works. Some of these policies have since been removed (e.g., shorter time limit, and full family sanction) but others remain, including limiting eligibility for legal permanent residents to those who have had that status for five years.[10,11]**

◆ **In December 2025, there were 2,572 adults and 5,932 children under age 18 enrolled in RI Works. Seventy percent of RI Works beneficiaries were children, and 38% of the children enrolled in RI Works were under the age of six.[2]**

◆ **In December 2025, 67% (2,235) of RI Works cases were single-parent families, (28%) 945 were child-only cases, and 4% (145) were two-parent families.[2]**

◆ **Between 2019 and 2020, 26 out of every 100 families living in poverty in Rhode Island received RI Works assistance, down from 113 out of every 100 families living in poverty between 1995 and 1996.[12]**

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.[1]

Time Limits and Hardship Extensions

◆ The lifetime limit for RI Works is 60 months. 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 homelessness, or is unable to work because of "a critical other condition or circumstance." While parents must submit requests for hardship extensions (for six-month periods), there is no limit on the total time a family can receive a hardship extension.[1]

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.[1]

Recent Policy Changes

◆ The FY 2023 budget extended the lifetime limit from 48 to 60 months, modified work requirements to allow parents to attend the Community College of Rhode Island for two years, raised the asset limit from $1,000 to $5,000 to support financial stability, and excluded state and federal tax returns and rebates from income eligibility calculations. The FY 2024 budget expanded program eligibility to low-income, first-time pregnant individuals upon pregnancy verification, eliminating the previous requirement to wait until the third trimester.[13,14] The FY 2025 budget further strengthened support by repealing the full-family sanction, increasing monthly cash assistance by 20% (raising payments for a family of four from $825 to $990), and raising the income disregard from $300 to $525.[15] In 2025, Rhode Island passed legislation to establish an automatic investment program called baby bonds for every child whose parent or guardian is enrolled in RI Works within the first year of the child's life. The program will be funded through public or private sources, including state or federal funds and charitable funding when funding is available.[16]

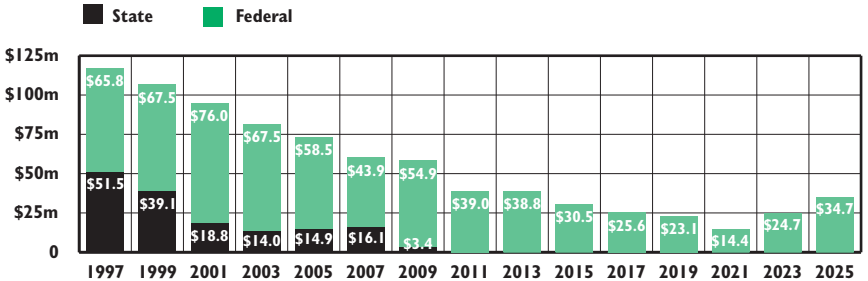
RI Works by Case Type, December 2025

	NUMBER	PERCENTAGE
Child-only cases	945	28%
Cases with adults with a work activity	1,716	52%
Cases with adults exempt from a work activity*	385	12%
Cases without work activity	279	8%
Total RI Works Caseload	*3,325*	

Source: Rhode Island Department of Human Services, RI Bridges Database, December 2025.

**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 (151), second parent is a non-participant (91), youngest child under age one (122), in third trimester of pregnancy (18), and being a victim of domestic violence (<5).*

Rhode Island Cash Assistance Expenditures, State Fiscal Years 1996-2025

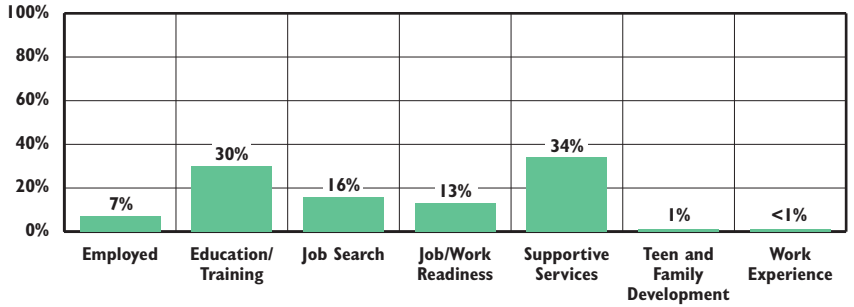


Sources: Rhode Island Department of Human Services. (2007). *Family Independence Program 2007 annual report.* (FY 1996-2001); House Fiscal Advisory Staff. (2004-2019). *Budget as enacted: Fiscal Years 2005-2019.* (FY 2002-2017); House Fiscal Advisory Staff. (2020). *FY 2020 revised budget: 2020-H 7170, Substitute A, as amended.* (FY 2018-2019); House Fiscal Advisory Staff. (2023). *Budget as enacted: Fiscal Year 2022.* (FY2020-2021); House Fiscal Advisory Staff. (2024). *Budget as enacted: Fiscal Year 2026.* (FY 2022-2026). Fiscal years 1997-2023 are funds spent, and FY 2024 is final budget.

◆ In State Fiscal Year 2025, for the sixteenth 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.[17] TANF funds are flexible; states can use this funding for cash assistance, child care, Pre-K, or child welfare services. In 2023, Rhode Island spent 9% of its TANF funds on cash assistance, a significant drop from 15% in 2022 and below the national average of 25%.[18]

Children in Families Receiving Cash Assistance

Families Enrolled in the RI Works Program, by Type of Work Activity, December 2025



Source: Rhode Island Department of Human Services, RI Bridges Database, December 2025. The total number of work activities (2,065) is larger than the number of families with a work activity (1,716) because some families (304) had multiple work activities during the month.

◆ As of December 2025, 7% 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.[2]

◆ Parents with limited training and skills can participate in basic education and work skills programs. Parents also can receive up to two years of education as part of their 60-month lifetime limit.[1] As of December 2025, 30% of families were participating in education or training programs.[2]

◆ Sixteen 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 were participating in other job readiness activities. Thirty-four 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.[2]

◆ An additional 1% of families received educational support through the Teen and Family Development Program, a program for young parents.[2]

Support for Young Parents

◆ 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.[1]

◆ In December 2025, there were 43 parents under the age of 20 enrolled in RI Works. Some are parent heads of household, and others may be part of multi-generational households.[2]

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.[19]

◆ 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.[1]

◆ As of December 2025, 534 families (16% of the total RI Works caseload) had hardship extensions, 27 for a physical or mental disability, 11 who were unable to work due to a domestic violence situation, <5 for caring for a family member with a disability, eight due to homelessness, and 485 because of economic hardship or another critical condition or circumstance.[2] 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.[19,20]

Children in Families Receiving Cash Assistance

Education and Training Supporting Employment

◆ **Between 2020 and 2024, an estimated 63,718 working-age adults (18 to 64) in Rhode Island did not have a high school diploma or GED.[21]**

◆ **Nationally, between 2023 and 2033, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring a high school diploma.[22]**

◆ **Between 2020 and 2024, the unemployment rate for Rhode Islanders without a high school diploma was 9.3%, compared to 7.2% for those with a high school degree and 2.8% for those with a bachelor's degree or higher.[23]**

◆ **Parents enrolled in RI Works face significant barriers to success in the labor market. Twenty-eight percent of parents enrolled in RI Works report not finishing high school.[2]**

◆ **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.[24] States should explore how to meet their work participation rate while offering beneficiaries a chance to improve job skills and long-term work preparedness.[25]**

Source of Data for Table/Methodology

Rhode Island Department of Human Services, RI Bridges Database, December 2025. 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 2020, Table P2 and Table P4.

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.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References

[1] Rhode Island Works Program Rules and Regulations, 218-RICR-20-00-2 (2024). sos.ri.gov

[2] Rhode Island Department of Human Services. (2026). *InRhodes Database, 2014-2015 and RI Bridges Database, 2016-2025.*

[3] *Child Support Program Rules and Regulations,* 218-RICR-30-00-1 (2021). sos.ri.gov

[4] National Conference of State Legislatures. (2020). *Child support pass-through and disregard policies for public assistance recipients.* www.ncsl.org

[5] Turetsky, V., & Caffrey, D. A.-M. (n.d.). *Directing Child Support Payments to Families, Not Government, Would Help Families Afford Basic Needs and Thrive.*

(continued on page 176)

Table 11. **Children in Families Receiving Cash Assistance (RI Works), Rhode Island, December 2025**

CITY/TOWN	# OF CHILDREN UNDER AGE 18	NUMBER RECEIVING CASH ASSISTANCE		% OF CHILDREN RECEIVING CASH ASSISTANCE
		FAMILIES	CHILDREN	
Barrington	4,489	13	26	1%
Bristol	2,887	16	25	1%
Burrillville	3,229	24	43	1%
Central Falls	6,411	148	274	4%
Charlestown	1,161	2	5	0%
Coventry	6,655	39	60	1%
Cranston	15,744	150	238	2%
Cumberland	7,550	45	83	1%
East Greenwich	3,465	10	14	0%
East Providence	7,886	114	170	2%
Exeter	1,175	4	13	1%
Foster	790	4	7	1%
Glocester	1,896	5	4	0%
Hopkinton	1,613	7	14	1%
Jamestown	871	4	7	1%
Johnston	5,119	56	88	2%
Lincoln	4,640	28	46	1%
Little Compton	568	1	1	0%
Middletown	3,487	36	72	2%
Narragansett	1,651	4	7	0%
New Shoreham	189	0	0	0%
Newport	3,660	119	230	6%
North Kingstown	5,496	31	65	1%
North Providence	5,802	69	105	2%
North Smithfield	2,274	12	22	1%
Pawtucket	16,455	425	728	4%
Portsmouth	3,444	12	22	1%
Providence	41,021	1,235	2,302	6%
Richmond	1,627	8	18	1%
Scituate	1,866	3	5	0%
Smithfield	3,411	16	24	1%
South Kingstown	4,339	11	23	1%
Tiverton	2,723	23	39	1%
Warren	1,826	15	22	1%
Warwick	14,034	105	165	1%
West Greenwich	1,251	2	2	0%
West Warwick	5,787	113	179	3%
Westerly	3,826	13	24	1%
Woonsocket	9,467	400	755	8%
Other/Unknown	*NA*	*3*	*5*	*NA*
Five Core Cities	*77,014*	*2,327*	*4,289*	*6%*
Remainder of State	*132,771*	*995*	*1,638*	*1%*
Rhode Island	*209,785*	*3,325*	*5,932*	*3%*

Children Receiving SNAP Benefits

DEFINITION

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

SIGNIFICANCE

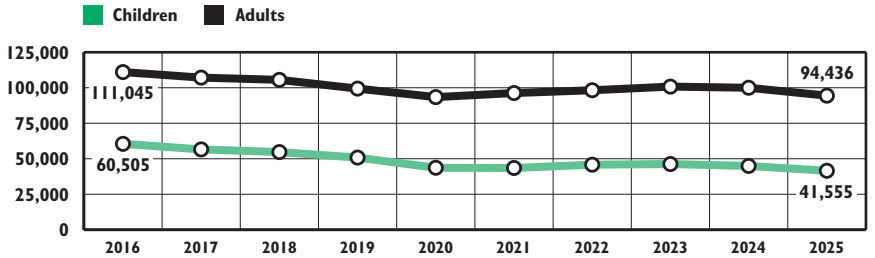
Hunger and lack of regular access to sufficient food are linked to serious physical, psychological, emotional, and academic problems in children and can interfere with their growth and development.[1,2] The Supplemental Nutrition Assistance Program (SNAP) helps low-income individuals and families obtain 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 about 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 $3,000 in resources.[5] Rhode Island is one of 45 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 ($49,303 per year for a family of three in 2025).[7] 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.[5]

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.[8] In Rhode Island during October 2025, 67% of SNAP households had gross incomes below the federal poverty level ($27,320 for a family of three in 2025).[7,9] In October 2025, the average monthly SNAP benefit for a family of three in Rhode Island was $766.[9] In 2025, Congress passed H.R.1, mandating that updates to the Thrifty Food Plan, on which SNAP benefits are based, be cost-neutral, preventing SNAP benefits from being updated to reflect food costs and updated dietary guidelines.[10]

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 2024, SNAP lifted 3.6 million Americans out of poverty and helped nearly 42 million people put food on the table.[3,4,11] SNAP is also an effective form of economic stimulus because it moves money directly into the local economy.[8]

Participation in the Supplemental Nutrition Assistance Program, Children and Adults, Rhode Island, 2016-2025



Source: Rhode Island Department of Human Services, RI Bridges Database, 2016-2025. Data represent children under age 18 and adults who participated in SNAP during the month of October.

◆ **Of the 135,991 Rhode Islanders enrolled in SNAP in October 2025, 69% were adults and 31% were children. Of the children enrolled in SNAP, 33% were under the age of six.[9]**

◆ **Over the past decade, the number of children receiving SNAP benefits has declined by almost one-third (31%).[9]**

Child Hunger in Rhode Island

◆ **Food insecurity is a method to measure and assess the risk of hunger. The USDA defines food insecurity as not always having access to enough food for an active, healthy life.[12] From 2022 to 2024, 10.6% of Rhode Island households and 13.3% of U.S. households were food insecure. In 2024, 9.1% of all U.S. households with children and 39% of U.S. households with children living in poverty experienced food insecurity.[13] The USDA will no longer be conducting an annual survey on food insecurity, meaning that detailed annual state and national data on food hardship will no longer be available.[14]**

◆ **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.[15] The Rhode Island Community Food Bank network of 137 member agencies served, on average, 89,000 people each month in 2025, up from 84,400 the previous year.[16]**

SNAP Program Updates

- According to 2025 survey data from the RI Life Index, 34% of households in Rhode Island reported not being able to meet their basic food needs. There were large disparities by race and ethnicity with the highest rates among Latino households, 58% of which were not able to meet their basic food needs.[16]

- Rhode offers a retail SNAP incentive pilot program which gives discounts on fruits and vegetables, improves nutrition, and reduces food insecurity in households.[17]

- Beginning in summer 2024, each child in Rhode Island who is eligible for free or reduced-price school lunch can receive $40 per summer month or a total of $120 for the summer in SUN Bucks to purchase groceries during the summer.[18]

- Federal policy changes in 2025 significantly restructured the SNAP program, ending work reporting requirement exemptions for former foster youth, parents of children over 14, veterans, and homeless individuals. These changes also shifted administrative costs to states, impacting state budgets, changed eligibility requirements to limit immigrants from accessing nutrition support, and changed how utility exemptions are calculated, effectively decreasing benefits.[16]

Table 12. **Children Under Age 18 Receiving SNAP Benefits, Rhode Island, October 2025**

CITY/TOWN	NUMBER PARTICIPATING
Barrington	121
Bristol	223
Burrillville	313
Central Falls	1,883
Charlestown	110
Coventry	753
Cranston	2,429
Cumberland	552
East Greenwich	147
East Providence	1,390
Exeter	69
Foster	56
Glocester	94
Hopkinton	150
Jamestown	18
Johnston	866
Lincoln	535
Little Compton	22
Middletown	352
Narragansett	102
New Shoreham	11
Newport	869
North Kingstown	573
North Providence	974
North Smithfield	145
Pawtucket	4,834
Portsmouth	139
Providence	15,109
Richmond	125
Scituate	82
Smithfield	249
South Kingstown	324
Tiverton	239
Warren	236
Warwick	1,687
West Greenwich	72
West Warwick	1,322
Westerly	438
Woonsocket	3,868
Unknown	*74*
Five Core Cities	*26,563*
Remainder of State	*14,918*
Rhode Island	*41,555*

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 2025.

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.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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(continued on page 176)

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 be at nutritional risk to qualify. This can include inadequate nutrition or medical risks, such as anemia or a high-risk pregnancy.[1,2]

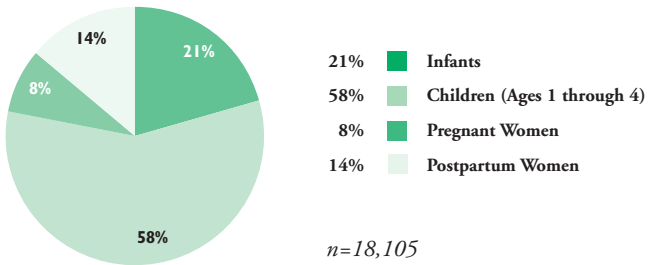
WIC improves the quality of participants' diets and promotes healthy eating habits. Studies have shown that WIC participants access more nutritious foods, including more produce, whole grains, and low-fat dairy. WIC participation also may decrease household food insecurity (families that do not have 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.[2-4]

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 the risk of child neglect and abuse, increase child immunization rates, and increase access to preventive medical care.[2,5]

Revisions to the WIC food package that were implemented in 2009 and expanded in 2024 increased access to a wider variety of fresh foods, increased state flexibility to provide culturally appropriate foods, and strengthened breastfeeding support.[2,6] In Rhode Island as of September 30, 2025, 41% of infants participating in WIC were breastfed, and 59% of infants were fully formula fed.[7]

In 2020, WIC began providing an EBT (electronic benefit transfer) card called eWIC to all Rhode Island users.[8]

Women, Infants, and Children Enrolled in WIC, Rhode Island, September 2025



Source: Rhode Island Department of Health, WIC Program, September 2025.

◆ **In September 2025, infants and children ages one through four comprised more than three-quarters (79%) of the population served by WIC in Rhode Island. Women accounted for over one-fifth (8% pregnant and 14% postpartum) of the population served.[7]**

◆ **In September 2025, 4% of WIC participants in Rhode Island were American Indian or Alaskan Native, 2% were Asian, 18% were Black, 62% were white, and 12% identified as another race or more than one race. Sixty-three percent of WIC participants were Hispanic. Hispanic women and children may be included in any race category.[7]**

◆ **In September 2025, all five of the core cities had participation rates above the statewide participation rate of 48%: Central Falls (61%), Newport (60%) Pawtucket (49%), Providence (59%), Woonsocket (53%).[7]**

◆ **WIC is not an entitlement program (there is not enough funding for all eligible women and children to participate). Congress determines funding for WIC annually.[9] Rhode Island received $21.1 million in federal WIC funding during FFY 2025, up from $20.1 million in FFY 2024.[7,10]**

◆ **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.[11] In Rhode Island, 5,389 WIC participants purchased fresh produce at 79 farmers' markets through the FMNP in FFY 2025.[7]**

Women and Children Participating in WIC

Stigma Associated with Participation in WIC

◆ 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, streamlining the selection process through technology like apps, and allowing self-checkout for WIC items may help to reduce stigma.[12,13]

Underutilization and Policy Recommendations

◆ Allowing WIC applicants and participants the option of telephone and videoconference appointments for enrollment and recertification reduces the time and effort associated with in-person visits. This eases the burden, particularly on those who live in areas with limited or no access to public transportation, and means participants save time and money on travel to WIC clinics. Offering evening and weekend appointments, allowing participants to submit eligibility documents electronically, and developing mobile apps or portals for participants to make and change appointments may improve participation rates and program retention. These flexibilities also limit participants' need to miss work or school.[14]

Table 13.

Women, Infants, and Children Enrolled in WIC, September 2025

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER ENROLLED	% OF ELIGIBLE ENROLLED
Barrington	114	26	23%
Bristol	247	124	50%
Burrillville	311	112	36%
Central Falls	1,835	1,120	61%
Charlestown	123	65	53%
Coventry	696	212	30%
Cranston	2,556	1,069	42%
Cumberland	629	259	41%
East Greenwich	123	37	30%
East Providence	1,322	576	44%
Exeter	76	13	17%
Foster	92	31	34%
Glocester	139	39	28%
Hopkinton	148	42	28%
Jamestown	34	4	12%
Johnston	965	380	39%
Lincoln	495	184	37%
Little Compton	30	7	23%
Middletown	341	190	56%
Narragansett	112	36	32%
New Shoreham	20	4	20%
Newport	680	405	60%
North Kingstown	389	96	25%
North Providence	980	323	33%
North Smithfield	206	53	26%
Pawtucket	4,073	1,986	49%
Portsmouth	234	86	37%
Providence	12,626	7,475	59%
Richmond	136	30	22%
Scituate	120	9	8%
Smithfield	270	71	26%
South Kingstown	332	102	31%
Tiverton	230	97	42%
Warren	214	91	42%
Warwick	1,902	652	34%
West Greenwich	103	21	20%
West Warwick	1,062	448	42%
Westerly	428	176	41%
Woonsocket	2,720	1,454	53%
Unknown	*247*	-	*NA*
Five Core Cities	*21,934*	*12,440*	*57%*
Remainder of State	*15,176*	*5,665*	*37%*
Rhode Island	*37,357*	*18,105*	*48%*

Source of Data for Table/Methodology

Estimated Number Eligible: Rhode Island Executive Office of Health and Human Services, Medicaid Management Information System, September 30, 2025.

Number Enrolled: Rhode Island Department of Health, WIC Program, September 2025.

Note: WIC participation rates in this Factbook are based on a single date in September. Since 2007, the "estimated number eligible" has been 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.

EOHHS data indicated that there were 247 women, infants, or children eligible who had an unknown residence. These are included in the Rhode Island state total but not assigned to any city or town.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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(continued on page 176)

Health

They Don't Know What We Go Through

by Analiese Morse

They say it's easy, being a kid
But they don't get it, not what we did
Bullying sucks, stress is high,
Worried about failing, makes me want to cry.

Heartbreaks hit hard, friends disappear,
Shy and anxious, filled with fear
Always fidgeting, thinking people are talking about me,
Not doing enough, can't they see?

Losing myself, my mental's a mess,
Thoughts racing, can't get any rest.
Just want to be a teen, live my life free,
But all this worrying's killing me.

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 needed 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 Medicaid and CHIP have reduced racial/ethnic disparities in access and utilization, improved educational outcomes, and shielded children from poverty.[4–6]

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. On December 31, 2025, 70% of RIte Care members who qualified based on family income and more than 80% of RIte Share enrollees were children under age 19.[8–11]

Between December 2023 and April 2024, all Rhode Island Medicaid beneficiary households with children went through a renewal process to redetermine their Medicaid eligibility for the first time since the start of the COVID-19 public health emergency in 2020, with 86% of children being successfully renewed.[12,13]

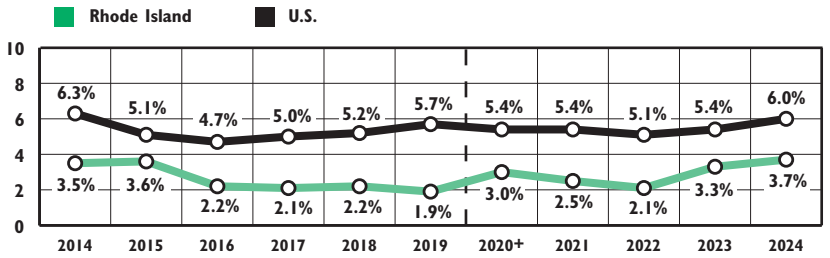
Children Under Age 19 Without Health Insurance

	2024
RI	3.7%
US	6.0%
National Rank*	*12th*
New England Rank**	*5th*

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

Source: For 2024: U.S. Census Bureau, American Community Survey, 2024. Table R2702.

Children Without Health Insurance, Rhode Island, 2014-2024



Source: U.S. Census Bureau, American Community Survey, 2014-2019, 2021-2024. Data are for children under 19 years of age. Prior Factbooks are not comparable. +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 COVD-19 pandemic.

◆ **In 2024, 3.7% of Rhode Island's children under age 19 were uninsured. Rhode Island ranked 12th best state in the U.S., with 96.3% of children covered. In 2024, 59% of Rhode Island children under age 19 were covered by private health insurance, most of which was obtained through their parents' employers.[14,15]**

◆ **Younger children are more likely to live in low-income families compared to older children and therefore are more likely to meet the income-eligibility threshold for RIte Care (up to 261% of the federal poverty level).[16,17] Approximately 55% of children under the age of three were enrolled in RIte Care/Medical Assistance in 2025.[10,18]**

◆ **Approximately 60% (3,634) of the estimated 6,068 uninsured children under age 18 in Rhode Island between 2020 and 2024 were eligible for RIte Care coverage based on their family incomes but were not enrolled (some due to immigration status who may now be eligible for state-only funded coverage).[19]**

◆ **An estimated 2,434 uninsured children lived in families with incomes above the income limit for RIte Care eligibility, and 56% (1,368) of them may have been eligible for financial assistance through HealthSource RI (Rhode Island's health insurance marketplace) based on income.[19] As of December 31, 2025, 1,531 children and more than 300 adults were enrolled in RIte Share.[10] As of October 2025, 2,685 children were enrolled in private health coverage through HealthSource RI, 70% of whom received financial assistance through a premium tax credit or a cost sharing reduction.[20]**

Table 14.

Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 31, 2025

CITY/TOWN	RITE CARE	SSI	KATIE BECKETT PROVISION	ADOPTION SUBSIDY	FOSTER CARE	TOTAL
Barrington	624	20	33	33	<11	*
Bristol	876	30	<11	43	<11	966
Burrillville	1,157	30	<11	69	<11	1,272
Central Falls	5,438	201	<11	43	24	*
Charlestown	554	18	<11	27	18	*
Coventry	2,275	89	43	153	38	2,598
Cranston	7,193	209	65	196	65	7,728
Cumberland	2,148	78	47	82	25	2,380
East Greenwich	596	13	30	35	<11	*
East Providence	4,060	148	31	147	57	4,443
Exeter	319	<11	<11	18	<11	353
Foster	320	<11	<11	23	<11	364
Glocester	454	<11	<11	35	29	537
Hopkinton	714	15	<11	50	<11	793
Jamestown	122	<11	<11	12	<11	146
Johnston	3,006	86	33	94	34	3,253
Lincoln	1,695	54	38	73	20	1,880
Little Compton	116	<11	<11	<11	<11	128
Middletown	1,120	38	15	45	<11	*
Narragansett	473	<11	18	28	24	*
New Shoreham	75	0	0	0	0	75
Newport	2,004	95	<11	49	20	*
North Kingstown	1,347	59	19	59	12	1,496
North Providence	1,630	42	<11	47	28	*
North Smithfield	677	23	<11	45	19	*
Pawtucket	12,340	446	36	211	107	13,140
Portsmouth	708	15	13	43	17	796
Providence	38,672	1,512	55	526	353	41,118
Scituate	540	14	14	45	<11	*
Smithfield	879	24	29	47	<11	*
South Kingstown	1,263	35	30	66	21	1,415
Tiverton	835	33	<11	31	<11	917
Warren	756	27	<11	36	<11	838
Warwick	5,558	151	90	274	87	6,160
West Greenwich	321	<11	<11	26	<11	370
West Warwick	3,313	144	18	109	26	3,610
Westerly	1,523	46	22	62	19	1,672
Woonsocket	7,995	484	14	160	75	8,728
Five Core Cities	*66,449*	*2,738*	*	*989*	*579*	*
Remainder of State	*47,247*	*1,483*	*	*2,062*	*638*	*
Rhode Island	*113,696*	*4,221*	*816*	*3,051*	*1,217*	*123,001*

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, MMIS Database, December 31, 2025.

The table includes children enrolled in RIte Care managed care as of December 31, 2025. Children with special health care needs who are covered through RIte Care or Medical Assistance are also included because they receive SSI, adoption subsidies, or qualify for the Katie Beckett provision.

*Actual numbers are not shown to protect confidentiality. These children are still counted in the five core cities, remainder of the state, and state totals.

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, Newport, Pawtucket, Providence, and Woonsocket.

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(continued on page 177)

Childhood Immunizations

DEFINITION

Childhood immunizations is the percentage of children ages 19 months to 24 months who have received the entire 4:3:1:3:3:1:4 series of vaccinations as recommended by the American Academy of Pediatrics. In 2026, 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).[1]

SIGNIFICANCE

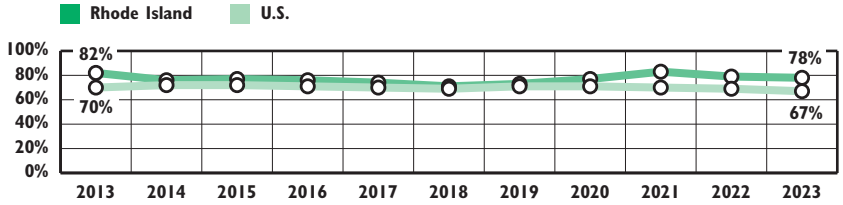
Vaccines help the immune system learn to produce antibodies that protect the body if it is later exposed to disease. Timely and complete immunization protects children against many infectious diseases that were once common and resulted in death or disability. The benefits of immunization include improved quality of life and productivity and reduced health spending. High vaccination levels also protect society by reducing disease outbreaks and reducing exposure for medically vulnerable children who cannot be vaccinated for medical reasons. As a result of decades of immunization, many of the diseases against which children are vaccinated are rare, but outbreaks still occur. It is important to continue to immunize against them until the diseases are completely eradicated.[2–4]

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.[5,6] Due to the federal *Affordable Care Act*, children and individuals enrolled in health insurance plans have access to recommended vaccines without deductibles or copays, when delivered by an in-network provider.[7]

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 with authorized health care professionals for children from birth through age 18.[8]

Rhode Island requires vaccination against the following diseases prior to entry into child care, preschool, or Head Start: diphtheria, tetanus, and pertussis; Haemophilus influenza type b; hepatitis A; hepatitis B; seasonal flu (influenza); measles, mumps, and rubella; pneumococcal conjugate; polio; rotavirus; and varicella (chickenpox). Kindergarten entry requires all of these except seasonal flu and additional doses of DTaP, hepatitis B, MMR, polio, and varicella.[9,10]

Fully Immunized Children*, Rhode Island and United States, 2013-2023



**Fully immunized children received the 4:3:1:3:3:1:4 series. 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-Children, 2013-2023. 2024 data not available.

◆ **In 2023, 78% of Rhode Island's children were fully immunized by age 24 months, above the national average of 67%.[11]**

◆ **In 2021-2023, the U.S. rate for fully immunized children by age 24 months was 45% for uninsured children, 62% for children with Medicaid coverage, and 74% for children with private health insurance coverage.[12]**

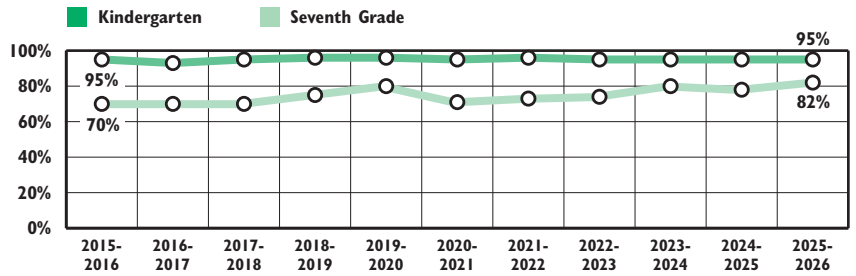
◆ **Despite their well-demonstrated safety, misinformation leads some parents to request an alternate schedule or refuse some vaccines, leaving all children at greater risk if an outbreak occurs.[2,13] At every immunization, parents or guardians receive information about possible side effects, risks, and benefits.[14]**

Immunizations for School Entry

◆ **Of the immunizations needed for school entry in 2025 in Rhode Island, entering kindergarteners had coverage rates between 90% and 98%, while entering 7th grade students had rates between 72% and 90%.[15]**

◆ **Although all major religions support routine childhood immunizations, Rhode Island allows parents to request religious exemptions from vaccines required to attend child care or school. In rare cases, a doctor will determine that a child is medically exempt from immunization requirements.[10,16] In the 2025-2026 school year, 205 kindergarten students and 399 seventh grade students had exemptions from vaccination requirements. Ninety-one percent of kindergarten exemptions and 92% of 7th grade exemptions were for religious reasons.[15]**

School Entry Immunization Compliance, Kindergarten and Seventh Grade, 2015-2016 through 2025-2026 School Years



Source: Rhode Island Department of Health Immunization Program. (2026). *2015-2025 School Immunization Surveys. National Immunization Survey* data for 2024 were not available by print date.

◆ For Kindergarten entry, students are required to have five doses of the DTaP (diphtheria, tetanus, pertussis) vaccine, 3 doses of the Hepatitis B vaccine, 2 doses of the MMR (measles, mumps, and rubella) vaccine, 4 doses of the polio vaccine, and 2 doses of the varicella (chickenpox) vaccine.[10] For the 2025-2026 school year, 95% of kindergarteners had all the vaccines required for school entry.[15]

◆ Students entering 7th grade must have met the pre-kindergarten and kindergarten immunization requirements, plus one dose of the HPV vaccine, one dose of the Meningococcal conjugate (MCV4) vaccine, and one dose of Tdap (tetanus, diphtheria, pertussis) vaccine.[10] For the 2025-2026 school year, 82% of seventh graders had all the vaccines required for school entry.[15]

◆ The Rhode Island Department of Health recommends that everyone ages six months and older get both seasonal (2025-2026) COVID-19 vaccines and seasonal flu (influenza) vaccines.[17,18]

◆ As of January 2026, 4% of Rhode Island children under age five and 2% of children ages five to 17 had received the 2025-2026 COVID-19 vaccine. For 2024-2025, 67% of Rhode Island children ages six months to 17 years received the seasonal flu vaccination.[19,20]

Adolescent Immunization

◆ All Rhode Island seventh grade students are required to receive the human papillomavirus (HPV); tetanus, diphtheria, pertussis (Tdap); and meningococcal conjugate (MCV4) vaccines, as well as any needed catch-up doses, for entry into school.[10]

◆ According to the *2023 National Immunization Survey*, 80% of Rhode Island adolescents (ages 13-17) have completed the HPV series, compared to 57% nationally; 95% of Rhode Island adolescents received the Tdap vaccine, compared to 89% nationally; and 96% of Rhode Island adolescents received the MCV4 vaccine, compared to 88% nationally.[11]

◆ To ensure that all high school seniors are fully vaccinated before beginning college or work, the Rhode Island Department of Health Office of Immunization runs the *Vaccinate Before You Graduate (VBYG)* program at school-based clinics 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.[21,22]

◆ During the 2024-2025 school year, 82 schools participated in VBYG, down from 90 schools the year prior. In total, 4,614 vaccine doses were administered, down from 4,800 vaccine doses administered the year prior. Vaccines administered included seasonal flu, HPV, MCV4 and MenB (meningococcal diseases), hepatitis A, hepatitis B, measles, mumps, and rubella, polio, tetanus, diphtheria, pertussis, and varicella (chicken pox).[18,22,23]

◆ As of January 2026, the *School Located Vaccination (SLV)* program had administered 11,200 doses of the seasonal flu vaccine to both children and adults at school-based clinics throughout Rhode Island in the 2025-2026 school year. The goal of SLV is to ensure all Rhode Island children receive their seasonal flu vaccination at no out-of-pocket cost.[24]

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[4] Centers for Disease Control and Prevention. (2023). *Common questions about vaccines.* www.cdc.gov

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(continued on page 177)

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, 2025 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. 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. The cost of care is another strong predictor of access to services. In 2023 in the U.S., 21% of adults delayed or skipped dental care in the past year due to cost.[3–5]

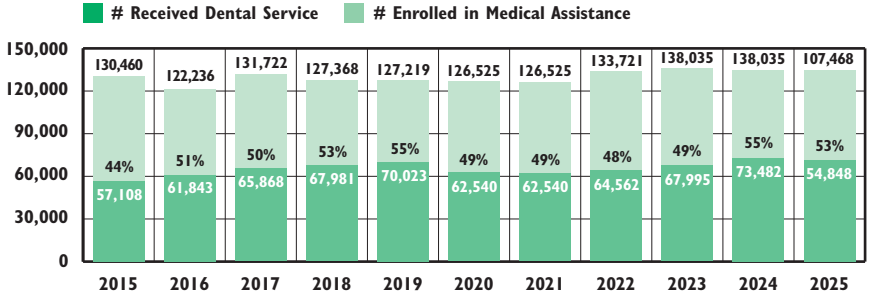
Children living in poverty are more likely to have untreated tooth decay than higher-income children. For children in low-income families, the efficacy and continuity of public dental insurance is a critical factor in access to dental care. In the U.S. and in Rhode Island, children who have public health insurance coverage have greater access to dental and medical care than children who have no insurance.[1,6,7]

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.[1,7,8]

Improving children's dental health can begin with improving pregnant women's oral health, as well as the oral health of caregivers. Good oral health during pregnancy may decrease cavity-causing bacteria passed on to their baby, and good oral health of caregivers can improve the oral health of young children in their care. Some evidence suggests that poor oral health during pregnancy is a risk factor for some pregnancy complications and poor birth outcomes. Dental care can be safely provided during pregnancy. Women without insurance and women with low incomes are less likely receive dental care.[9–11]

Establishing a relationship with a dentist for children is important. A family or pediatric dentist can provide comprehensive, continuously accessible, coordinated 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 needs.[1,2]

Children Under 21 Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2015-2025



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2015-2025. *Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service.

◆ **Fifty-three percent (71,771) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for service on June 30, 2025 received a dental service during State Fiscal Year 2025.[12]**

◆ **RIte Smiles, Rhode Island's managed care oral health program for children in low-income families, has been credited with improving access to dental care for children.[5]**

◆ **As of December 31, 2025, there were 114,383 children and youth enrolled in RIte Smiles, approximately 5,000 fewer enrollees than on June 30, 2025 (119,305), and nearly 6,000 fewer than on December 31, 2024. Fifty-eight percent (65,810) of the children who were enrolled in RIte Smiles on June 30, 2025 received a dental service during State Fiscal Year 2025.[12]**

◆ **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.[13] In Rhode Island, 39% of children age 18 and younger with Medicaid received a preventive dental visit in 2024, compared to 58% of children with private coverage.[14]**

◆ **The federal *Affordable Care Act* made pediatric dental benefits mandatory offerings in individual and small employer plans.[1] In Rhode Island, most health coverage on HealthSource RI (Rhode Island's state-based insurance marketplace) includes pediatric dental benefits as part of health coverage.[4]**

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 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 and streamlining administrative procedures can encourage enrollment and utilization.[1,15]

◆ When RIte Smiles started, dental provider reimbursement rates were raised to encourage participation.[16] The number of Medicaid-participating dentists increased from 27 before RIte Smiles began to 446 in 2025.[12,17]

◆ In 2022, the Rhode Island General Assembly authorized a rate increase for dentists who provide adult Medicaid dental services. This was the first provider rate increase since 1992.[18]

Consequences of Untreated Dental Disease

◆ Delayed dental care causes dental issues to become worse. Due to the COVID-19 pandemic, there were many disruptions in dental care and children's oral health declined.[19]

◆ In Rhode Island in 2024, 433 children and youth aged 21 or younger were treated for dental issues in emergency departments. This is an increase from 2022, when 341 children and youth were treated for dental issues in emergency departments.[20]

◆ In Rhode Island in 2024, 74 children and youth aged 21 or younger were hospitalized with a diagnosis that included a dental problem. That same year, 12 children and youth aged 21 or younger were hospitalized with a dental problem as the primary reason for the hospitalization. This is slightly lower than the year prior.[20]

Importance of Early Dental Visits

◆ 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.[1]

◆ Children can see general dentists, as well as pediatric dentists. Pediatric dentists are dentists with specialized training to work with only children.[21]

◆ 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.[22]

◆ 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.[23]

Disparities

◆ Between 2019-2022, 21% of Rhode Island kindergartners and 24% of Rhode Island third graders had untreated tooth decay. There are disparities by race/ethnicity and income, with Black, Hispanic, and low-income children having the highest rates of untreated tooth decay.[24]

◆ Nationally, there are disparities in access to dental care and untreated tooth decay for children and adults. Those in low-income families, those in rural areas, and Black, Hispanic, Asian, and Native American populations are more likely to have dental issues and less likely to receive dental treatment.[2]

References

[1] American Academy of Pediatric Dentistry. (2019). *The state of little teeth: Second edition.*

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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.[1] Mental health influences children's health and behavior at home, in school, and in the community.[2] Mental health conditions can impair daily functioning, prevent or affect academic achievement, increase involvement with the justice and child welfare systems, result in high treatment costs, and increase the risk for suicide.[3] Children with mental health issues are also likely to have other chronic health conditions.[4]

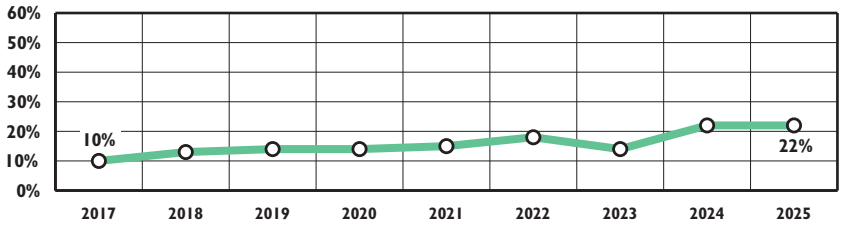
Mental health problems affect children of all backgrounds and ages. In 2023-2024, nearly one in three (29%) children aged three to 17 had a mental, emotional, or behavioral health problem in Rhode Island.[5] However, many children and youth have trouble getting mental health treatment. In Rhode Island in 2023-2024, half (50%) of children aged three to 17 who needed mental health treatment or counseling had a problem obtaining needed care.[6]

Mental health systems tend to be fragmented and crisis-driven with inadequate investments in prevention and community-based services.[7–9] Collaboration across systems including health care, schools, community organizations and child welfare help intervene in child and youth mental health before a crisis occurs.[10,11]

Risk factors for childhood mental health disorders include biological factors and environmental factors like prenatal exposure to toxins (including alcohol), physical or sexual abuse, adverse childhood experiences, toxic stress, a family history of mental health issues, involvement with the youth justice and child welfare systems, and living in poverty.[10,12,13]

The COVID-19 pandemic radically shifted social experiences, employment opportunities, and education, with effects still felt today.[14] Rhode Island pediatric and behavioral health organizations declared a Child and Adolescent Mental Health State of Emergency in 2022.[15] Calls to Kids' Link RI, a behavioral health triage service and referral network, remain higher than before the pandemic. In FY 2025, there were 7,563 calls to Kids' Link RI, up from 5,386 in FY 2024.[16,17]

Young Children (Ages 0-5) Enrolled in RIte Care with Serious Emotional Disturbance, Rhode Island, 2017-2025



Source: Rhode Island Executive Office of Health and Human Services. (n.d.). MMIS Database, 2017-2025.

◆ **Mental health conditions can be diagnosed even in young children, and 22% of children under age five who are enrolled in RIte Care have a diagnosis of Serious Emotional Disturbance. Without secure attachment, infants are at risk for learning delays, relationship dysfunction, difficulty expressing emotions, and mental health disorders, which can be diagnosed and treated in infancy and toddlerhood.[18,19] Children with mental health needs require support to transition into the adult behavioral health system.[20]**

Disparities in Mental Health Needs and Care for Children and Adolescents

◆ **Children living in poverty are two to three times more likely to develop mental health conditions than their peers.[10] In State Fiscal Year (SFY) 2025, 32% (38,604) of children under age 19 enrolled in Medicaid/RIte Care had a mental health diagnosis, 1,343 were hospitalized due to a mental health related condition (up from 1,294 in SFY 2024), and 3,668 children had a mental health related emergency department visit (up from 3,308 in SFY 2024).[21]**

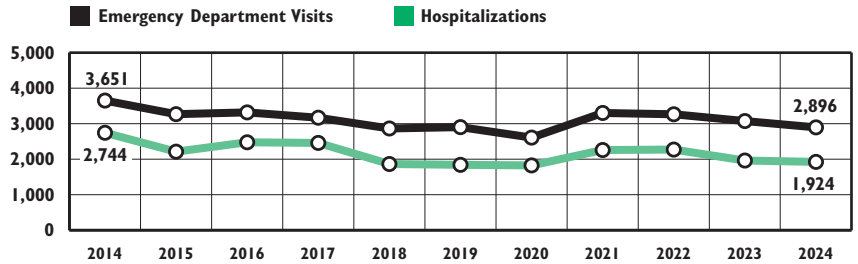
◆ **In 2023, 36% of Rhode Island high school students reported feeling sad or hopeless for more than two weeks during the past year. Girls were twice as likely as boys to report these feelings.[22]**

◆ **In 2023, LGBTQ+ Rhode Island high school students reported higher rates of sadness and hopelessness than their peers.[22] LGBTQ+ students, as well as Youth of Color, are more likely to have had their mental health impacted by the COVID-19 pandemic and have additional barriers to accessing and receiving adequate mental health treatment.[10]**

Community-Based Mental Health Care

◆ In Rhode Island, Community Mental Health Organizations (CMHOs) are the primary source of public mental health treatment services for children and adults.[23] Rhode Island has six Certified Community Behavioral Health Clinics (CCBHCs) that provide comprehensive mental health, substance abuse and crisis supports to all Rhode Islanders.[24] During 2025, CMHOs treated 5,407 children under age 18.[25]

Emergency Care for Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2014-2024*



Source: Rhode Island Department of Health, Hospital Discharge Database, 2014-2024. *Data are for emergency department visits and hospitalizations, not children. Children may visit the 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 2024, there were 2,896 emergency department visits and 1,924 hospitalizations of Rhode Island children with a primary diagnosis of mental disorder. Of these emergency department visits, 66% were of children enrolled in RIte Care/Medicaid and 31% had commercial insurance.[26]

◆ In 2023, 9% of Rhode Island high school students reported attempting suicide one or more times during the past year.[22]

◆ In Rhode Island between 2020 and 2024, there were 2,333 emergency department visits and 1,299 hospitalizations of youth ages 13 to 19 due to suicide attempts or intentional self-harm.[26]

Psychiatric Hospitals

Children Under Age 18 Treated at Rhode Island Psychiatric Hospitals, October 1, 2024 – September 30, 2025 (FFY 2025)

	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	779	21 days	165	38 days	428	8 days
Residential	179	86 days	49	4.2 years	--	--
Partial Hospitalization	888	NA	100	NA	456	6 visits
Home-Based	0	NA	24	17 visits	--	--
Outpatient**	4,264	NA	338	NA	717	NA

Source: Brown University Health, 2024-2025 and Butler Hospital, 2024-2025. 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 2025). The average length of stay is based on discharges. **Outpatient services include Bradley and Hasbro Outpatient Services. + Children in this residential program can remain enrolled until they age out of the program.

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

◆ The two hospitals in Rhode Island that specialize in providing intensive inpatient treatment and psychiatric care to children and youth are Bradley Hospital and Butler Hospital.[27] In Federal Fiscal Year (FFY) 2025, the most common diagnoses for youth treated in an inpatient setting at Butler or Bradley Hospitals were depressive disorders, adjustment disorders, anxiety disorders, and childhood/adolescent disorders.[17,28]

◆ In FFY 2025, there were 365 children and youth awaiting psychiatric inpatient admission (psychiatric boarding), down from 538 boarders in FFY 2024. In FFY 2025, an average of six children were ready to leave the psychiatric hospital every five days (1.2 kids per day) but were unable due to a lack of step-down availability or there being no other safe placement (including at home).[17]

◆ 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 four Bradley schools in RI and two in CT, and five community-based classrooms/public school partnerships.[17,29] The programs had an average daily enrollment of 403 students in FFY 2025.[17]

(References are on page 178)

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 22% of children in the U.S. and 25% 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 2023-2024, 42% of parents with young children in Rhode Island and 37% of parents nationally reported completing a developmental screening.[3]

In Rhode Island, 20% of CSHCN have "more complex heath needs," higher than the national level (16%).[4] The COVID-19 pandemic disproportionately affected children with special needs who had an increased risk of severe illness and experienced disruptions in services (e.g., speech, physical, or occupational therapy), 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.[6]

CSHCN often 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. Having children with special needs can significantly impact parents' finances, employment, and family lives. In August 2025, 68% of U.S. families with a child with special needs reported difficulty meeting basic needs.[7–9]

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, 2025, nine certified EI provider agencies served 2,196 children in Rhode Island.[14] Of these children receiving EI services, 775 were female and 1,421 were male and 49% were white, 36% were Hispanic, 8% were Black, 4% were Multiracial, 3% were Asian, and 1% were American Indian or Alaska Native.[15]**

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.[16]**

◆ **As of June 30, 2025, in Rhode Island, there were 3,615 children ages three to five who received preschool special education services.[17]**

◆ **In Rhode Island as of June 2025, 23,740 students in public schools in grades K-12 received special education services (18% of all students). Thirty-four 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 2025, 43% of the 2,174 children who reached age three while in EI were determined to be eligible for preschool special education, 11% were found not eligible, and 15% 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.[15,18]**

Medical Assistance for Children With Special Health Care Needs

◆ As of December 31, 2025, there were 4,221 Rhode Island children and youth under age 19 receiving Medicaid through their enrollment in the federal SSI program.[19]

◆ In Rhode Island, the Katie Beckett eligibility provision provides Medicaid coverage to children under age 19 with serious disabling conditions to enable them to be cared for at home instead of in an institution.[20] As of December 31, 2025, there were 816 Rhode Island children enrolled through the Katie Beckett provision, a decline of 54% from the peak enrollment of 1,700 in 2007.[15,19]

◆ 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.[21,22]

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.[23,24]

◆ As of December 31, 2025, 1,217 children in Rhode Island were enrolled in Medicaid through the child welfare system.[19] Per provisions of the federal *Affordable Care Act*, all youth who turned age 18 while in foster care are eligible for Medicaid coverage in the state in which they aged out of care until they reach age 26 (though starting January 1, 2027, H.R. 1 will require that they engage in employment, education, a work program, or community service to maintain their Medicaid eligibility).[24] In Rhode Island, estimates show that 56% of all eligible former foster youth were enrolled in Medicaid coverage as of December 31, 2025.[19]

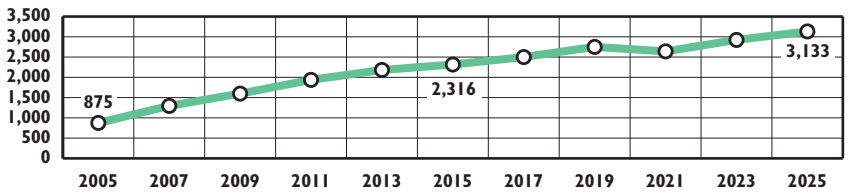
◆ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for Medicaid. As of December 31, 2025, 3,051 children were enrolled in Medical Assistance because of special needs adoptions.[19,25]

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.[26]

◆ The national ASD prevalence among children at age eight is estimated to be 27.6 per 1,000 children. ASD diagnosis prevalence is significantly higher among boys (43.0 per 1,000 boys) than girls (11.4 per 1,000 girls). ASD diagnosis prevalence is higher among Asian/Pacific Islander, Hispanic, and Black children (33.4, 31.6, and 29.3 per 1,000 children, respectively) than non-Hispanic white children (24.3 per 1,000 children).[27]

Children Ages Three to 21 With Autism Spectrum Disorder (ASD), Rhode Island, June 2005 – June 2025



Source: Rhode Island Department of Education, June 2005– June 2025. Numbers include parentally placed students.

◆ In June 2025, there were 3,133 Rhode Island children ages three to 21 with ASD who received special education services.[17] 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. 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.[26,28,29]

References

[1] Child and Adolescent Health Measurement Initiative. (n.d.). *2023-2024 National Survey of Children's Health: Children with special health care needs.* Retrieved January 15, 2026, from https://www.childhealthdata.org/browse/survey/results?q=11050&r=41

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Family Home Visiting

DEFINITION

Family home visiting is the number of families enrolled in home visiting programs funded by the Rhode Island Department of Health.

SIGNIFICANCE

Family home visiting is a prevention strategy used to support pregnant and parenting families with babies and young children to promote healthy child development. Programs are voluntary and staffed by nurses, social workers, and child development specialists. Designed to promote strong parent-child attachment, connect families to resources, and guide families through everyday parenting challenges, evidence-based home visiting programs improve outcomes for both parents and children.[1]

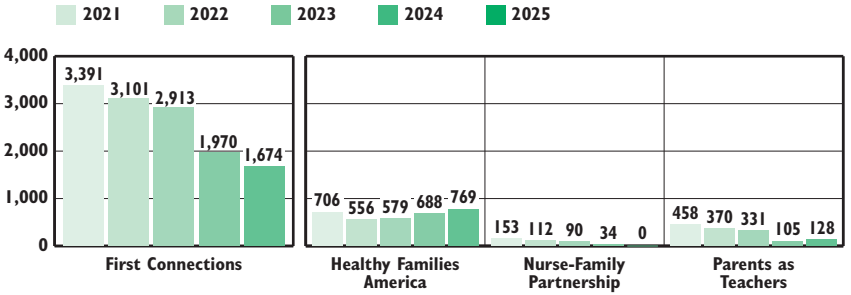
Since 2010, the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program has provided states with substantial resources for home visiting with a strong focus on implementation of research-based program models.[1] Currently, Rhode Island uses MIECHV and Medicaid funding to implement two of these nationally recognized models. Rhode Island's Nurse-Family Partnership program closed in March 2025 due to financing and staffing challenges.[2]

1) The **Healthy Families America** model is designed to strengthen parent-child relationships and prioritizes enrollment of families prenatally or before a baby is three months old. Home visitors have a caseload of 15 to 20 families, so they develop strong, consistent, positive relationships with families through regular visits for a minimum of three years.[3]

2) The **Parents as Teachers** model helps parents learn about child development and improve parenting practices. Families receive regular visits for at least two years and home visitors have a caseload of 18 families.[4]

Rhode Island also implements a locally designed First Connections family visiting program as a rapid response program for pregnant moms and families with newborns and young children. First Connections helps families get connected to needed resources, including housing, nutrition, and medical care and often helps them enroll in one of the longer-term family home visiting programs to provide ongoing parenting support.[2]

Family Home Visiting Program Participation, Rhode Island, 2021-2025



Source: Rhode Island Department of Health, Family Home Visiting, Family Visiting Database enrollment in MIECHV-funded programs on October 1, for calendar years 2021-2025, and KIDSNET, unduplicated families receiving at least one First Connections visit in Calendar Year 2025.

◆ **The number of families in Rhode Island enrolled in rapid response home visiting services has continued to decline. On October 1, 2025, 1,674 families were enrolled in the First Connections program, down 51% from October 1, 2021. The number of families enrolled in a long-term evidence-based home visiting program in Rhode Island increased in the past year (from 827 to 897) but overall is down 32% from 1,317 families enrolled on October 1, 2021.[5]**

◆ **As of 2023, the primary financing for family home visiting programs in Rhode Island changed from grant funding to rely heavily on Medicaid billing. Family home visiting programs bill Medicaid for those families with Medicaid insurance. MIECHV funding is available to support families with private insurance or no insurance.[2] As of October 2025, 80% of families enrolled in evidence-based programs had Medicaid/Rite Care insurance, 12% had private or military insurance, and 8% had unknown or no insurance.[5]**

Impact of High Staff Turnover on Families and Outcomes

◆ **Across the country, home visiting programs are struggling with high staff turnover and unfilled staff positions, which interfere with their ability to serve families. Low pay, high stress, heavy workloads, and excessive paperwork make it difficult to hire and retain home visiting staff.[6] High staff turnover in home visiting programs often leads to disengagement of families in the intervention and can reduce program effectiveness. Effective home visiting interventions depend on strong, consistent, collaborative relationships between home visitors and families to achieve positive outcomes.[7]**

Table 15.

Family Home Visiting, Rhode Island, 2025

CITY/TOWN	COMMUNITY CONTEXT, 2025: TOTAL # OF BIRTHS	COMMUNITY CONTEXT, 2025: # OF BABIES BORN WHO SCREENED RISK POSITIVE	COMMUNITY CONTEXT, 2025: # OF BIRTHS TO LOW-INCOME FAMILIES	# RECEIVED FIRST CONNECTIONS VISIT IN 2025	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2025: HEALTHY FAMILIES AMERICA	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2025: PARENTS AS TEACHERS	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2025: TOTAL
Barrington	114	53	18	9	7	0	7
Bristol	119	68	24	15	3	0	3
Burrillville	98	59	26	6	0	0	0
Central Falls	285	238	247	88	82	1	83
Charlestown	51	31	10	4	6	1	7
Coventry	300	158	72	27	17	7	24
Cranston	803	510	298	110	52	29	81
Cumberland	287	134	64	24	6	0	6
East Greenwich	101	42	10	3	1	1	2
East Providence	375	246	127	38	12	0	12
Exeter	50	18	4	4	1	0	1
Foster	46	32	13	4	1	0	1
Glocester	59	28	13	6	1	0	1
Hopkinton	71	39	14	5	3	6	9
Jamestown	33	12	4	2	1	0	1
Johnston	291	177	104	32	10	1	11
Lincoln	161	94	49	17	2	0	2
Little Compton	14	8	4	1	1	0	1
Middletown	122	50	27	15	10	0	10
Narragansett	67	29	12	5	0	1	1
New Shoreham	9	6	2	2	0	1	1
Newport	193	114	70	39	8	0	8
North Kingstown	180	86	33	22	5	2	7
North Providence	280	193	120	41	15	0	15
North Smithfield	81	37	18	10	1	0	1
Pawtucket	720	561	426	171	93	1	94
Portsmouth	114	47	18	21	3	0	3
Providence	2,185	1,745	1,563	591	337	15	352
Richmond	70	33	15	12	2	1	3
Scituate	108	51	15	7	0	0	0
Smithfield	119	51	22	16	0	1	1
South Kingstown	153	67	26	18	3	9	12
Tiverton	74	46	21	15	8	0	8
Warren	84	49	17	16	3	0	3
Warwick	702	416	179	89	25	9	34
West Greenwich	41	23	9	3	1	0	1
West Warwick	302	211	132	62	19	8	27
Westerly	144	91	49	22	3	32	35
Woonsocket	468	382	316	89	25	0	25
Unknown	*2*	*2*	*1*	*13*	*2*	*2*	*4*
Five Core Cities	*3,851*	*3,040*	*2,622*	*978*	*545*	*17*	*562*
Remainder of State	*5,623*	*3,193*	*1,569*	*683*	*222*	*109*	*331*
Rhode Island	*9,476*	*6,235*	*4,192*	*1,674*	*769*	*128*	*897*

Source of Data for Table/Methodology

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

Unknown: Specific city/town information is unavailable.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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Maternal Health

DEFINITION

Maternal health includes adequacy of prenatal care, health before pregnancy begins, mental and physical health in the perinatal period, and maternal morbidity and mortality. Data are reported by place of mother's residence, not place of infant's birth.

SIGNIFICANCE

Maternal health before pregnancy (preconception), during pregnancy, and after birth (postpartum) impacts health outcomes for mothers and children.[1] Currently, there is a maternal health crisis nationally and in Rhode Island. Beyond that, there are persistent racial and ethnic disparities that disproportionately impact health outcomes for Black, Indigenous, and Women of Color.[2] Social determinants of health, including economic and food security, safety, and social supports impact pregnancy and postpartum health, as well as infant health.[3]

Early, adequate, and appropriate prenatal care is an important way to identify and treat health problems as well as influence behaviors that can affect the health and well-being of infants and mothers. 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.[4,5]

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 to a pediatrician is the first step in establishing an infant's medical home and can provide valuable links to other services.[6,7]

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, and ensuring access to culturally and linguistically competent health care can improve maternal and infant outcomes.[5,8]

Perinatal mood and anxiety disorders are the most common complication of pregnancy and the first year postpartum. If these issues are not addressed, they can result in poor outcomes including preterm birth, trouble bonding with infants, and breastfeeding challenges. Meeting maternal mental and behavioral health needs improves outcomes for babies.[9]

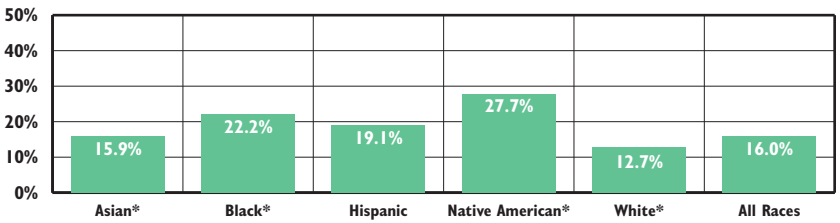
Food and economic security in pregnancy are vital for maternal health. Women living in poverty are at higher risk for poor pregnancy outcomes, and pregnancy exacerbates income disparities that have far-reaching consequences for children and families.[10,11]

Prenatal Care Access & Benefits

◆ **Barriers to appropriate 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 lack of insurance or money to pay for desired care.[12] Rhode Island women with delayed prenatal care are more likely to report their pregnancy was unintended than women who initiated care in the first trimester. Access to contraception, preventative health care services, and the overall health and economic well-being of individuals impact pregnancy intention.[13,14]**

◆ **Access to primary care for women of reproductive age is a vital component of successful pregnancy care. Well-visits are an important opportunity to discuss preconception health for those who intend to become pregnant, offering an opportunity to discuss management of chronic health conditions or past health history that may have an impact on pregnancy health, birth outcomes, and postpartum health, such as management of hypertension before pregnancy to reduce the risk of preeclampsia.[15,16]**

Women With Delayed or No Prenatal Care by Race/Ethnicity, Rhode Island, 2020-2024



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2020-2024. * Race categories are non-Hispanic.

◆ **In Rhode Island between 2020 and 2024, 16.0% of women who gave birth did not begin care until the second or third trimester, if at all. Between 2020 and 2024 in Rhode Island, Native American (27.7%), Black (22.2%), Hispanic (19.1%), and Asian women (15.9%) were more likely to receive delayed prenatal care than white women (12.7%).[17]**

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. Health care before pregnancy is important for maintaining women's reproductive health and ensuring that they can access the reproductive health services they need.[16,17]

◆ Between 2020 and 2024, women with health coverage through Rite Care (Rhode Island's Medicaid managed care program) were much less likely (21.2%) to receive delayed/no prenatal care than women who were uninsured (41.6%). Women with private insurance coverage were the least likely to receive delayed/no prenatal care (11.9%).[17]

Social Factors Impacting Maternal Health

◆ In Rhode Island in 2023, nearly one in five women (19.7%) reported food or housing insecurity in the 12 months before birth.[18] Malnutrition during pregnancy can lead to later health problems in children, including obesity, diabetes, and heart disease.[19] Housing instability and homelessness during pregnancy are associated with higher rates of preterm birth, low birth weight infants, neonatal intensive care unit (NICU) admission, and delivery complications.[17]

◆ Of Rhode Island women who worked during their pregnancy in 2023, over two thirds (67.6%) felt they were able to take too little time off.[18] Rhode Island recently increased the number of weeks available through the state's paid family leave program to eight weeks beginning in January 2026 and increased the wage replacement rate. However, it still lags behind other states that provide paid family leave.[11,20–23]

◆ Between 2020 and 2024 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 (27.9% compared to 12.9%). Adolescent and teen mothers were more likely to receive delayed prenatal care than older mothers in Rhode Island. About one in five (20.1%) pregnant women in the five core cities received delayed prenatal care compared to 13.3% in the remainder of the state.[17]

Maternal Mental Health

◆ Perinatal mood and anxiety disorders (including anxiety and depression that occurs during pregnancy or in the first year after birth) are one of the most common complications of pregnancy.[24] Approximately one in six Rhode Island women report experiencing depression during pregnancy.[9]

◆ Untreated mental health disorders during pregnancy and after having a baby can lead to negative outcomes such as preterm birth, trouble bonding with infants, and difficulty breastfeeding.[9]

◆ In addition to the impacts on individual families, untreated perinatal mood and anxiety disorders are estimated to cost Rhode Island $9.7 million annually.[9]

◆ Identification and treatment is crucial in managing mental health during pregnancy and postpartum. Rhode Island's MomsPRN (psychiatry resource network) program is a statewide teleconsultation program that supports health care professionals in identifying and managing the mental health and substance use needs of pregnant and postpartum patients. In 2025, RI MomsPRN helped 358 perinatal patients. Of these patients, 56.1% had public insurance, 43.2% had commercial insurance, and <1% had no insurance.[25]

RI MomsPRN Perinatal Patients Served by Race in Rhode Island, 2025

American Indian or Alaska Native	3.0%
Asian	1.3%
Black or African American	16.4%
Native Hawaiian or Other Pacific Islander	2.7%
Multiracial/ Other Race	16.5%
White	60.1%

Source: Rhode Island Department of Health. (2026).

Maternal Health

Substance Use During Pregnancy and at Birth

◆ Nearly one in four Rhode Island women report substance use, including alcohol, tobacco, e-cigarettes, cannabis, opioids, or other drugs, immediately before, during, or after their pregnancy.[24]

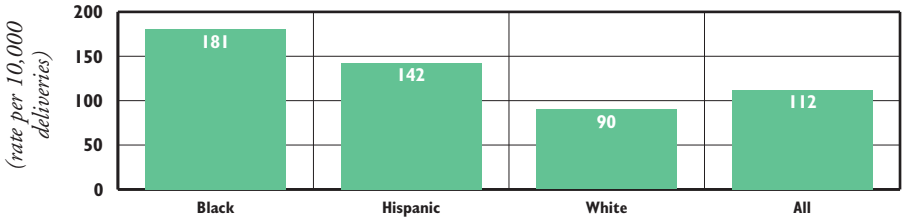
◆ Consistent with national laws, Rhode Island has a Plan of Safe Care process that supports infants born affected by substance exposure, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder, and their families. Substances can include illicit drugs, cannabis, opioids and opioid agonists, including methadone or buprenorphine, or misused prescription medications. This Plan of Safe Care, known in Rhode Island as Circle of Care Plan, aims to ensure that infants and caregivers affected by prenatal substance exposure have access to the supports and services they need and want after they are discharged from the hospital, including services like Family Home Visiting, Early Intervention, and recovery and treatment supports for caregivers.[26] In Rhode Island between 2020-2024, 693 Circle of Care Plans were developed for substance exposed newborns and their caregivers.[24,26–29]

◆ Neonatal abstinence syndrome (NAS) refers to a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids. Neonatal opioid withdrawal syndrome (NOWS) more specifically refers to the withdrawal symptoms related to opioid exposure. Not all substance exposed newborns are diagnosed with NAS or NOWS.[31–33]

◆ In Rhode Island in 2024, the NAS rate of 42 per 10,000 newborn hospitalizations represents a decrease from 2023 when the rate was 52 per 10,000 newborn hospitalizations.[30]

◆ NAS rates will not decrease until Opioid Use Disorder (OUD) rates decrease in the general population. Adequate treatment options and services for those struggling with OUD are needed before and during pregnancy, at birth, and throughout parenting for the whole family.[34] There is a need for universal protocols when working with parents, children, and families impacted by substance use and a critical need to address discriminatory attitudes and beliefs about maternal substance use and substance exposed children.[34,35]

Severe Maternal Morbidity Rate per 10,000 deliveries by Race/Ethnicity, Rhode Island, 2021-2024*



Source: Rhode Island Department of Health, Center for Data and Analysis, 2021-2024 *The definition of severe maternal morbidity has been updated and data in the 2026 Factbook cannot be compared to previous years.

◆ Nationally, Black women are almost three times more likely than white women to die of pregnancy-related complications. Racial disparities in maternal mortality span all levels of education, age, income, and insurance status.[36,37]

◆ Across the United States, homicide is one of the leading causes of pregnancy-associated death.[38] Forty percent of pregnancy-associated homicides are related to intimate partner violence. In Rhode Island, about three quarters of women who had a well visit in the 12 months before pregnancy reported that their provider talked to them about intimate partner violence.[18,39]

◆ Pervasive racial bias and unequal treatment of Black women in the health care system often result in inadequate treatment for pain.[14,40] This, coupled with stress from racism and racial discrimination, contribute to the unacceptable health outcomes among Black women and their infants.[37]

◆ 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. Severe maternal morbidity is defined as unintended outcomes of labor and delivery that result in significant consequences to a woman's health.[14]

◆ In 2024, the Rhode Island severe maternal morbidity rate was 119 per 10,000 delivery hospitalizations. Black women (181 per 10,000) and Hispanic women (142 per 10,000) had higher rates of maternal morbidity than white women (90 per 10,000) between 2021 and 2024.[17]

Table 16.

Maternal Health, Rhode Island

CITY/TOWN	2020-2024 WOMEN WITH DELAYED PRENATAL CARE # BIRTHS	# WITH DELAYED CARE	% WITH DELAYED CARE	2021-2024 SEVERE MATERNAL MORBIDITY RATE # DELIVERIES	SEVERE MATERNAL MORBIDITY	SEVERE MATERNAL MORBIDITY RATE PER 10,000 DELIVERY HOSPITALIZATIONS
Barrington	564	87	15.4	436	<5	*
Bristol	682	94	13.8	476	5	*
Burrillville	659	87	13.2	435	<5	*
Central Falls	1,441	339	23.5	1,151	24	208.5^
Charlestown	259	24	9.3	203	<5	*
Coventry	1,444	154	10.7	1,132	10	*
Cranston	3,847	585	15.2	3,151	39	123.8
Cumberland	1,682	218	13.0	1,134	14	123.5^
East Greenwich	679	73	10.8	521	<5	*
East Providence	2,199	298	13.6	1,686	16	94.9^
Exeter	219	23	10.5	156	<5	*
Foster	225	25	11.1	165	0	0.0
Glocester	310	44	14.2	248	<5	*
Hopkinton	304	27	8.9	226	<5	*
Jamestown	137	9	*	97	0	0.0
Johnston	1,381	214	15.5	1,067	8	*
Lincoln	928	132	14.2	695	8	*
Little Compton	78	14	17.9^	34	0	0.0
Middletown	701	84	12.0	520	5	*
Narragansett	271	31	11.4	212	<5	*
New Shoreham	38	5	*	26	0	0.0
Newport	982	172	17.5	744	5	*
North Kingstown	1,067	116	10.9	861	7	*
North Providence	1,566	267	17.0	1,294	18	139.1^
North Smithfield	465	75	16.1	324	<5	*
Pawtucket	4,111	818	19.9	3,116	39	125.2
Portsmouth	625	73	11.7	461	<5	*
Providence	11,091	2,312	20.8	8,600	119	138.4
Richmond	356	31	8.7	224	<5	*
Scituate	450	60	13.3	369	7	*
Smithfield	701	97	13.8	521	<5	*
South Kingstown	819	84	10.3	689	6	*
Tiverton	569	75	13.2	281	<5	*
Warren	427	65	15.2	303	<5	*
Warwick	3,407	440	12.9	2,698	18	66.7^
West Greenwich	239	35	14.6	206	<5	*
West Warwick	1,391	182	13.1	1,136	13	114.4^
Westerly	820	85	10.4	561	<5	*
Woonsocket	2,472	405	16.4	1,841	23	124.9^
Five Core Cities	*20,097*	*4,046*	*20.1*	*15,452*	*210*	*135.9*
Remainder of State	*29,509*	*3,913*	*13.3*	*22,548*	*206*	*91.4*
Rhode Island	*49,606*	*7,962*	*16.0*	*41,513*	*466*	*112.3*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2020-2024.

The denominator for Delayed Prenatal Care is the total number of live births to Rhode Island residents from 2020-2024 and is reported from birth records of live births for which there is known prenatal care information. The denominator for Severe Maternal Morbidity is the total number of delivery hospitalizations in Rhode Island from 2021-2024 and is reported from delivery records. Not every inpatient delivery results in a newborn outcome or a live birth. The denominators for Delayed Prenatal Care and Severe Maternal Morbidity are not comparable because they are reported from different data sources with different time frames and populations of interest. The method of calculating Severe Maternal Morbidity changed, and data in the 2026 Factbook cannot be compared to previous Factbooks.

*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.

Five core cities are Central Falls, Newport, 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 179)

Infant Health

DEFINITION

Infant health is the rate of preterm births, low birthweight infants, and infant mortality. 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 respiratory, gastrointestinal, immune system, central nervous system, hearing, dental, and vision problems.[1,2] Late preterm infants (34-36 weeks gestation) can experience immediate and long-term complications but infants born very preterm (<32 weeks gestation) are at highest risk for death and enduring health problems.[3] Children born preterm or with low birthweight may experience physical disabilities, learning difficulties, and mental or behavioral issues later in life.[2,4–6]

An infant's birthweight is a key indicator of newborn health. Infants born with low birthweight (infants born weighing less than 2,500 grams or 5 pounds, 8 ounces) are at greater risk for physical and developmental problems and death than babies of normal weights.[6–8] The specific causes of preterm birth remain unknown. The three leading risk factors are a history of preterm birth, pregnancy with multiples, and uterine and/or cervical abnormalities. Common factors of preterm birth and low birthweight include substance use, chronic health conditions, infection, stress, exposure to violence, and multiple births.[2,6,7,9] Infant birthweight is influenced by poverty, educational attainment, prenatal nutrition, and environmental hazards.[6–8] Low birthweight is often a result of a premature birth but can occur after a full-term pregnancy and be caused by birth defects or simply because the baby's parents are small.[6] Other risk factors for preterm birth include delayed or no prenatal care and having pregnancies close together.[2,9] Preventive interventions and treatments can improve outcomes for preterm infants.[10]

Preterm birth and low birthweight contribute to infant mortality. Children born at very low birthweight (less than 3.3 pounds or 1,500 grams) are almost 100 times more likely to die before age one than children born at normal birthweight.[11] Infant mortality rates (the number of deaths of infants under one year of age per 1,000 live births) are associated with maternal health; race, and ethnicity; quality of and access to medical care; socioeconomic conditions; and public health practices.[12,13] The low birthweight related infant mortality rate remains a top cause of infant mortality in the U.S.[14]

Education, Age, & Maternal Tobacco Use

◆ **Between 2020 and 2024 in Rhode Island, 10.4% of births among women under age 20 were low birthweight compared to 7.7% of births to those over age 20; 8.8% of infants born to women living in the five core cities were low birthweight compared to 7.0% in the remainder of the state; and 9.4% 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.[15]**

◆ **The infant mortality rate in Rhode Island between 2020 and 2024 was 4.2 deaths per 1,000 live births. Mothers with a high school degree or less had a higher infant mortality rate (5.6 per 1,000 live births) than mothers with higher educational attainment (3.0 per 1,000 live births). Mothers with public insurance had a higher infant mortality rate (5.3 per 1,000 live births) than mothers with private insurance (2.8 per 1,000 live births).[15]**

◆ **Between 2020 and 2024, 13.5% of births to women who smoked during pregnancy were preterm compared to 9.1% of those who did not smoke during pregnancy. During this period, 10.5% of births to women with a high school degree or less were preterm, compared with 8.6% of those with higher education levels.[15]**

◆ **Rhode Island women who smoked were more than twice as likely (15.4%) to deliver a low birthweight infant as those who did not (7.5%).[15,16]**

Preterm Birth, Low Birthweight, and Infant Mortality Rates in Rhode Island and the United States, 2024

	Preterm Births	Low Birthweight	Infant Mortality Rate (Rate Per 1,000 Live Births)
RI	10%	7.8%	4.2
US	12%	8.5%	5.5
National Rank*	***3rd***	***16th***	***5th***
New England Rank**	***3rd***	***5th***	***3rd***

**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.

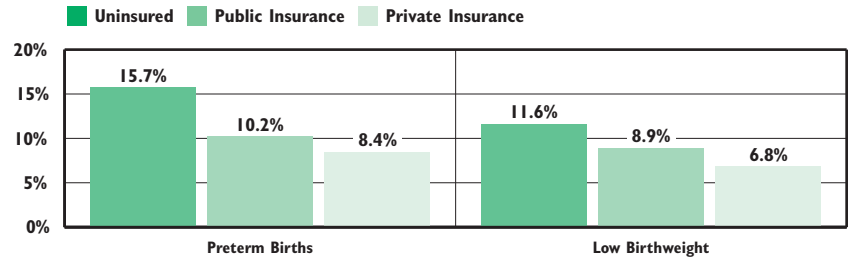
Factors Associated with Preterm Birth and Low Birthweight

◆ Rhode Island women who deliver a low birthweight infant are more likely to report 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.[16]

◆ Between 2020 and 2024, 73.3% of all preterm births in Rhode Island were late preterm births (34-36 weeks gestation), and 15.0% of all preterm births were very preterm (<32 weeks gestation). Multiple births are more likely to be born preterm. In Rhode Island between 2020 and 2024, 62.4% of multiple births were preterm, compared with 7.5% of singleton births.[10,15]

◆ Between 2020 and 2024 in Rhode Island, 1.3% of all live births were born at very low birthweight (less than 1,500 grams or 3.3 pounds).[15]

Preterm Birth and Low Birthweight by Mother's Insurance Status, Rhode Island, 2020-2024

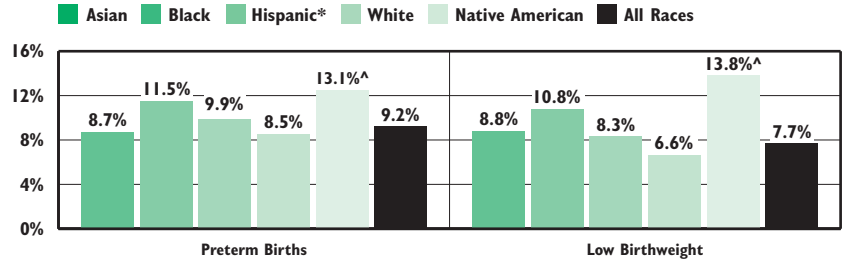


Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2020-2024, All Births (Singleton and Multiple).

◆ In Rhode Island between 2020-2024, the preterm birth rate was highest for uninsured mothers (15.7%), 10.2% for infants born to mothers on RIte Care, and lowest (8.4%) for infants born to mothers with private insurance.[15]

◆ Between 2020-2024, 11.6% of babies born to uninsured mothers were low birthweight, compared to 8.9% of infants born to mothers with RIte Care and 6.8% of infants born to mothers with private insurance.[15]

Preterm Birth and Low Birthweight by Race/Ethnicity, Rhode Island, 2020-2024



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2020-2024. *Hispanic infants can be of any race. ^Rate or percentage is unstable, interpret with caution.

◆ Between 2020 and 2024, 13.1%^ of births of non-Hispanic Native American infants in Rhode Island were preterm, compared with 11.5% of births of non-Hispanic Black infants, 9.9% of Hispanic infants, 8.7% of non-Hispanic Asian infants, and 8.5% of non-Hispanic white infants.[15]

◆ In Rhode Island between 2020 and 2024, 13.8%^ of non-Hispanic Native American infants, 10.8% of non-Hispanic Black infants, 8.8% of non-Hispanic Asian infants, and 8.3% of Hispanic infants were born at low birthweight, compared to 6.6% of non-Hispanic white infants.[15] Nationally, there are racial and ethnic disparities in low birthweight including for Black, Native American, and Native Hawaiian and Other Pacific Islander Infants.[17]

◆ Social drivers (factors that influence health, such as economic well-being, education access, health care, community/environment, and social context) are important to consider in preterm birth and low birth weight disparities. Stressors including income inequality, access to safe and affordable housing, toxic environmental exposures, and access to reproductive and health care, along with racism, discrimination, and associated social stressors are additional risk factors that disproportionately impact Black women and Women of Color.[18–22]

Infant Health

Causes of Infant Mortality Nationally and in Rhode Island

◆ In 2023, the five main causes of infant death in the U.S. were congenital malformations, low birthweight, Sudden Infant Death Syndrome (SIDS), unintentional injuries, and maternal complications. 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 2023 due to improvements in nutrition, medical advances, improved access to care, economic growth, and safer sleep practices.[23–25] Relative to other industrialized countries, the U.S. has higher rates of infant mortality due in part to a high number of preterm births.[25]

◆ Between 2020 and 2024, 212 infants died in Rhode Island before their first birthday, a rate of 4.2 per 1,000 live births. Between 2020 and 2024, 64% of infants who died were low birthweight (less than 2,500 grams). Between 2020 and 2024, 62% of all infant deaths were preterm (born before the 37th week of pregnancy).[15]

◆ Of the 212 infant deaths between 2020 and 2024 in Rhode Island, 67% (141) occurred in the neonatal period (during the first 27 days of life), while 33% (71) occurred in the post-neonatal period (between 28 days and one year after delivery). The leading cause of infant deaths in the neonatal period is low birthweight, while the leading cause during the post-neonatal period is Sudden Infant Death Syndrome.[14,15]

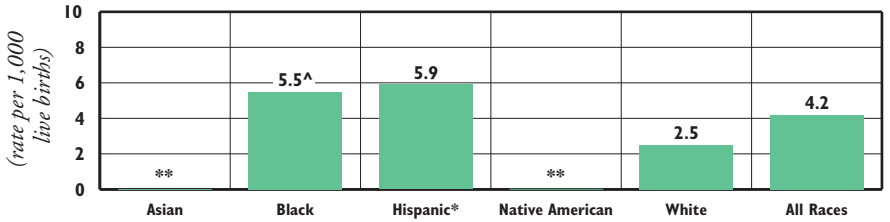
Infant Mortality by Core City Status, Rhode Island, 2020-2024

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
Five Core Cities	20,549	125	6.1
Remainder of State	30,068	87	2.9
Rhode Island	*50,617*	*212*	*4.2*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2020-2024. Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket. Unknown and missing counts were excluded and includes 6 infant deaths that did not link to a birth certificate.

◆ The overall infant mortality rate in Rhode Island between 2020 and 2024 was 4.2 deaths per 1,000 live births. The infant mortality rate was higher in the five core cities (6.1 per 1,000 live births) than in the remainder of the state (2.9 per 1,000 live births).[15]

Infant Mortality by Race/Ethnicity, Rhode Island, 2020-2024



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2020-2024 *Hispanic infants can be of any race. **Rate or percentage is too unstable to report. ^Rate or percentage is unstable, interpret with caution.

◆ In Rhode Island between 2020 and 2024, the Hispanic infant mortality rate was 5.9 deaths per 1,000 live births, which is nearly two and a half times the white infant mortality rate of 2.5 deaths per 1,000 live births.[15] Nationally, 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.[26]

◆ The overall 2020-2024 infant mortality rate in Rhode Island of 4.2 meets the Healthy People 2030 target of 5.0 or fewer per 1,000 live births. However, the non-Hispanic Black and Hispanic infant mortality rates are above the target.[15,27]

◆ Structural racism and the associated stresses are at the root of disparities in maternal and infant mortality, resulting in dramatically higher mortality rates among Black mothers and their babies. It is critical to acknowledge the cumulative effects of structural racism and work to remove systemic barriers that keep Black mothers and their babies from receiving needed care.[26]

◆ Higher rates of preterm-related causes of death account for more than half of the racial disparity in infant mortality between Black women and white women.[18]

Improving Infant Health Outcomes

◆ **Comprehensive state initiatives to improve infant health 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.[18]**

◆ **Strategies to reduce racial and ethnic disparities in infant health include improving the quality of perinatal health care for Black families, increasing support in navigating the health care system, increasing access to midwives and doulas, training providers to address implicit racial biases, increasing the diversity of the health care workforce, and dismantling barriers to mental health care for Families of Color.[18] Reducing environmental, social, and economic stressors through laws and policies (e.g., expanding access to health insurance and improving paid family leave policies, economic support policies, and smoke free laws) can also reduce disparities in infant health.[19,28]**

◆ **Participation in evidence-based family home visiting programs has been shown to reduce the risk of infant death.[18,29] As of October 2025, there were 897 families enrolled in evidence-based family home visiting programs coordinated by the Rhode Island Department of Health.[30]**

Table 17.

Infant Health: Low Birthweight and Preterm Births, 2020-2024

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT	# PRETERM BIRTHS	% PRETERM BIRTHS
Barrington	579	28	4.8	45	7.8
Bristol	689	52	7.5	63	9.1
Burrillville	680	44	6.5	58	8.5
Central Falls	1,479	102	6.9	142	9.6
Charlestown	261	16	6.1^	22	8.4^
Coventry	1,470	105	7.1	145	9.9
Cranston	3,902	305	7.8	344	8.8
Cumberland	1,734	116	6.7	143	8.2
East Greenwich	687	44	6.4	56	8.2
East Providence	2,243	161	7.2	203	9.1
Exeter	223	10	*	10	*
Foster	228	20	8.8^	25	11.0
Glocester	320	20	6.3^	23	7.2
Hopkinton	307	15	4.9^	27	8.8
Jamestown	137	8	*	9	*
Johnston	1,404	98	7.0	116	8.3
Lincoln	950	67	7.1	84	8.8
Little Compton	79	5	*	6	*
Middletown	711	52	7.3	51	7.2
Narragansett	277	16	5.8^	20	7.2^
New Shoreham	39	<5	*	<5	*
Newport	995	74	7.4	84	8.4
North Kingstown	1,083	54	5.0	72	6.6
North Providence	1,600	135	8.4	152	9.5
North Smithfield	485	24	4.9	32	6.6
Pawtucket	4,191	411	9.8	425	10.1
Portsmouth	633	41	6.5	60	9.5
Providence	11,317	990	8.7	1,131	10.0
Richmond	361	17	4.7^	28	7.8
Scituate	460	29	6.3	38	8.3
Smithfield	712	40	5.6	61	8.6
South Kingstown	829	55	6.6	83	10.0
Tiverton	578	47	8.1	44	7.6
Warren	435	30	6.9	44	10.1
Warwick	3,471	254	7.3	318	9.2
West Greenwich	245	9	*	21	8.6^
West Warwick	1,418	123	8.7	137	9.7
Westerly	829	62	7.5	76	9.2
Woonsocket	2,567	226	8.8	251	9.8
Unknown	*9*	*NA*	*NA*	*NA*	*NA*
Five Core Cities	*20,549*	*1,803*	*8.8*	*2,033*	*9.9*
Remainder of State	*30,068*	*2,105*	*7.0*	*2,620*	*8.7*
Rhode Island	*50,617*	*3,908*	*7.7*	*4,653*	*9.2*

Sources of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2020-2024. Data from January 2026 and future reports with birth counts may change.

The denominator is the total number of live births to Rhode Island residents between 2020 and 2024.

*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.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References for Infant Health

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(continued on page 180)

Breastfeeding

DEFINITION

Breastfeeding is the number and percentage of newborn infants who are breastfed at the time of hospital discharge.

SIGNIFICANCE

Breastfeeding is widely recognized as the ideal method of feeding and nurturing infants and is 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 for two years or beyond.[1]

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.[3–5]

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.[6] 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.[7] There are now four Baby-Friendly hospitals in Rhode Island: Kent Hospital, Newport Hospital, South County Hospital, and Women & Infants Hospital.[8]

Breastfeeding rates generally increase with higher educational attainment and higher income levels.[9] Healthy People 2030 sets target breastfeeding rates of 42% of infants breastfed exclusively through six months and 54% of infants breastfed to any extent at one year of age.[10]

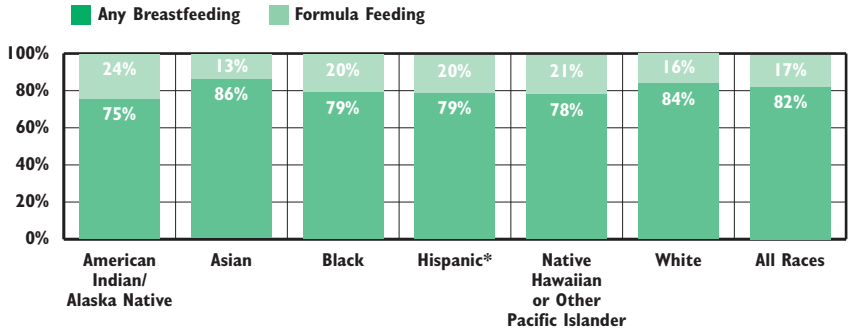
Breastfeeding Rates

	6 months^	12 months
RI	25%	43%
US	28%	41%
National Rank*	*40th*	*24th*
New England Rank**	*5th*	*6th*

**1st is best; 50th is worst*
***1st is best; 6th is worst*
^exclusively breastfed

Source: Centers for Disease Control (2025). *CDC's Early Childhood Nutrition Report 2025.* Note: Data is for infants born in 2022.

Breastfeeding and Formula Feeding at Birth by Race/Ethnicity, Rhode Island, 2020-2024



Source: Rhode Island Department of Health [RIDOH]. (2025). *KIDSNET, 2020-2024.* Center for Health Data and Analysis. 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.

◆ **Between 2020 and 2024, 82% of new mothers in Rhode Island indicated that they intended to breastfeed when discharged from the hospital and 17% intended to formula feed.[11] American Indian/Alaska Native, Black, Hispanic, and Native Hawaiian or Other Pacific Islander infants are less likely to be breastfed than white and Asian infants, due to structural, interpersonal, cultural, and historical barriers that Women of Color face. Structural barriers include lack of support and discrimination from the health care and workplace settings, including limited paid family leave. Interpersonal barriers include lack of family support and inadequate workplace policies for breastfeeding moms.[12,13]**

◆ **In Rhode Island between 2021 and 2023, 70% of infants of moms who had private insurance during the postpartum period were breastfed for at least three months compared to only 54% of infants of moms who had Medicaid or RIte Care.[14]**

Rhode Island Supports for Breastfeeding

◆ Access to 12 weeks of paid family leave increases the initiation and duration of breastfeeding and the likelihood of breastfeeding for at least six months.[15,16] In 2024, Rhode Island passed a law increasing the state's paid leave program from six to seven weeks in 2025 and eight weeks in 2026, working toward national standards supporting equitable access to paid leave, especially for Women of Color.[16–18]

◆ All 50 states have passed legislation that provides mothers with the explicit right to breastfeed in public or private places.[19] Since 2015, Rhode Island law has prohibited job discrimination based on pregnancy, childbirth, and related conditions and required employers to make reasonable accommodations for workers, including support for breastfeeding.[20] Other barriers to breastfeeding include accessibility and accommodations for lactation in the workplace and community.[12]

◆ In 2014, Rhode Island became the first state to establish licensure for International Board-Certified Lactation Consultants (IBCLCs) who provide comprehensive lactation support and counseling for pregnant and postpartum women. In February 2026, Rhode Island had 73 licensed IBCLCs.[2,21] Other lactation professionals can support health equity and reduce breastfeeding barriers.[22]

Table 18. **Breastfeeding at Time of Birth, Rhode Island, 2020-2024**

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER BREASTFEEDING	PERCENT BREASTFEEDING
Barrington	543	498	92%
Bristol	623	524	84%
Burrillville	581	483	83%
Central Falls	1,437	1,107	77%
Charlestown	251	218	87%
Coventry	1,436	1,174	82%
Cranston	3,793	3,147	83%
Cumberland	1,457	1,261	87%
East Greenwich	655	588	90%
East Providence	2,115	1,777	84%
Exeter	223	193	87%
Foster	204	167	82%
Glocester	308	272	88%
Hopkinton	323	274	85%
Jamestown	133	128	96%
Johnston	1,354	1,104	82%
Lincoln	889	746	84%
Little Compton	49	43	88%
Middletown	672	594	88%
Narragansett	286	265	93%
New Shoreham	37	36	97%
Newport	964	818	85%
North Kingstown	996	902	91%
North Providence	1,525	1,238	81%
North Smithfield	428	384	90%
Pawtucket	3,962	3,172	80%
Portsmouth	566	520	92%
Providence	11,024	8,708	79%
Richmond	340	309	91%
Scituate	429	374	87%
Smithfield	673	562	84%
South Kingstown	841	761	90%
Tiverton	373	320	86%
Warren	387	311	80%
Warwick	3,400	2,840	84%
West Greenwich	242	208	86%
West Warwick	1,376	1,090	79%
Westerly	695	605	87%
Woonsocket	2,303	1,654	72%
Five Core Cities	*19,690*	*15,459*	*79%*
Remainder of State	*28,203*	*23,916*	*85%*
Rhode Island	*47,893*	*39,375*	*82%*

Sources of Data for Table/Methodology

Rhode Island Department of Health. (2025). *KIDSNET, 2020-2024.* Center for Health Data and Analysis.

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 RIDOH 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.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References

[1] Meek, J. Y., Noble, L., & Section on Breastfeeding. (2022). Policy statement: Breastfeeding and the use of human milk. *Pediatrics, 150*(1). https://doi.org/10.1542/peds.2022-057988

[2] Rhode Island Department of Health [RIDOH]. (2025). *Breastfeeding: 2025 Rhode Island strategic plan.* https://health.ri.gov/sites/g/files/xkgbur1006/files/2025-08/Breastfeeding-Strategic-Plan.pdf

[3] The Cleveland Clinic. (2023). *The benefits of breastfeeding for you & baby.* https://my.clevelandclinic.org/health/articles/15274-benefits-of-breastfeeding

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Children Affected by Lead Exposure

DEFINITION

Children affected by lead exposure is the percentage of children under age six with a confirmed elevated blood lead level (EBLL, ≥3.5 µg/dL) at any time prior to December 31, 2025.[1,2] These data pertain to children eligible to enter kindergarten in the fall of 2027 (i.e., those born between September 1, 2021 and August 31, 2022).

SIGNIFICANCE

Lead exposure 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] Even at very low levels, lead exposure can cause irreversible damage, including slowed growth and development, learning disabilities, behavioral problems, and neurological damage. In severe cases, with a diagnosis of lead poisoning, the result can be seizures, comas, and even death.[4,5] The societal costs of childhood lead exposure include reduced future earnings due to cognitive impairment along with increased medical expenses, special education needs, and youth justice system involvement.[6,7]

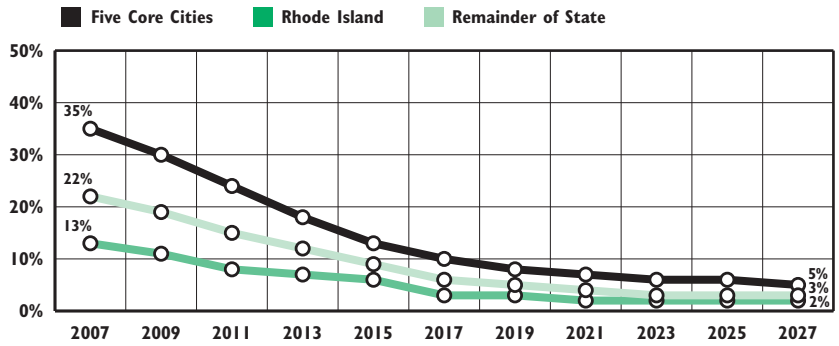
Homes, schools, and child care facilities built before 1978 may contain lead-based paint or lead-contaminated dust. Additionally, children can be exposed through lead service lines, where water pipes connect homes or buildings to public water mains. However, almost all cases in Rhode Island are a result of lead-based paint exposure.[8]

There is no safe lead level in children. In 2021, the Centers for Disease Control and Prevention lowered its blood reference value from 5 µg/dL to 3.5 µg/dL, aligning with the top 2.5% blood lead levels (BLLs) of children ages one to five. This new lower reference value will allow parents and health officials to take corrective actions sooner for children with the highest elevated blood lead levels.[1,9]

While the percentage of children with elevated blood lead levels has been declining nationally and in Rhode Island, children from low-income neighborhoods remain at greater risk of lead exposure. In Rhode Island, children living in the five core cities face higher risks due to older housing stock.[10–12]

In 2025, 598 (5.4%) of the 11,048 Rhode Island children under age six who were screened had confirmed elevated blood lead levels of ≥3.5 µg/dL. Children living in the five core cities (8.5%) were almost three times as likely as children in the remainder of the state (3.4%) to have confirmed elevated blood lead levels of ≥3.5 µg/dL.[13]

Children Entering Kindergarten with History of Elevated* Blood Lead Level, Rhode Island, Five Core Cities, and Remainder of State, 2007-2027



Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 2007 and 2027. *Elevated blood lead level of ≥5 µg/dL for children entering kindergarten before 2027.

◆ **The number of children with blood lead levels ≥5 µg/dL has been steadily declining in all areas of Rhode Island over the past two decades. Compared to the remainder of the state, the five core cities have over three times the rate of children with elevated blood levels.[13]**

Lead Exposure and Academic Performance

◆ **Exposure to lead can negatively impact academic performance in early childhood. 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. Children with lead exposure are also at increased risk for absenteeism, grade repetition, and special education services.[14,15]**

◆ **Safe lead-free homes, schools, and communities are important to prevent lead exposure. This includes ensuring that Rhode Island homes (including rental properties), schools, and buildings are free of lead exposure through lead in the paint, dust, and water (through corrosion of lead services lines) by complying with lead inspections, remediations and practices, and providing equitable plans for full replacements of lead pipes.[8,16]**

Lead Screening

- The recently established reference value of 3.5 µg/dL, will allow parents and health officials to take corrective actions sooner.[1]

- An environmental inspection of a child's home is offered when a venous test is ≥5µg/dL. The 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 2025, 290 environmental inspections were offered, 79 were performed, 64 were refused, 36 had no response or were unable to be contacted, and three had moved.[13,17]

- 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 and is free of charge. In 2025, 73% of children received a blood lead screening test by age 18 months, and 36% received one test by age 18 months and a second by age 36 months.[11,13,18]

Lead Rental Registry

- Rhode Island law requires landlords who lease residential property built before 1978 to have lead certificates as required by the *2002 Lead Hazard Mitigation Act*, giving families access to information about their rental homes.[19]

Table 19. **Lead Poisoning in Children Entering Kindergarten in the Fall of 2027, Rhode Island**

CITY/TOWN	NUMBER TESTED FOR LEAD POISONING	CONFIRMED WITH BLOOD LEAD LEVEL ≥3.5 µg/dL	
		NUMBER	PERCENT
Barrington	167	<5	*
Bristol	159	6	3.8%
Burrillville	127	5	3.9%
Central Falls	331	40	12.1%
Charlestown	56	<5	*
Coventry	328	6	1.8%
Cranston	846	42	5.0%
Cumberland	399	9	2.3%
East Greenwich	184	<5	*
East Providence	487	17	3.5%
Exeter	47	<5	*
Foster	45	<5	*
Glocester	81	<5	*
Hopkinton	55	<5	*
Jamestown	32	<5	*
Johnston	322	11	3.4%
Lincoln	203	6	3.0%
Little Compton	17	<5	*
Middletown	152	5	3.3%
Narragansett	58	<5	*
New Shoreham	14	<5	*
Newport	200	13	6.5%
North Kingstown	273	<5	*
North Providence	362	9	2.5%
North Smithfield	98	5	5.1%
Pawtucket	833	48	5.8%
Portsmouth	125	<5	*
Providence	2,533	244	9.6%
Richmond	68	<5	*
Scituate	111	6	5.4%
Smithfield	146	<5	*
South Kingstown	177	7	4.0%
Tiverton	124	6	4.8%
Warren	95	<5	*
Warwick	739	31	4.2%
West Greenwich	63	<5	*
West Warwick	314	12	3.8%
Westerly	143	9	6.3%
Woonsocket	499	30	6.0%
Unknown RI Town	*35*	*<5*	*
Five Core Cities	*4,396*	*375*	*8.5%*
Remainder of State	*6,617*	*223*	*3.4%*
Rhode Island	*11,048*	*598*	*5.4%*

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 2027 reflect the number of Rhode Island children eligible to enter school in the fall of 2027 (i.e., born between 09/01/21 and 08/31/22)

Children confirmed positive for lead exposure (blood lead level ≥3.5 µg/dL) are counted if they screened positive with a venous test and/or had a confirmed capillary test at any time in their lives prior to the end of December 2025. The Rhode Island Healthy Homes and Childhood Lead Poisoning Prevention Program recommends that children under age six with a capillary blood lead level of ≥5 µg/dL receive a confirmatory venous test.

The denominator for percent confirmed is the number of children entering kindergarten in the fall of 2027 who were tested for lead exposure. Data include both venous and confirmed capillary tests.

Of the 922 children entering kindergarten in 2027 who had an initial blood lead screen of ≥3.5 µg/dL, 324 did not receive a confirmatory second test. Their blood lead level status is unknown.

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

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

See Methodology Section for more information.

References

[1] Centers for Disease Control and Prevention. (2025). *About the data: Blood lead surveillance.* https://www.cdc.gov/lead-prevention/php/data/blood-lead-surveillance.html

(continued on page 181)

Children with Asthma

DEFINITION

Children with asthma is the rate of emergency department visits where asthma was the primary diagnosis per 1,000 children under age 18.

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, and allergens. While the exact cause is unknown, various genetic factors, environmental factors (such as long-term exposure to traffic pollution), climate change, and socio-economic factors (such as poverty and persistent or prolonged stress) have been linked to an increased risk for asthma.[1–4]

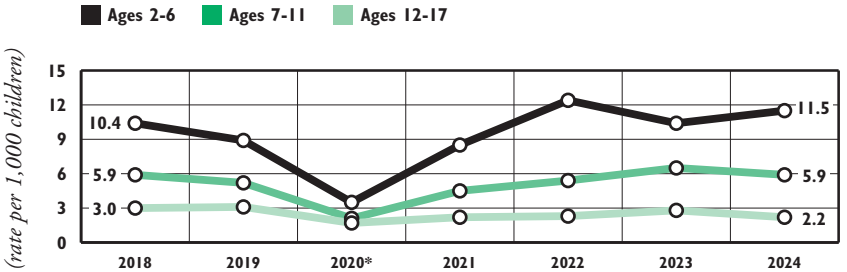
Asthma is the most common chronic condition among children and adolescents worldwide.[4] Current asthma prevalence among U.S. children fell from 8.1% in 2016 to 6.5% in 2022.[5] However, disparities in asthma rates persist. Puerto Rican and non-Hispanic Black children have much higher asthma rates than non-Hispanic white children. Rates of asthma are also higher among males and among children living in poverty.[6,7] Social and environmental risk factors for asthma account for much of the disparities in asthma rates and severity.[8]

Compared with adults, children have much higher rates of emergency department visits for asthma, slightly higher hospitalization rates, and lower death rates.[9] Asthma is a leading cause of emergency department visits and hospitalization for children under age 18 and school absenteeism.[10,11] Asthma is also associated with dental disease. From 2020-2024, Rhode Island youth who took medication for asthma were more likely to be treated for dental disease than youth with untreated asthma or youth without asthma.[12]

Proper asthma management requires continued assessment and monitoring, patient education, environmental assessment, and appropriate medication. Health care providers should work with the child and family to create an asthma action plan with steps to avoid asthma triggers and use medications properly. Adherence can improve health outcomes and reduce hospitalizations if supported by enhanced care and community-based interventions.[13–15]

Rhode Island middle and high school staff provide information about and referrals for asthma. In Rhode Island in 2020, 67% of middle and high schools reported providing health care referrals for students diagnosed with or suspected of having asthma, 69% of schools reported providing asthma education to students, and 41% provided families with information on asthma.[16]

Asthma Emergency Department Visit Rates By Age, Rhode Island Children, 2018-2024*



Source: Rhode Island Department of Health, Emergency Department Visit Data, 2018-2024. *Asthma-related emergency department visits decreased substantially in spring 2020 and must be interpreted with caution due to the COVID-19 pandemic.

◆ **Pediatric asthma emergency department (ED) visit rates where asthma was the primary diagnosis decreased in each age group between 2018 and 2021, excluding 2020. In 2022, however, the ED visit rate for a primary diagnosis of asthma among children went up, rising notably among children aged two to six years. In 2024, the rate for children ages two to six was 11.5 per 1,000 children, a slight increase from 2023. Asthma is a chronic condition with many triggers, so ED visit rates for pediatric asthma can vary from one year to the next.[17]**

◆ **In Rhode Island between 2020 and 2024, there were 737 hospitalizations with a primary asthma diagnosis among children under age 18, a rate of 0.7 per 1,000 children. The rate of primary asthma hospitalizations was higher in the five core cities (1.1 per 1,000 children) than in the remainder of the state (0.5 per 1,000 children).[17]**

◆ **There was a steep decline in pediatric asthma emergency department visits and hospitalizations in Rhode Island during the spring of 2020.[18] One contributor for this was families' reluctance to visit the hospital due to fear of contracting COVID-19. 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 asthma problems.[19]**

Asthma Prevalence

◆ **In 2022, Rhode Island parents reported rates of current asthma prevalence of their children of 8.0% (down from 9.9% in 2018) compared to the average of 6.5% for parents surveyed in 29 states and Washington, DC. Rhode Island had the eleventh highest reported asthma prevalence among the 29 participating states.[20,21]**

◆ **Between 2020 and 2024, 47% of emergency department visits with a primary diagnosis of asthma were for Hispanic children, 30% were for white children, and 15% were for Black children. Nearly three quarters (70%) of emergency department visits were for children with RIte Care/Medicaid.[17] Inequities in social determinants of health (housing policies, environmental quality and pollution, and social stressors) contribute to the racial and ethnic disparities in asthma development, progression, and management.[3]**

Table 20. **Asthma Emergency Department Visits for Children Under Age 18, Rhode Island, 2020-2024**

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	4,489	56	2.5
Bristol	2,887	29	2.0
Burrillville	3,229	50	3.1
Central Falls	6,411	245	7.6
Charlestown	1,161	12	2.1^
Coventry	6,655	119	3.6
Cranston	15,744	382	4.9
Cumberland	7,550	97	2.6
East Greenwich	3,465	28	1.6^
East Providence	7,886	194	4.9
Exeter	1,175	8	*
Foster	790	8	*
Glocester	1,896	12	1.3^
Hopkinton	1,613	24	3.0^
Jamestown	871	<5	*
Johnston	5,119	103	4.0
Lincoln	4,640	64	2.8
Little Compton	568	<5	*
Middletown	3,487	70	4.0
Narragansett	1,651	6	*
New Shoreham	189	0	0.0
Newport	3,660	94	5.1
North Kingstown	5,496	56	2.0
North Providence	5,802	140	4.8
North Smithfield	2,274	41	3.6
Pawtucket	16,455	535	6.5
Portsmouth	3,444	40	2.3
Providence	41,021	1,864	9.1
Richmond	1,627	<5	*
Scituate	1,866	32	3.4
Smithfield	3,411	37	2.2
South Kingstown	4,339	49	2.3
Tiverton	2,723	18	1.3^
Warren	1,826	32	3.5
Warwick	14,034	241	3.4
West Greenwich	1,251	12	1.9^
West Warwick	5,787	135	4.7
Westerly	3,826	91	4.8
Woonsocket	9,467	389	8.2
Five Core Cities	*77,014*	*3,127*	*8.1*
*Remainder State***	*132,771*	*2,197*	*3.3*
*Rhode Island***	*209,785*	*5,324*	*5.1*

Source of Data for Table/Methodology

Rhode Island Department of Health, Emergency Department, and Hospital Discharge Data, 2020-2024.

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.

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

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

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

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

The denominator used to compute the 2020-2024 rate of emergency department visits is the number of children according to the 2020 U.S. Census, multiplied by five.

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

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

Data excludes Rhode Island cities and towns unknown.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References

[1] Centers for Disease Control and Prevention. (2024). *About asthma.* https://www.cdc.gov/asthma/about/index.html

[2] Rice, M. B., Rifas-Shiman, S.L., Litonjua, A.A., Gillman, M.W., Liebman, N.,… Gold, D.R. (2018). Lifetime air pollution exposure and asthma in a pediatric birth cohort. *Journal of Clinical Immunology, 141*(5), 1932–1933.

(continued on page 181)

Housing and Health

DEFINITION

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

SIGNIFICANCE

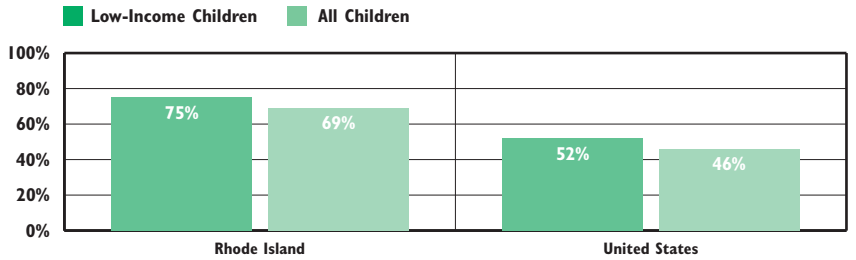
Homes that are dry, clean, pest-free, safe, contaminant-free, well-ventilated, well-maintained, and temperature regulated provide a healthy environment for children and residents.[1] Safe, affordable, and stable housing maintains the health and well-being of families and children, supporting mental and 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 exposure, and cancer. Children under age five, low-income children, and Children of Color are at increased risk of 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, as well as academic achievement, in low-income children and youth. Adolescents living in poorer quality homes have lower reading and math proficiency than their peers.[6]

The quality and stability of their 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.[1,4,8,9]

Children Living in Older Housing*, 2020-2024, Rhode Island and the United States



Source: Population Reference Bureau analysis of 2020-2024 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 2020 and 2024, Rhode Island had the highest percentage of low-income children (75%) and the second highest percentage of children of all incomes (69%) living in older housing in the U.S., after New York.[10]**

◆ **Lead Exposure: Children living in homes built before 1978 are at risk of lead exposure. Even at low levels, lead exposure can negatively affect a child's health, development, and brain.[11] In 2025, 4% (767) of Rhode Island children under age six who were screened had a confirmed blood lead level of ≥3.5 µg/dL.[12]**

◆ **Asthma: Asthma is the most common chronic condition in children and a leading cause of school absences and hospitalization for children under age 18 in the U.S.[13] Between 2020 and 2024, there were 2,372 emergency department visits of Rhode Island children ages six and under (6.4 per 1,000) for which asthma was the primary diagnosis.[14]**

◆ **Unintentional Injuries: Falls are the leading cause of non-fatal unintentional injuries among children in the U.S.[15] In 2024, housing-related falls resulted in 1,051 emergency room visits by Rhode Island children ages six and under.[16]**

◆ **Weatherization Assistance Program: This program helps income-eligible households reduce heating bills by providing whole-house energy efficiency and safety services. In 2023, 693 Rhode Island children under age 18 benefited from 1,212 completed weatherization projects, a return to previous levels after disruptions caused by the pandemic.[17]**

Table 21.

Housing and Health, Rhode Island

CITY/TOWN	TOTAL # OF CHILDREN AGES 6 AND UNDER, 2020	CHILDREN <6 WITH LEAD EXPOSURE 2025 #	CHILDREN <6 WITH LEAD EXPOSURE 2025 TESTED	CHILDREN <6 WITH LEAD EXPOSURE 2025 %	PRIMARY ASTHMA ED VISITS* 2020-2024 #	PRIMARY ASTHMA ED VISITS* 2020-2024 RATE PER 1,000	HOUSING RELATED FALLS 2024	WEATHER-IZATION PROJECTS 2023	% HOUSING STOCK PRE-1980
Barrington	1,262	*	321	0.9%	38	6.0	8	4	84%
Bristol	937	*	270	0.7%	16	3.4	16	10	68%
Burrillville	1,044	14	221	6.3%	34	6.5	13	11	65%
Central Falls	2,304	49	703	7.0%	125	10.9	34	13	74%
Charlestown	364	*	77	0.0%	6	3.3	*	9	50%
Coventry	2,267	*	556	0.5%	64	5.6	31	49	61%
Cranston	5,492	64	1,645	3.9%	250	9.1	81	170	78%
Cumberland	2,716	13	692	1.9%	58	4.3	30	24	59%
East Greenwich	996	*	275	1.5%	24	4.8	11	2	55%
East Providence	2,907	15	1,079	1.4%	135	9.3	33	59	80%
Exeter	397	*	69	1.4%	6	3.0	*	12	30%
Foster	246	*	77	2.6%	*	2.4	*	5	61%
Glocester	651	*	125	0.0%	5	1.5	5	21	59%
Hopkinton	539	*	96	3.1%	13	4.8	11	12	55%
Jamestown	223	*	55	1.8%	*	3.6	*	5	57%
Johnston	1,784	9	619	1.5%	54	6.1	30	57	69%
Lincoln	1,522	10	344	2.9%	32	4.2	13	14	63%
Little Compton	175	*	32	6.3%	*	1.1	*	0	57%
Middletown	1,257	6	203	3.0%	44	7.0	20	4	64%
Narragansett	461	*	82	1.2%	*	1.3	8	6	59%
New Shoreham	62	*	12	0.0%	*	0.0	*	0	57%
Newport	1,444	25	264	9.5%	51	7.1	26	7	85%
North Kingstown	1,831	5	472	1.1%	28	3.1	27	28	59%
North Providence	2,174	8	610	1.3%	72	6.6	32	56	66%
North Smithfield	726	*	170	0.6%	24	6.6	*	9	58%
Pawtucket	6,199	69	1,668	4.1%	314	10.1	85	113	83%
Portsmouth	1,141	*	217	1.4%	21	3.7	14	14	62%
Providence	15,026	356	5,863	6.1%	1,094	14.6	245	196	82%
Richmond	576	*	108	0.0%	*	1.4	10	0	41%
Scituate	607	*	177	0.6%	22	7.2	10	5	62%
Smithfield	1,122	*	233	0.9%	27	4.8	13	20	56%
South Kingstown	1,339	*	289	1.0%	25	3.7	30	5	54%
Tiverton	907	*	250	1.2%	8	1.8	6	43	59%
Warren	626	5	180	2.8%	24	7.7	10	15	80%
Warwick	5,228	13	1,370	0.9%	148	5.7	63	124	77%
West Greenwich	380	*	95	1.1%	6	3.2	*	6	27%
West Warwick	2,276	15	554	2.7%	74	6.5	27	40	68%
Westerly	1,257	6	214	2.8%	50	8.0	27	18	59%
Woonsocket	3,684	45	892	5.0%	198	10.7	68	26	83%
Five Core Cities	*28,657*	*544*	*9,390*	*5.8%*	*1,394*	*9.7*	*458*	*355*	*82%*
Remainder of State	*45,492*	*223*	*11,853*	*1.9%*	*978*	*4.3*	*593*	*857*	*66%*
Rhode Island	*74,149*	*767*	*21,243*	*3.6%*	*2,372*	*6.4*	*1,051*	*1,212*	*71%*

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2020.

Children with Lead Poisoning: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, 2025. The numerator is the number of Rhode Island children with a confirmed blood lead level ≥3.5 µg/dL in calendar year 2025. The denominator is the number of children who were tested in calendar year 2025. Data are for children under age six.

Children with Asthma: Rhode Island Department of Health, Hospital Discharge Database, 2020-2024. 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, 2024. 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, 2023. Weatherization projects are defined as those receiving a final inspection by the end of calendar year 2023. Newer data was not available.

Housing Stock Pre-1980: Population Reference Bureau analysis of 2020-2024 American Community Survey (ACS) data. Table B25034. Older housing is defined as being built before 1980. The ACS reports housing year built by decade, so this is the best available approximation for housing built before 1978 when interior lead paint was banned.

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

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

(continued with References on page 181)

Healthy Weight

DEFINITION

Healthy weight is the percentage of children whose body mass index (BMI) meets the definition for healthy weight. Children with a BMI below the 5th percentile for gender and age meet criteria for underweight, children with a BMI from the 5th to the 85th percentile meet the criteria for healthy weight, children with a BMI between the 85th and 95th percentiles meet criteria for overweight, and children with a BMI at or above the 95th percentile meet criteria for obese.[1]

SIGNIFICANCE

Children and adolescents who are above a healthy weight are at risk of health problems, including type 2 diabetes, cardiovascular disease, asthma, joint problems, sleep apnea, and other acute and chronic health problems. These youth face weight stigma and high rates of bullying and social marginalization, which in turn negatively impact their school attendance and academic performance.[2–5] Although BMI is the most commonly used metric to assess healthy weight and is a helpful indicator at the population level, it does not independently measure individual health status.[6]

Nationally, there is a continued upward trend in obesity. From 2017 to 2020 in the U.S., the prevalence of obesity in children ages two to 19 was 20% with children and adolescents ages 12 to 19 having the highest rates.[7,8] Prior to 2018, Rhode Island did not have a statewide clinical childhood BMI data set. A recent analysis of data collected in 2024 found that 15% of Rhode Island children ages two to 17 meet criteria for overweight and 21% meet criteria for obesity.[9]

The increasing trend of child and teen high weight status is the result of complex interactions among many factors, including calorie consumption, genes, metabolism, behavior, environment, and physical activity. Most of these factors are out of the individuals' control and are related to socioeconomic status and the availability of healthy food and safe play areas in their community.[4,10]

Low consumption of nutritious foods, low levels of physical activity, and high levels of screen time are all associated with higher weight.[11] The COVID-19 pandemic limited children's access to nutritious food and physical activity.[12] Reducing overweight and obesity will require a comprehensive, multi-system approach.

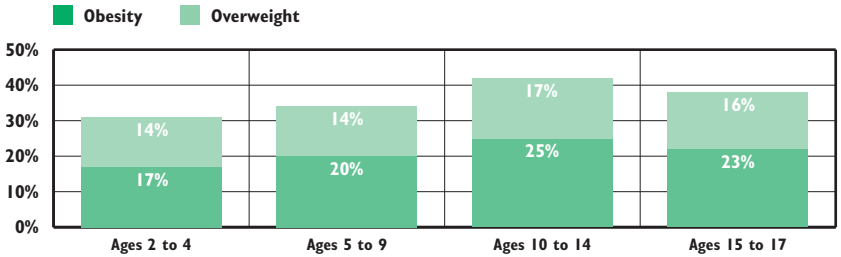
Healthy Weight Among Children Ages 6-17

	2023-2024
RI	61%
US	60%
National Rank*	*21st*
New England Rank**	*5th*

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

Source: Data Resource Center for Child and Adolescent Health, *2023-2024 National Survey of Children's Health*, childhealthdata.org.

Rhode Island Children with Overweight and Obesity by Age, 2024

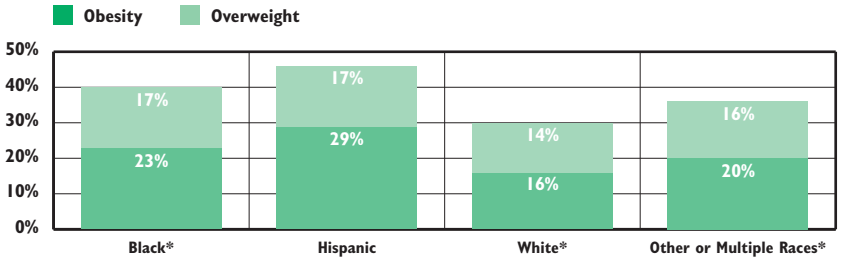


Source: Brown School of Public Health analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Cigna HealthCare, Neighborhood Health Plan of Rhode Island, United Healthcare, and Point32 collected by the Department of Health, 2026.

◆ **Fifteen percent of Rhode Island children ages two to 17 meet criteria for overweight and 21% meet criteria for obesity. Older children are more likely to meet criteria for overweight or obesity than younger children.[9]**

◆ **Twenty-seven percent of children covered by RIte Care meet criteria for obesity compared to 13% of children with private health insurance.[9]**

Rhode Island Childhood Overweight and Obesity by Race/Ethnicity, 2024



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, Cigna HealthCare, Neighborhood Health Plan of Rhode Island, United Healthcare, and Point32 collected by the Department of Health, 2026. **Non-Hispanic.*

◆ **Hispanic children (17% overweight and 29% obese) and non-Hispanic Black children (17% overweight and 23% obese) have the highest rates of overweight and obesity in Rhode Island. Institutional and interpersonal discrimination in the community and environment, and socioeconomic status of Children of Color contribute to these disparities.[9,10]**

Food Access, Nutrition, and Physical Activity

- Many children and adolescents do not have access to enough food for a healthy and active lifestyle (food insecurity) or consume diets with too many calories and not enough nutrients.[13,14]

- In 2025, 34% of households reported being food insecure, a four percentage point decrease from 2024.[14,15] In 2023, 29% of Rhode Island high school students reported going hungry at some point in the past month because there was not enough food.[16]

- Regular physical activity has physical, social, emotional, cognitive, and health benefits.[17] In 2023, 57% of Rhode Island middle school students and 60% of high school students reported less than five days of physical activity in a week.[16]

- A community's streets, sidewalks, parks, and housing influence physical activity access for youth.[4] Policy strategies to address healthy weight include improving access to nutritious and affordable foods and beverages, ensuring access to healthy food in schools for all students, increasing options for physical activity and improving access to safe and walkable neighborhoods and recreational areas.[4]

Table 22. **Prevalence of Overweight and Obesity Among Rhode Island Children Ages 2 to 17, 2024**

CITY/TOWN	% OVERWEIGHT	% OBESE	% OVERWEIGHT AND OBESE COMBINED
Barrington	12%	8%	20%
Bristol	15%	15%	30%
Burrillville	15%	22%	36%
Central Falls	18%	33%	51%
Charlestown	17%	14%	30%
Coventry	14%	16%	29%
Cranston	16%	20%	36%
Cumberland	17%	19%	35%
East Greenwich	11%	9%	21%
East Providence	15%	21%	35%
Exeter	12%	14%	25%
Foster	9%	14%	24%
Glocester	12%	13%	25%
Hopkinton	14%	18%	32%
Jamestown	9%^	8%	17%
Johnston	17%	23%	39%
Lincoln	15%	20%	34%
Little Compton	*	*	17%^
Middletown	10%	15%	25%
Narragansett	15%	13%	28%
New Shoreham	*	*	33%
Newport	18%	16%	35%
North Kingstown	10%	11%	21%
North Providence	19%	23%	42%
North Smithfield	15%	15%	30%
Pawtucket	17%	25%	42%
Portsmouth	8%	10%	19%
Providence	17%	27%	44%
Richmond	11%	16%	27%
Scituate	14%	12%	25%
Smithfield	15%	14%	29%
South Kingstown	13%	13%	26%
Tiverton	12%	17%	29%
Warren	14%	16%	30%
Warwick	13%	18%	31%
West Greenwich	17%	20%	37%
West Warwick	13%	13%	26%
Westerly	15%	22%	37%
Woonsocket	17%	35%	51%
Five Core Cities	*17%*	*28%*	*45%*
Remainder of State	*14%*	*17%*	*31%*
Rhode Island	*15%*	*21%*	*37%*

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, Cigna HealthCare, Neighborhood Health Plan of Rhode Island, United Healthcare, and Point32Health collected by the Department of Health, 2026.

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

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

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References

[1] Centers for Disease Control and Prevention. (2024). *Child and Teen BMI categories.* https://www.cdc.gov/bmi/child-teen-calculator/bmi-categories.html

[2] Raffoul, A., & Lesley, W. (2021). Integrating health at every size principles into adolescent care. *Current opinion in pediatrics. 33*(4), 361–367.

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[4] Warren, M., Beck, S., & West, M. (2024). *State of obesity 2024: Better policies for a healthier America.* Trust for America's Health. https://www.tfah.org/report-details/state-of-obesity-2024/

[5] Institute of Medicine, Food and Nutrition Board, & Committee on Accelerating Progress in Obesity Prevention. (2012). *Accelerating progress in obesity prevention: Solving the weight of the nation.* (D. Glickman, L. Parker, L. J. Sim, H. D. V. Cook, & E. A. Miller, Eds.). National Academies Press.

[6] American Medical Association. (2023, June 14). *AMA adopts new policy clarifying role of BMI as a measure in medicine [Press release].* https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policy-clarifying-role-bmi-measure-medicine

(continued on page 182)

Births to Teens

DEFINITION

Births to teens is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

SIGNIFICANCE

Teen pregnancy and parenting can threaten the development of teen parents as well as their children. Infants of teen parents have higher rates of prematurity, low birthweight, and infant mortality than those born to women in their twenties and thirties.[1] 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.[2]

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. Teen girls in foster care are twice as likely as their peers to become pregnant by age 19.[2]

Nationally, most teen births (75%) are to teens ages 18 or older. There are disparities in teen birth rates by age, race, and ethnicity. The teen birth rate is highest among American Indian or Alaska Native, Black, Hispanic, and Native Hawaiian or Other Pacific Islander teens and lowest among Asian teens.[3,4]

Effective teen pregnancy prevention programs address the social determinants of health, and work within the community to support the health of adolescents. This includes ensuring access to quality reproductive health care and education.[5] Nationally, fewer teens are having sex and more use contraception.[2,6]

After peaking in 1991, the U.S. teen birth rate has declined almost every year and reached a historic low in 2023. Nationally, the birth rate for teens declined 4% from 2022 to 2023 (from 13.6 per 1,000 to 13.1 per 1,000).[7] Despite these declines, the U.S. teen birth rate remains higher than in other developed countries.[2,7,8]

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 2023 at a rate of 7.5 births per 1,000 teen girls.[7,9] In Rhode Island between 2020-2024, 2.1% (1,060) of babies were born to mothers under age 20.[10]

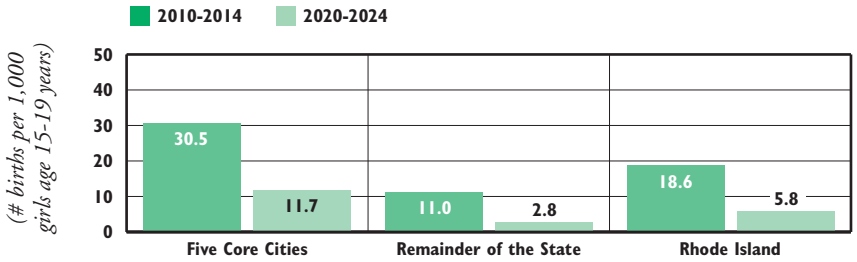
Teen Birth Rates
(rate per 1,000 girls ages 15-19)

	1991	2023
RI	44.7	7.5
US	61.8	13.1
National Rank*		*6th*
New England Rank**		*6th*

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

Source: For 1991: Ventura, S. J., et al. (2014). National and state patterns of teen births in the United States, 1940-2013. *NVSR, 63*(4), 1-33. For 2023: Osterman, M., Hamilton, B., Joyce, M., Driscoll, A., & Valenzuela, C. (2025). *Births: Final data for 2023.* National Center for Health Statistics (U.S.).

Teen Birth Rates, Rhode Island, Five-Year Average Comparisons: 2010-2014, 2020-2024



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2010-2024.

◆ **In 2023, the birth rate for U.S. teens (13.1 births per 1,000 teen girls ages 15-19) was the lowest ever recorded.[7]**

◆ **In Rhode Island, the statewide five-year average teen birth rate declined 69% between 2010-2014 and 2020-2024 from 18.6 births per 1,000 teen girls to 5.8 per 1,000. The teen birth rate in the five core cities declined 62% during that time but remains more than four times higher than in the remainder of the state.[10]**

◆ **Despite declines among all racial and ethnic groups, disparities still exist in teen birth rates.[6] In Rhode Island between 2020 and 2024, the teen birth rates for Hispanic (16.1 per 1,000) and Non-Hispanic Black (6.0 per 1,000) teens were higher than the rates of their non-Hispanic white (2.0 per 1,000) and non-Hispanic Asian (2.0 per 1,000) peers.[10]**

Repeat Teen Births

◆ **In Rhode Island, from 2020 to 2024, there were 1,060 births to teen girls ages 15 to 19. Of these births, 88 (8.3%) were repeat teen births or births to teen girls who had previously given birth.[10]**

◆ **Nationally, 14% of all births to teens ages 15-19 in 2022 were repeat births.[3] To continue to reduce repeat teen births, pregnant and parenting teens should be connected to patient-centered primary care that addresses a variety of needs and integrates a range of tailored services for young mothers and families.[11]**

Teen Birth Rates by Location

- In Rhode Island between 2020 and 2024, the rate of births to teens ages 15-19 in the core cities (11.7 per 1,000) was more than four times higher than the remainder of the state (2.8 per 1,000).[10]

- Nine percent of teen births in the core cities were repeat births, while 7% of teen births in the rest of the state were repeat births.[10]

- 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.[12]

- In 2023, 68.5% of Rhode Island high school students reported never having sexual intercourse. Of survey respondents who were sexually active 56.3% reported using a condom, and 11.1% used no method to prevent pregnancy the last time they had sexual intercourse.[13]

- Among 15 to 19-year-olds in Rhode Island between 2020 and 2024, the rates of chlamydia have increased by 2% (1,564 to 1,598 per 100,000) and the rates of gonorrhea have increased by 4% (236 to 246 per 100,000).[14]

Table 23. **Births to Teens, Ages 15-19, Rhode Island, 2020-2024**

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	<5	<5	<5	*
Bristol	<5	<5	<5	*
Burrillville	<5	<5	7	*
Central Falls	20	43	63	11.9
Charlestown	0	0	0	0.0
Coventry	0	15	15	2.9^
Cranston	13	48	61	6.5
Cumberland	0	12	12	1.8^
East Greenwich	<5	<5	<5	*
East Providence	<5	-	25	6.2
Exeter	<5	<5	<5	*
Foster	<5	<5	<5	*
Glocester	0	0	0	0.0
Hopkinton	<5	<5	<5	*
Jamestown	<5	<5	<5	*
Johnston	<5	-	16	5.5^
Lincoln	5	12	17	4.5^
Little Compton	0	0	0	0.0
Middletown	0	7	7	*
Narragansett	<5	<5	<5	*
New Shoreham	<5	<5	<5	*
Newport	<5	-	22	4.1^
North Kingstown	<5	<5	12	2.5^
North Providence	<5	-	17	3.7^
North Smithfield	<5	<5	<5	*
Pawtucket	27	74	101	9.2
Portsmouth	<5	<5	<5	*
Providence	98	343	441	10.2
Richmond	<5	<5	<5	*
Scituate	<5	<5	6	*
Smithfield	<5	<5	<5	*
South Kingstown	<5	<5	11	*
Tiverton	<5	<5	7	*
Warren	<5	<5	<5	*
Warwick	7	33	40	*
West Greenwich	<5	<5	<5	*
West Warwick	8	38	46	19.3
Westerly	<5	-	13	5.0^
Woonsocket	23	72	95	18.3
Five Core Cities	*172*	*550*	*722*	*11.7*
Remainder of State	*62*	*276*	*338*	*2.8*
Rhode Island	*234*	*826*	*1,060*	*5.8*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2020-2024.

* 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 CDC Wonder Database, 1-year estimate for race/ethnicity and American Community Survey RI 5-year estimates for city/towns

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

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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Alcohol, Tobacco, and Substance Use

DEFINITION

Alcohol, tobacco, and substance use 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 alcohol, tobacco, and other substances by youth impacts the health and safety of themselves, their families, their schools, and their communities.[1,2] Rhode Island is ranked 25th among states for adolescents' reported 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 experimenting with substance use because their brains are still developing. The area of the brain responsible for impulse control and risk assessment is not developed until youth reach their twenties.[1,4]

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 use, 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.[1,4] Rates of substance use are higher among certain racial/ethnic groups and LGBTQ youth, compared to their peers. Recent research found there were differences in alcohol, marijuana, nicotine, and illicit substance use by race and ethnicity.[4–6]

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 providing adequate funding for multi-sector youth development, treatment, and recovery services.[4]

In Rhode Island in 2022 and 2023, 11.3% of youth ages 12-17 (about 8,000 youth) needed substance use treatment, while only 5.3% (about 4,000 youth) actually received any substance use treatment in the past year.[3,7]

Tobacco Use Among Rhode Island Youth

◆ **In 2023, 17% 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), down from 32% in 2019. Current use is defined as use on at least one day during the 30 days before the survey.[8]**

◆ **E-Cigarettes: E-cigarettes and electronic vapor products contain, among other chemicals, nicotine which is highly addictive and can harm brain development. Some e-cigarette pods have as much as or more nicotine than a pack of cigarettes.[9] Nationally in 2024, 8% of high school students reported current e-cigarette use.[10] In Rhode Island in 2023, 17% of high school students reported current use of e-cigarettes and 32% reported ever using e-cigarettes.[8]**

◆ **Cigarettes: Cigarette use has steadily declined among U.S. middle and high school students. Nationally, in 2025, 1% of students reported current cigarette use.[10] In 2023, 3% of Rhode Island high school students reported currently smoking cigarettes.[8]**

◆ **Hookah, cigars, and smokeless tobacco: The prevalence of youth hookah, cigar, and smokeless tobacco use has declined nationally.[11] In 2023, 4% of Rhode Island high school students reported currently smoking cigars, and 3% reported current use of smokeless tobacco.[8]**

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.[12–14] Nationally, nearly 90% of adult cigarette users who smoke daily report starting by age 18.[15] 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.[16] Despite this law, there is still a 12% noncompliance rate in Rhode Island with some vendors continuing to sell to underage groups.[17]**

Current Substance Use, Rhode Island Middle School and High School Students, 2022-2024

	ALCOHOL USE*	CANNABIS USE* (EDIBLE)	CANNABIS USE* (SMOKING)	CIGARETTE USE*	E-CIGARETTE USE*	INHALENTS	PRESCRIPTION DRUG MISUSE**
Middle School Students, 2022	5.2%	NR	5.4%	1.8%	6.1%	3.1%	1.8%
Middle School Students, 2024	4.8%	2.4%	7.8%	2.0%	5.6%	3.5%	1.9%
High School Students, 2022	14.5%	NR	14.9%	3.5%	12.9%	2.1%	2.3%
High School Students, 2024	10.0%	3.5%	10.9%	2.8%	7.1%	2.0%	2.1%

Source: Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. (2024). *Rhode Island Student Survey.* *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 taking 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. NR is not reported in the 2022 survey.

◆ **In 2024, 4.8% of Rhode Island middle school students reported current alcohol consumption (down from 5.2% in 2022), 5.6% reported current use of e-cigarettes (down from 6.1% in 2022), and 2.4% reported current edible cannabis use.[18]**

◆ **In 2024, 7.8% of Rhode Island middle school students reported currently smoking cannabis (up from 5.4% in 2022), 3.5% reported current inhalant use, 2.0% reported current cigarette use, and 1.9% reported prescription drug misuse.[18]**

◆ **In 2024, 10.9% of Rhode Island high school students reported currently smoking cannabis (down from 14.9% in 2022), 10.0% reported current alcohol consumption (down from 14.5% in 2022), and 7.1% reported current use of e-cigarettes (down from 12.9% in 2022).[18]**

◆ **In 2024, 3.5% of Rhode Island high school students reported current edible cannabis use, 2.8% reported current cigarette use, and 2.1% reported prescription drug misuse.[18]**

◆ **In 2024, 25% of Rhode Island high school students reported ever consuming alcohol, 18% reported ever smoking cannabis, 15% reported ever using e-cigarettes, and 4% reported ever misusing prescription drugs.[18]**

Cigarette Taxes

◆ **Cigarette taxes are a potential funding stream for state tobacco control programs, as well as a strategy for reducing consumption among kids and adults.[19] During the 2025 session, legislation passed that expands the language defining "other tobacco products" for the purposes of taxation to explicitly include nicotine pouches, which were not previously included.[20]**

Family and Community Exposure

◆ **Having parents or friends who use tobacco, alcohol, and other drugs, as well as living in communities where there is substance use, are risk factors for teen substance use.[4]**

◆ **Most high school students who misused prescription drugs in the past 30 days (29%) reported receiving it from a family member. Most high school students who consumed alcohol in the past 30 days reported receiving it from a family member (33%).[18]**

◆ **More than one in ten (13%) of Rhode Island high school students who used an e-cigarette during the past 30 days reported buying it in a store without an ID, despite laws prohibiting sales to youth under age 21.[18]**

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Safety

Americas handprint

by Jamie Brannon

Violence
The handprint on this America.
A school once a place safe to nurture young minds has become a battle field.
The battle field for anger to be released.
As a teacher walks into a classroom to see another empty chair,
that once sat a promised student with a future.
A mother and father terrified that their child will be next.
The mourning sounds of death.
A mother and father left childless.
A son or daughter left without a mother or father.
Unity.
When will we have unity?
Unity between the hurt and the healed.
Unity between black and white.
Unity within our own culture.
Unity.
When disputes can be resolved without a gun.
When a child can go to school and return safety in their mothers arms.
Lord heal this earths cry.
Yes I believe the power of prayer is real,
But action from me and you needs to be seen,
This world is in desperate need of love.
A love not many know.
I cry for universal peace.
Yes this earth may never sing in perfect harmony,
But maybe one day we can sing in a close proximity of Unity.

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 many factors: mental and physical health, access to health care, community issues (such as environmental toxins and exposure to violence, particularly related to firearms), access to and use of safety devices and practices (like bicycle helmets, seat belts, and smoke alarms), risk behaviors (including distracted driving and substance use), and adult supervision.[1–3]

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.[4,5]

Children are particularly vulnerable to injury due to their size, development, inexperience, and natural curiosity.[6] Between 2019 and 2023, unintentional injuries were the leading cause of death for children ages one to 14 both in Rhode Island and in the U.S.[7,8] Nationally, the leading causes of unintentional injury child deaths were motor vehicle crashes and drowning.[9] 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 using sports helmets), laws that promote safety (like mandatory use of seat belts and child passenger restraints), and through continued environmental and product design improvements.[10]

Protective factors include parent and family involvement, safe driving policies, mental health screening and treatment, violence prevention (including bullying prevention), community safety (including firearm safety), and trauma-informed care. 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.[11,12]

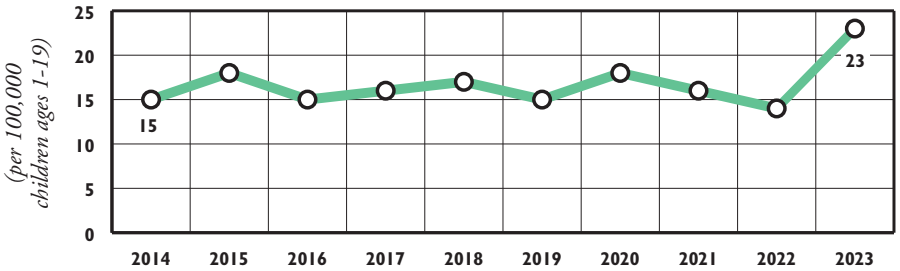
Child and Teen Death Rate
(per 100,000 Children Ages 1-19)

	2013	2023
RI	17	23
US	24	29
National Rank*		*8th*
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.

Child and Teen Death Rate per 100,000 Children Ages One to 19, Rhode Island, 2014-2023



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

◆ **In 2023, Rhode Island's child and teen death rate for children ages one to 19 was 23 per 100,000 children and teens, the highest rate in the past decade.[1] Rhode Island's child and teen death rate rose from lowest in the nation in 2022 to 8th in 2023.[1]**

Child Deaths Due to Injury, by Cause, Children Ages One to 14, Rhode Island, 2020-2024

Accidental Drowning	12
Suicide	<5
Homicide	<5
Accidental Drug Overdose	<5
Motor vehicle accidents	0
Other accidents	7

n=26

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2020-2024.

◆ **Between 2020 and 2024, 26 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.[13]**

Teen Deaths Due to Injury by Cause, Teens Ages 15 to 19, Rhode Island, 2020-2024

Motor Vehicle	20
Suicide	17
Homicide	13
Accidental Drug Overdose	>10
Accidental Drowning	<5
Other Injury	<5

n=>69

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2020-2024. This chart and the first bullet below report deaths of teens residing in Rhode Island. Data reported in the second, third, and fourth bullets below reflect teen motor vehicle deaths that occurred in Rhode Island, regardless of residence.

- **Between 2020 and 2024 in Rhode Island, 29% of all teen injury deaths involved motor vehicles. Twenty-five percent of teen deaths between 2020 and 2024 caused by injury were suicide.[13]**

- **Among the 24 teens ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2020 and 2024, 16 were driving, seven were passengers in vehicles driven by others, and one was a riding a standup scooter.[14]**

- **Six (38%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2020 and 2024 had been drinking alcohol.[14]**

- **Seventeen (71%) of the teen drivers and passengers killed in motor vehicle crashes in Rhode Island between 2020 and 2024 were not wearing a seatbelt.[14]**

- **In 2023, 39% 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*. Sixteen percent reported riding in a vehicle driven by someone who had been drinking alcohol, and 38% reported that they did not always wear a seatbelt while riding in a car driven by someone else in the month prior.[15]**

Teen Suicide

- **According to the *2023 Rhode Island Youth Risk Behavior Survey*, 9% of Rhode Island high school students reported attempting suicide one or more times in the 12 months before the survey was administered. Rates were higher for Hispanic (12%) and Black (10%) youth than for white youth and higher for gay, lesbian, and bisexual youth (17%) and for other/questioning youth (20%) than for heterosexual youth (6%).[15]**

- **Of the 17 youth ages 15 to 19 who died from suicide between 2020 and 2024 in Rhode Island, 65% were boys.[13]**

- **In 2024 in Rhode Island, 406 teens ages 13 to 19 were admitted to the emergency department after a suicide attempt. Of these attempts, 77% of teens were girls, and 23% were boys. Of these teens, 52% were white, 24% were Hispanic, 11% were Black and 11% identified as another race.[16]**

- **In 2024 in Rhode Island, 184 teens ages 13 to 19 were hospitalized after a suicide attempt, a 44% decrease from 328 teens in 2020. Of these hospitalizations in 2024, 83% were girls, and 17% were boys. Of these teens, 52% were white, 25% were Hispanic, 15% were Black and 7% identified as another race.[16]**

- **Mental health problems, physical or sexual abuse, substance use, exposure to bullying or violence, partner violence, and having a family member or friend attempt suicide are associated with an increased risk of suicide or attempted suicide among youth.[17]**

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Youth Violence

DEFINITION

Youth violence is the number of arrests of youth under age 18 in Rhode Island for assault/violent and weapons offenses and the percentage of middle and high school students who worry about 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, and/or offenders, which can cause emotional harm, physical injury, or death. Violence impacts the well-being of individuals, families, schools, and communities and can generate high social and economic costs.[1,2]

Effective youth violence prevention efforts require 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, improving school connectedness, 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.[2,3]

The interaction of individual, family, and community factors can put youth at risk for involvement in youth violence. Living in high-poverty neighborhoods with less economic opportunity is a risk factor for becoming involved in youth violence, as is having a history of substance use, association with lawbreaking peers, poor academic performance, and being a victim of child maltreatment.[1,2,4] 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.[5]

Nationally, 19% of high school students reported being bullied on school property during the previous year, 13% did not go to school due to safety concerns, and 9% reported being threatened or injured with a weapon on school property during the previous year.[6]

In 2024, less than one in 10 (8.5%) youth arrests in the U.S. were for a violent crime, a 75% decrease since the peak in 1995. In 2024 in Rhode Island, there were 558 juvenile arrests for assault/violent offenses and 84 juvenile arrests for weapons offenses.[8] In 2025, violent crimes made up 4% (134) of the 3,581 juvenile offenses referred to Rhode Island Family Court.[9]

Bully Status, by Gender and Grade Level, Rhode Island, 2023

	MIDDLE SCHOOL		HIGH SCHOOL	
	FEMALE	MALE	FEMALE	MALE
Bullied on School Property	43%	28%	17%	15%
Bullied Electronically	37%	19%	15%	12%
Been in a Physical Fight	10%	19%	7%	12%

Source: *2023 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.[10] In Rhode Island in 2023, 12% of high school students reported not going to school due to safety concerns.[11]**

◆ **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. Victims of chronic bullying are at an increased risk of self-harm, suicidal ideation, and suicide attempts compared to their peers who are not victims of bullying.[12]**

◆ **In 2022, nearly half (46%) of U.S. teens reported being the victim of cyberbullying (bullied or harassed online, on their cellphone, on social media, etc.).[13] In 2023 in Rhode Island, 28% of middle school students (37% of females and 19% of males) and 14% of high school students (15% of females and 12% of males) reported being electronically bullied.[11]**

Youth Witnessing Violence and Youth Gun Violence

◆ **Witnessing violence (like domestic violence) can cause emotional and physical harm, even for children who are not the direct victims, and early, chronic exposure to violence can damage a child's brain development.[14]**

◆ **In 2018, for the first time in history, gun violence surpassed motor vehicle accidents as the leading cause of death for U.S. children and teens ages one to 19 and has remained the leading cause of death among this age group.[15,16] In Rhode Island between 2020 and 2024, there were 105 emergency department visits, 28 hospitalizations, and more than 14 deaths of children and youth ages one to 19 attributed to firearms.[17]**

Table 24.

Youth Violence, Rhode Island

CITY/TOWN	COMMUNITY CONTEXT: TOTAL VIOLENT CRIME OFFENSES (ALL AGES) 2024	COMMUNITY CONTEXT: TOTAL POPULATION AGES 11-17 2020	VIOLENCE IN SCHOOLS, 2025: % OF HIGH SCHOOL STUDENTS WHO WORRY ABOUT VIOLENCE IN SCHOOL	VIOLENCE IN SCHOOLS, 2025: % OF MIDDLE SCHOOL STUDENTS WHO WORRY ABOUT VIOLENCE IN SCHOOL	JUVENILE ARRESTS FOR VIOLENCE, 2024: # TOTAL VIOLENT CRIME OFFENSES	JUVENILE ARRESTS FOR VIOLENCE, 2024: # FOR WEAPONS OFFENSES	JUVENILE ARRESTS FOR VIOLENCE, 2024: TOTAL # FOR VIOLENT CRIME AND WEAPONS OFFENSES
Barrington	37	2,191	8%	5%	8	1	9
Bristol	43	1,290	12%	19%	0	0	0
Burrillville	44	1,467	9%	19%	8	0	8
Central Falls	182	2,662	23%	15%	15	4	19
Charlestown	21	566	9%	13%	2	0	2
Coventry	161	2,944	18%	12%	36	2	38
Cranston	293	6,786	13%	15%	35	7	42
Cumberland	84	3,185	12%	12%	5	1	6
East Greenwich	19	1,661	5%	9%	0	0	0
East Providence	219	3,229	16%	22%	18	1	19
Exeter	NA	518	8%	7%	NA	NA	NA
Foster	13	382	7%	14%	0	0	0
Glocester	27	857	7%	14%	2	0	2
Hopkinton	19	696	9%	13%	0	0	0
Jamestown	10	420	NA	4%	1	0	1
Johnston	129	2,173	15%	17%	14	6	20
Lincoln	99	1,987	8%	13%	16	2	18
Little Compton	4	283	NA	3%	1	0	1
Middletown	51	1,426	9%	13%	9	1	10
Narragansett	52	876	6%	9%	4	0	4
New Shoreham	0	82	0%	*	0	0	0
Newport	210	1,410	20%	26%	25	3	28
North Kingstown	87	2,506	6%	14%	16	2	18
North Providence	213	2,422	13%	14%	12	1	13
North Smithfield	41	1,018	5%	10%	4	0	4
Pawtucket	646	6,682	25%	23%	84	8	92
Portsmouth	51	1,605	9%	8%	8	4	12
Providence	762	17,093	18%	26%	48	10	58
Richmond	17	703	9%	13%	0	0	0
Scituate	26	869	11%	14%	5	0	5
Smithfield	86	1,544	8%	12%	21	1	22
South Kingstown	99	2,055	7%	10%	10	0	10
Tiverton	65	1,199	14%	13%	6	1	7
Warren	67	796	12%	19%	8	0	8
Warwick	352	5,721	13%	22%	34	6	40
West Greenwich	16	550	8%	7%	6	0	6
West Warwick	251	2,220	16%	30%	23	1	24
Westerly	122	1,762	14%	15%	9	1	10
Woonsocket	457	3,716	32%	21%	49	14	63
State Police/Other	*307*	*NA*	*NA*	*NA*	*16*	*7*	*23*
Five Core Cities	*2,257*	*31,563*	*20%*	*24%*	*221*	*39*	*260*
Remainder of State	*2,818*	*57,989*	*11%*	*15%*	*321*	*38*	*359*
Rhode Island	*5,382*	*89,552*	*14%*	*17%*	*558*	*84*	*642*

Sources of Data for Table/Methodology

Total violent crime offense data are from Rhode Island Department of Public Safety, Unified Crime Reporting/National Incident Based Reporting, 2024. NA indicates that the data are not available. Brown University, Exeter, T.F Green International Airport, and University of Rhode Island arrest numbers are included in the State Police/Other totals. See Methodology section for all offenses included as violent crime offenses.

Total population ages 11 to 17 data are from U.S. Census Bureau, Census 2020, PCT12.

Data on high school and middle school students worrying about violence at school are from the 2024-2025 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." 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. *Represents districts who had fewer than 10 students respond to the survey. Rhode Island total and remainder of state include charter schools, state operated schools, and collaboratives.

Juvenile arrests for violent crime and weapons offenses data are from Rhode Island Department of Public Safety, Unified Crime Reporting/National Incident Based Reporting, 2024. NA indicates that the data are not available. Exeter arrest numbers are included in the State Police/Other totals. See Methodology section for all offenses included as violent crime offenses.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References for Youth Violence

[1] Interagency Working Group on Youth Programs. (2021). *Violence prevention: Risk and protective factors.* https://youth.gov/youth-topics/violence-prevention/risk-and-protective-factors

(continued on page 183)

Gun Violence

DEFINITION

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

SIGNIFICANCE

Children and youth can experience gun violence as victims of firearm assaults, self-inflicted injuries, or accidental shootings. Gun violence can also be experienced when gunshots are heard or a shooting is witnessed.[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 misuse and 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., firearms are now the leading cause of death among children and youth ages one to 19, surpassing motor vehicle deaths. American children and youth are 21 to 23 times more likely to be killed by a gun than their peers in other high-income countries.[1,4] Of the firearm child and youth deaths in 2023, 66% were homicide, 28% were suicide and 3% were accidental. In the U.S., there was a 49% increase in gun-related deaths among children under age 18 from 2019 to 2021.[5,6]

During 2023, 4,470 U.S. children and youth under age 20 were killed by firearms. Of these children and youth killed, 83% (3,691) were older teens ages 15 to 19. Nationally in 2023, males ages 15 to 19 were seven times more likely to die from a firearm than females of the same age.[6]

Gun violence impacts American children and teens disproportionately. Black youth are 17 times more likely and Hispanic youth are 2.7 times more likely to die by gun homicide than their white peers. There are similar disproportionate concentrations of gun violence within cities, with neighborhoods that have experienced historic disinvestment experiencing higher concentrations of violence compared to other neighborhoods in the same city.[1]

Preventing access to guns is key to preventing firearm-related injuries and death in children and youth. The presence and availability of a gun is strongly associated with adolescent suicide risk. Keeping guns unloaded and locked, as well as storing and locking ammunition separately, reduces the risk of gun-related injury and death by suicide or homicide.[7,8]

Gun-Related Emergency Department (ED) Visits, Hospitalizations, and Deaths Among Children and Youth, Rhode Island, 2020-2024

AGE	# OF ED VISITS	# OF HOSPITALIZATIONS	# OF DEATHS
1 to 14	20	<5	<5
15 to 17	26	<5	6
18 to 19	59	19	8
TOTAL	*105*	*28*	*>14*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2020-2024.

◆ **Between 2020 and 2024 in Rhode Island, at least 20% (14) of the 95 injury deaths of children and youth under age 20 were the result of firearms. The majority of child deaths due to firearms were among youth over the age of 14. Between 2020 and 2024 in Rhode Island, fewer than five youth ages 15 to 19 committed suicide using a firearm.[9]**

◆ **In Rhode Island between 2020 and 2024, there were 105 emergency department visits and 28 hospitalizations of children and youth for gun-related injuries, a decrease from 2015 to 2019 when there were 166 emergency department visits and 31 hospitalizations.[9,10]**

Gun Safety Legislation

◆ **The American Academy of Pediatrics recommends public policies to protect children from firearm-related injuries and violence in our communities.[11]**

◆ **In recent years, the Rhode Island General Assembly has passed legislation aimed at preventing firearm-related injuries and violence in our communities. In 2022, bills were passed that increased the age for purchasing firearms and ammunition from age 18 to 21, created a ban on loaded rifles in public, and limited magazine capacity to 10 rounds of ammunition. In 2024, legislation was passed that requires the safe storage of firearms. In 2025, a ban on the sale, manufacture, transfer, and purchase of assault weapons was passed.[12,13]**

References

[1] Everytown Research & Policy. (2023). *The impact of gun violence on children and teens.* https://everytownresearch.org/report/the-impact-of-gun-violence-on-children-and-teens/

[2] The American Academy of Pediatrics. (2021). *Childhood exposure to violence.* https://www.healthychildren.org/English/safety-prevention/at-home/Pages/Crime-Violence-and-Your-Child.aspx

(continued on page 183)

Youth and Young Adult Homelessness

DEFINITION

Youth and young adult homelessness is the number of unaccompanied youth under age 18 who accessed emergency shelter without their families and the number of 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 after foster care and institutional placements, and economic challenges. Many youth run away from home due to abuse, strained family relationships, substance abuse by a family member, and/or parental neglect. The Housing and Urban Development (HUD) Voices of Youth Count estimated that there are 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., but 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. Youth who "age out" of foster care without a proper transition plan or permanent families are more likely to experience homelessness. National estimates find that by age 21, 43% of youth who had been in foster care had experienced homelessness.[2,3]

Youth who identify as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) are overrepresented in the homeless youth population, some of whom report being forced out of their homes by parents who disapprove of their sexual orientation or gender identity. LGBTQ+ homeless youth experience greater levels of physical and sexual assault and exploitation than their heterosexual peers.[4,5]

It can be difficult for homeless youth to obtain needed food, clothing, and shelter. To meet these basic needs, some turn to sex work and/or selling drugs which can result in trauma, exploitation, arrest, assault, and/or contracting sexually transmitted infections.[1,2]

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.[1,2,4,6]

Homeless Youth and Young Adults in Rhode Island

- **In 2025, 270 young adults ages 18-24 stayed at an emergency shelter, or transitional housing facility in Rhode Island, including 149 unaccompanied young adults, 56 parenting young adults, and 66 young adults who were sheltered with their parents.[7]**

- **In January 2026, outreach workers identified 28 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 <5 parenting young adults. No youth under age 18 were identified.[7]**

- **During the 2024-2025 school year, Rhode Island public school personnel identified 110 unaccompanied homeless youth who were living in doubled up situations or shelters, more than twice as many as the previous year.[8]**

- **On December 31, 2025, there were 11 youth between the ages of 14 and 18 in the care of the Rhode Island Department of Children, Youth and Families who were classified as absent from care (formerly called AWOL). These youth were absent from either foster care or youth justice placements.[9]**

- **In 2021, HUD awarded Rhode Island $3.5 million in Youth Homeless Demonstration Program (YHDP) funds to support Rhode Island in developing and implementing a coordinated community approach to preventing and ending youth homelessness that centers the voice, agency, and leadership of youth.[10]**

- **The Voluntary Extension of Care (VEC) program allows youth in foster care who are ages 18 to 21 the option of continuing to receive services as they transition to adulthood. On December 31, 2025, 97 youth were enrolled in VEC and 38% lived in their own apartment, 16% with a relative/kin, 14% in their former foster home, and 25% in other living arrangements (paid independent living, apartment with a roommate/partner/child, unfunded independent living, dormitory, or semi-independent living).[11,12]**

References

[1] Ingram, E. S., Bridgeland, J. M., Reed, B., & Atwell, M. (2016). *Hidden in plain sight: Homeless students in America's public schools.* Civic Enterprises & Hart Research Associates.

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

(continued on page 183)

Youth Referred to Family Court

DEFINITION

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

SIGNIFICANCE

Individual, family, school, and community risk factors (such as poverty, maltreatment and abuse, family violence, and exposure to crime) can increase a young person's risk of delinquency and involvement in the justice system. An increased number of risk factors and length of exposure to various risk factors can increase a young person's likelihood of involvement, but protective factors (such as engaging after school programs, mentoring, and family connectedness) can prevent involvement.[1]

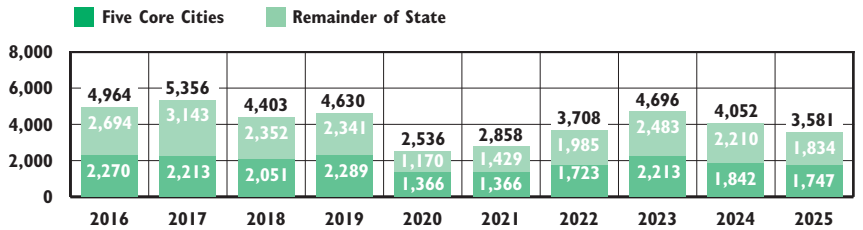
The Rhode Island Family Court has jurisdiction over children and youth under age 18 referred for wayward and delinquent offenses. When a police or school department refers a youth to Family Court, a petition is submitted accompanied by an incident report detailing the alleged violation of law.[2] During 2025, 2,076 youth (2% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court, up from 1,477 youth during 2020 but down from 2,254 youth during 2024. The number of offenses referred during 2025 (3,581) was a 23% decrease from the number of offenses prior to the COVID-19 pandemic (4,630). Of the juvenile offenses in 2025, 4% (134) involved violent crimes.[3,4]

In 2025 in Rhode Island, 21% of juvenile offenses referred to Family Court involved youth from Providence, 28% involved youth from the other four core cities, and 51% involved youth living in the remainder of the state.[3]

Using risk and needs assessments can reduce bias in youth justice sanctions and can often better predict a youth's likelihood of reoffending than a justice official's professional judgment alone.[5] Of the youth referred to the Family Court in 2025, 67% were referred for the first time, 17% had been referred once before, and 16% had been referred at least twice before.[3]

Research shows that youth who are diverted early on in the youth justice system have better outcomes than youth you are formally processed in juvenile courts.[6] Community-based alternatives that involve youth and their families and connect youth to role models, education, and resources prevent entry into the youth 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 the ongoing need for parental guidance.[7]

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2016-2025



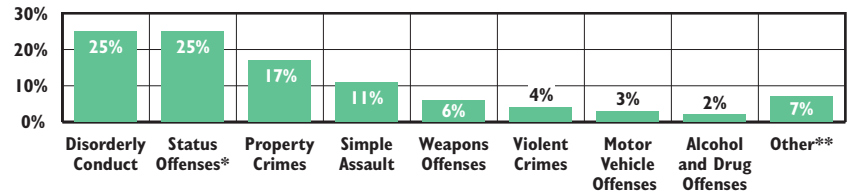
Source: Rhode Island Family Court, *2016-2025 Juvenile Offense Reports.*

◆ **The number of juvenile offenses referred to the Family Court decreased by 45% from 2019 to 2020 but then sharply increased from 2020 to 2023, mirroring pre-COVID-19 pandemic numbers. In 2025, the number of juvenile offenses (3,581) declined for the second consecutive year since 2023.[3]**

◆ **Youth of Color are disproportionately referred to the Family Court compared to their representation in the youth population. For example, in 2025, 27% of referred offenses involved Black youth who only make up 6% of the Rhode Island child population.[3,8]**

◆ **In 2025, 33% of offenses referred to the Family Court involved female youth and 67% male youth. In 2025, 25% of offenses involved youth under the age of 14, 34% youth ages 14 to 15, 41% youth ages 16 to 17, and less than 1% youth of other ages.[3]**

Juvenile Offenses, By Type of Offense, 2025



n=3,581

**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..*

Source: Rhode Island Family Court, *2025 Juvenile Offense Report.*

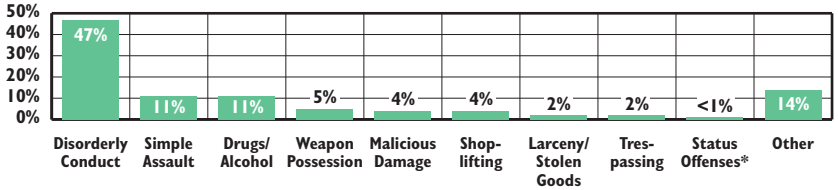
Youth Referred to Family Court

Alternatives and Community-Based Diversion in Rhode Island

◆ Juvenile courts have a wide range of options for handling youth offenders, including restitution, community service, revocation of driving privileges, counseling, substance use treatment, and probation.[9] In 2025 in Rhode Island, 44% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing, down from 49% in 2024.[10] The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2025, 815 youth were referred to the Truancy Court by schools, a 6% decrease from 2024. In 2025, 91 youth who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication.[10]

◆ Juvenile hearing boards (JHBs) provide a community-based option that diverts youth from court involvement. Comprised of volunteer community members, JHBs permit the diversion of youth 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.[11] In 2025, there were 33 JHBs in Rhode Island, 25 of which were active. Six communities did not have them (Johnston, Little Compton, North Kingstown, North Providence, Richmond, and South Kingstown). As of March 2026, Rhode Island JHBs reported hearing 226 cases in 2025 (This number is subject to change as other hearing board totals are compiled). In 2025, 53% of youth referred to JHBs were white, 23% Black, and 22% Hispanic.[12]

Youth Referred to Juvenile Hearing Boards by Offense, 2025



n=243

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

Source: Rhode Island Family Court, 2025. The total number of cases (226) in 2025 is smaller than the total number of offenses (243) because some youth are charged with more than one offense. Percentages may not sum to 100% due to rounding.

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.[9]

◆ 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. In New England, Connecticut, Massachusetts, New Hampshire, and Vermont have laws that set a minimum age for children to be tried in juvenile court - Rhode Island has no minimum age of jurisdiction for Family 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.[13,14]

◆ Behavioral research shows that adolescents are less able than adults to weigh risks and consequences and to resist peer pressure. 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.[15,16]

◆ 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 2025, 20 motions to waive jurisdiction to try juveniles as adults and 20 certification motions were filed. This is the largest number of motions to waive jurisdiction since 2018 and the first time in seven years that the number of motions to waive jurisdiction has been more than nine. Ten waiver motions were pending at the end of 2025, and <6 motions to certify were certified.[9,17,18]

(References are on page 184)

Youth in the Justice System

DEFINITION

Youth in the 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.

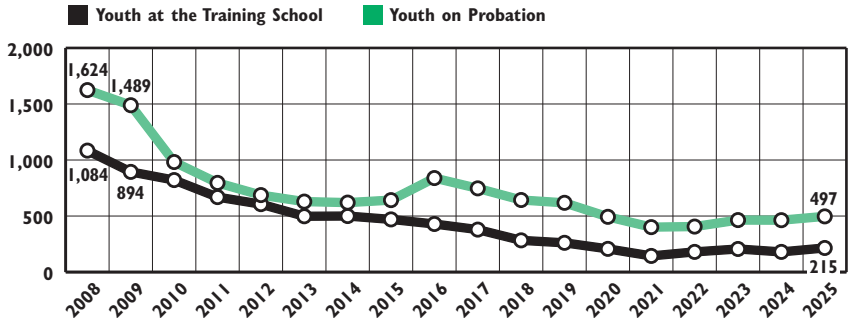
SIGNIFICANCE

The youth justice system is responsible for ensuring community safety by promoting positive youth development and by recognizing that the needs of children and adolescents in the justice system are different than adults. During adolescence, 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 further delayed with exposure to substances. 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.[1–4]

Youth 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 developmentally appropriate, 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.[5–8]

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.[9] On December 31, 2025, 58 youth were in the care or custody of the Training School, 30 of whom were physically at the Training School.[10] 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).[9] On January 5, 2026, there were 286 youth on probation, down 7% from 307 youth on January 2, 2025.[10]

Youth in the Justice System, Calendar Years 2008-2025



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2025. Some youth may have spent time at the Training School and on probation during any calendar year.

◆ **Between 2008 and 2025, the annual total number of youth at the Training School at any point during the year declined by 80% from 1,084 to 215. The 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.[10,11]**

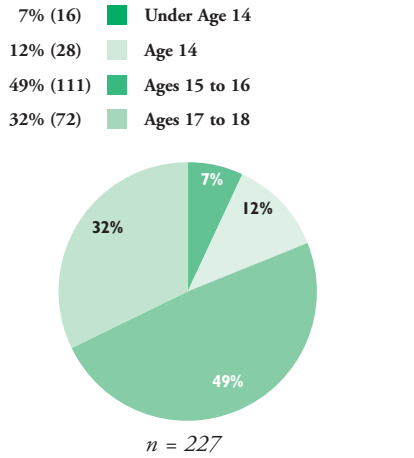
◆ **During 2025, a total of 215 youth were at the Training School at any point during the year, up 49% from 144 during 2021.[10]**

◆ **From 2008 to 2025, the annual total number of youth on probation at any point during the year declined by 69% from 1,624 to 497. A total of 497 youth were on probation during 2025, an increase of 22% from 2022 (406). Of the 497 youth on probation, 87% were on probation at home, and 13% were on probation in out-of-home placements.[10]**

◆ **The average age of youth at the Training School in 2025 was 16 years, however, 7% (16) of youth who passed through the Training School at any point in 2025 were under the age of 14.[10] Internationally, the United Nations has advised countries to establish a minimum age of criminal responsibility of at least 14.[12] Unlike peer nations, the United States has not set a national age of criminal responsibility, detention, or confinement. In recent years, many states have taken measures to reassess both upper and lower age limits in their youth justice systems to align with advances in adolescent brain development research.[12,13]**

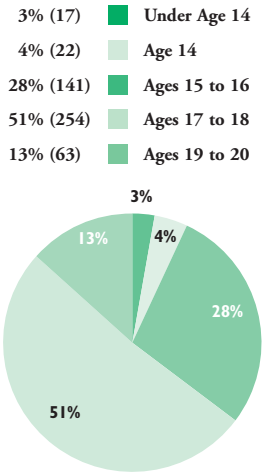
Youth in the Justice System by Age

Youth at the Training School by Age, 2025



n = 227

Youth on Probation by Age, 2025



n = 497

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2025. Total number of youth at the Training School by age (227) is larger than the total number of youth at the Training School (215) 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 Justice System by Gender

◆ During 2025, 10% of the 215 youth at the Training School were girls and 89% were boys. Similarly, 13% of the 497 youth on probation were girls and 86% were boys.[10]

◆ From 2024 to 2025, the number of girls who passed through the Training School decreased by 40% from 35 in 2024 to 21 in 2025. Nationally, girls have represented a growing share of youth involved in the justice system. 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 involved in youth justice are more likely to have histories of trauma, including physical and sexual abuse, than their peers. In 2025, 19% of girls who spent time at the Training School had a history of neglect or abuse prior to entering. Effective programs for girls use a developmental approach that considers trauma history, gender, and culture.[10,14]

Racial and Ethnic Disparities in the Justice System

◆ Youth of Color continue to be disproportionately represented at every stage of the system. Nationally, Black youth are five times as likely and American Indian and Alaska Native youth are three times as likely to be incarcerated as their white peers.[15]

Racial and Ethnic Disparities in Rhode Island

	% OF TOTAL CHILD POPULATION, 2020	% OF YOUTH AT THE RITS, 2025	% OF YOUTH ON PROBATION, 2025
American Indian and Alaska Native	<1%	1%	1%
Asian	3%	<1%	<1%
Black	6%	26%	25%
Hispanic/Latino	27%	42%	37%
Multiracial	8%	9%	10%
Native Hawaiian and Pacific Islander	<1%	0%	0%
White	53%	21%	26%
Unknown	NA	<1%	0%
TOTAL	*209,785*	*215*	*497*

Sources: Rhode Island Child Population data by race are from the U.S. Census Bureau, 2020 Census. Youth at the Training School and on probation data are from the Rhode Island Department of Children, Youth and Families, RICHIST, 2025. Hispanic children may be of any of the race categories. Race categories are non-Hispanic. Percentages may not sum to 100% due to rounding.

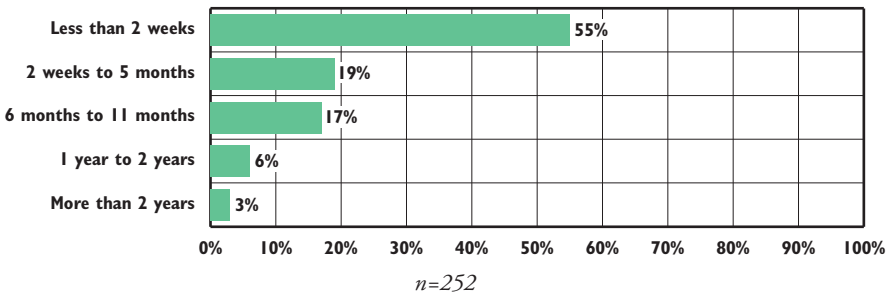
◆ During 2025, non-Hispanic Black youth made up 26% of youth at the Training School and 25% of youth on probation, while making up only 6% of the total child population. Hispanic youth made up 42% of youth at the Training School and 37% of youth on probation, while making up 27% of the total child population.[10,16]

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 justice system, JDAI recommends using high-quality community-based programs that provide supervision, accountability, and therapeutic services. Since 2009, Rhode Island youth 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.[17,18]

Youth in the Justice System

Discharges From the Rhode Island Training School, by Length of Time in Custody, 2025



n=252

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2025. Total number of discharges (252) is larger than the total number of youth who passed through the Training School (215) due to some youth being discharged from the Training School more than once in 2025. 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 are considered to pose a danger to the community can be confined in the Training School, but a growing body of national research suggests that youth incarceration may increase criminal behavior and recidivism among youth with less serious offenses.[2,5,9] Of the 215 youth at the Training School during 2025, 77% (166) were admitted once, 18% (39) were admitted twice, and 5% (10) were admitted three or more times.[10]

◆ Objective admissions screening tools may 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 in Rhode Island and needs reevaluation before widespread use in the field.[11,19,20]

Supporting Youth Development at the Training School

History of Child Neglect and Abuse:

◆ Children who experience child neglect or abuse are at increased risk for developing behavior problems and becoming involved in the youth justice system.[21] In 2025, 14% (30) of the 215 youth at the Training School had at some point in their childhood been victims of documented child neglect or abuse.[10]

Behavioral Health Services:

◆ In 2025, more than half (53%) of the 215 youth at the Training School received mental health services at the Training School for psychiatric diagnoses other than conduct and adjustment disorders, including 38% (8) of female youth and 55% (105) of male youth. During 2025, 45% (96) of the 215 youth at the Training School received substance use treatment services, including 38% (8) of female youth and 46% (88) of male youth. Of these, 41 youth received residential substance abuse treatment.[22]

Educational Services:

◆ While the average age of youth at the Training School in 2025 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 increased by 1.7 grade levels and more than two grade levels for reading, at time of departure.[10,23]

Special Educational Services:

◆ Of the 133 youth ages 11 to 18 who received educational services at the Training School during the 2024-2025 academic year, 44% (59) received special education services based on Individualized Education Programs (IEPs).[22]

Educational Achievements:

◆ During 2024-2025, six youth completed their High School Diplomas, seven youth received their GED, and 17 youth received post-secondary education services. Youth also completed learning/skills development opportunities including culinary (108), barbering (35), CPR and First Aid (27), driver's education (17), peer mediation and conflict resolution (18), CCAP (12), and ServSafe Food handling certifications (<6). Youth may participate in more than one development opportunity.[23]

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. Children cannot be sent to pretrial detention in Rhode Island unless a determination is made by the Family Court that "the child poses a substantial risk of harm to self or to others".[19]

◆ Some youth are detained for short periods of time and released at their first court appearance (usually the following business day, and no longer than five business days).[19] Of the 252 discharges from the Training School during 2025, 23% had stays of two days or less, 32% had stays of three days to two weeks, and 45% had stays of more than two weeks.[10]

Table 25. **Youth in the Justice System, Rhode Island, 2025**

CITY/TOWN	TOTAL POPULATION AGES 13-18 2020	# YOUTH ON PROBATION	# OF PRE-ADJUDICATED YOUTH AT THE RITS	# OF ADJUDICATED YOUTH AT THE RITS	TOTAL # OF YOUTH AT THE RITS
Barrington	1,869	<6	<6	0	<6
Bristol	1,735	0	0	0	0
Burrillville	1,283	11	<6	<6	<6
Central Falls	2,211	10	<6	<6	6
Charlestown	489	<6	0	0	0
Coventry	2,544	<6	0	<6	<6
Cranston	5,813	18	6	<6	11
Cumberland	2,757	<6	<6	0	<6
East Greenwich	1,482	0	0	0	0
East Providence	2,723	12	<6	<6	6
Exeter	450	<6	<6	0	<6
Foster	320	<6	<6	0	<6
Glocester	756	0	0	0	0
Hopkinton	584	<6	<6	0	<6
Jamestown	367	<6	0	0	0
Johnston	1,886	6	<6	0	<6
Lincoln	1,700	8	0	0	0
Little Compton	259	0	0	0	0
Middletown	1,199	7	<6	<6	<6
Narragansett	785	<6	0	0	0
New Shoreham	78	0	0	0	0
Newport	1,637	11	6	0	7
North Kingstown	2,183	8	<6	<6	<6
North Providence	2,151	6	<6	<6	<6
North Smithfield	870	<6	<6	0	<6
Pawtucket	5,549	72	30	13	35
Portsmouth	1,478	<6	0	0	0
Providence	16,873	142	52	29	69
Richmond	602	<6	0	0	0
Scituate	783	<6	0	<6	0
Smithfield	1,347	<6	0	0	0
South Kingstown	3,100	6	<6	0	<6
Tiverton	1,009	<6	0	0	0
Warren	694	<6	0	0	0
Warwick	4,902	13	6	<6	<6
West Greenwich	496	0	0	0	0
West Warwick	1,889	12	<6	<6	<6
Westerly	1,512	7	<6	<6	<6
Woonsocket	3,108	49	19	14	27
Out-of-State	*NA*	*39*	*13*	*7*	*18*
Five Core Cities	*29,378*	*284*	*112*	*59*	*144*
Remainder of State	*52,095*	*151*	*38*	*19*	*53*
Rhode Island	*81,473*	*435*	*150*	*78*	*197*

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2025; and the U.S. Census Bureau, Census 2020.

Five core cities are Central Falls, Newport, 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 2025 (including youth from out of state, those with unknown addresses, and those in temporary community placements). Youth with out-of-state addresses are not included in the Rhode Island, five 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. Youth with unknown addresses were not included in the table.

In Rhode Island, 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.

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(continued on page 184)

Children with Incarcerated Parents

DEFINITION

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

SIGNIFICANCE

More than five million children in the U.S. have had a parent incarcerated at some point in their lives.[1] Parental incarceration can contribute to children's insecure attachment to their parent, which can lead to poor developmental outcomes. Children with 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) and are at increased risk for learning disabilities, ADHD, conduct problems, developmental delays, and speech problems.[1–4]

Nationally, most children with incarcerated parents live with their other parent, a grandparent, or other relatives.[5] Of the 1,631 parents incarcerated in Rhode Island on September 30, 2025 (including those awaiting trial), 93% (1,516) were fathers and 7% (115) were mothers.[6] Parents of minor children represent over half of the U.S. prison population.[5]

Children with incarcerated parents are more likely than other children to be involved in the child welfare system. In the U.S., 40% of children in foster care experienced parental incarceration at some point.[1] Although children with incarcerated parents may present complex cases for child welfare agencies, caseworkers are required to pursue reunification and regular visitation for these children and their parents.[5]

Programs and policies targeting 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 effects on children and improve the family reunification process.[7,8]

Nationally and in Rhode Island, the criminal justice system disproportionately affects People of Color. In the U.S., 11% of Black children and 6% of Hispanic children experienced parental incarceration at some point in their childhood compared to 5% of white children.[9] Of the 1,631 parents incarcerated in Rhode Island on September 30, 2025 (including those awaiting trial), 37% were white, 30% Black, 29% Hispanic, and 3% another race.[6]

Parents at the Rhode Island Adult Correctional Institutions (ACI), September 30, 2025

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	847	628	74%	1,644
Serving a Sentence	1,595	1,003	63%	2,465
TOTAL	*2,442*	*1,631*	*67%*	*4,109*

Source: Rhode Island Department of Corrections, September 30, 2025. **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 2,442 inmates awaiting trial or serving a sentence at the ACI on September 30, 2025 who answered the question on the number of children they had, 1,631 inmates reported having 4,109 children. Forty-nine percent of sentenced mothers and 11% of sentenced fathers had sentences that were six months or less.[6]**

◆ **Of the 53 sentenced mothers on September 30, 2025, 51% were serving sentences for a nonviolent offense, 25% for a violent offense, 23% for a drug-related offense, and 2% for a sex-related offense. Of the 950 sentenced fathers, 44% were serving sentences for a violent offense, 19% for a nonviolent offense, 17% for a sex-related offense, 16% for a drug-related offense, and 4% for breaking and entering.[6]**

◆ **Thirty-seven percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2025 had less than a high school diploma, 50% had a high school diploma or a GED, and 13% had at least some college education.[6]**

◆ **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.[7,10]**

◆ **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, even for a low-level crime, can lead to deportation.[11]**

Table 26. **Children with Incarcerated Parents, Rhode Island, September 30, 2025**

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2020 POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	1	3	4,489	0.7
Bristol	4	22	2,887	7.6
Burrillville	4	9	3,229	2.8
Central Falls	35	95	6,411	14.8
Charlestown	3	6	1,161	5.2
Coventry	15	37	6,655	5.6
Cranston	65	152	15,744	9.7
Cumberland	8	18	7,550	2.4
East Greenwich	4	10	3,465	2.9
East Providence	11	22	7,886	2.8
Exeter	3	6	1,175	5.1
Foster	2	2	790	2.5
Glocester	4	15	1,896	7.9
Hopkinton	2	6	1,613	3.7
Jamestown	0	0	871	0.0
Johnston	11	23	5,119	4.5
Lincoln	2	5	4,640	1.1
Little Compton	1	4	568	7.0
Middletown	3	5	3,487	1.4
Narragansett	3	7	1,651	4.2
New Shoreham	0	0	189	0.0
Newport	22	63	3,660	17.2
North Kingstown	6	14	5,496	2.5
North Providence	20	44	5,802	7.6
North Smithfield	2	10	2,274	4.4
Pawtucket	81	207	16,455	12.6
Portsmouth	3	4	3,444	1.2
Providence	282	711	41,021	17.3
Richmond	1	1	1,627	0.6
Scituate	3	5	1,866	2.7
Smithfield	4	8	3,411	2.3
South Kingstown	7	15	4,339	3.5
Tiverton	5	11	2,723	4.0
Warren	4	8	1,826	4.4
Warwick	35	74	14,034	5.3
West Greenwich	0	0	1,251	0.0
West Warwick	20	43	5,787	7.4
Westerly	12	31	3,826	8.1
Woonsocket	65	171	9,467	18.1
Unknown Residence	*183*	*452*	*NA*	*NA*
*Out-of-State Residence***	*67*	*146*	*NA*	*NA*
Five Core Cities	*485*	*1247*	*77,014*	*16.2*
Remainder of State	*268*	*620*	*132,771*	*4.7*
Rhode Island	*753*	*1,867*	*209,785*	*8.9*

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2025. Offenders who were in home confinement and the awaiting trial population are excluded from this table.

U.S. Census Bureau, Census 2020, P2,P4.

*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, five core cities, or remainder of state rates, nor are those with an unknown residence.

Five core cities are Central Falls, Newport, 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

It is estimated that up to 10 million U.S. children are exposed to domestic violence each year. Rates of partner violence are higher among couples with children than those without children.[1,2] In Rhode Island in 2024 police reports indicate that children were present at 24% of domestic violence incidents resulting in arrests.[3]

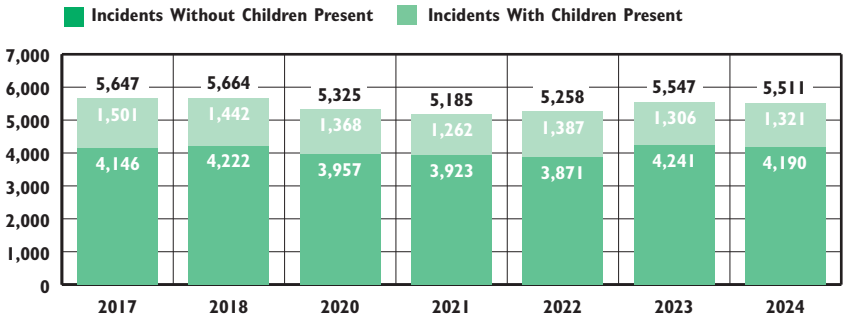
Children can be exposed to domestic violence in several ways. They may witness it directly (by seeing and/or hearing violent incidents), have their lives disrupted by the chaos of an unsteady and hostile environment, and/or may be used by the abusive parent to manipulate or gain control over the victim. Children exposed to domestic violence may also lose a parent to domestic homicide.[4–6] 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 posttraumatic 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 compared to children who have not been exposed to domestic violence.[5,9,10]

While many children who have witnessed domestic violence show resilience, exposure to violence may impair a child's capacity for partnering and parenting later in life. This cycle can be broken through honest conversations with — and positive coping strategies taught by — supportive adults.[10,11]

Children can be injured or killed in domestic violence, especially when their parent is planning to leave an abusive relationship.[6] 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, 2017-2018, 2020-2024



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2017, 2018, 2020-2024.
Includes domestic violence reports resulting in an arrest by local police and Rhode Island State Police.

◆ **In Rhode Island in 2024, there were 5,511 domestic violence incidents that resulted in arrests, consistent with pre-COVID levels. 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.[3]**

◆ **In Rhode Island in 2024, police reported that children saw the domestic violence incident in 964 arrests and children heard the incident in 1,092 arrests. These incidents were not mutually exclusive, and more than one child may have witnessed each incident.[3]**

◆ **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.[12] During 2025, Rhode Island's domestic violence programs provided services to 12,014 individuals, including 755 children. In 2025, 221 children, 15 transitional age youth, and 254 adults spent a total of 28,588 nights in domestic violence shelters, 70 children, 12 transitional age youth, and 57 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence). One hundred twenty-five children and adults moved into permanent supportive housing, and 438 accessed Rapid Re-housing.[13,14]**

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 and assisting parents in addressing mental health issues. Other strategies include connecting children to adult mentors, nurturing areas of strength, and encouraging children to contribute to their families or communities in a positive way.[15]

Domestic Homicide and Guns

◆ When firearms are present in domestic violence situations, women are five times more likely to die. Nationally, nearly half of all women murdered are killed because of domestic violence.[16]

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.[17]

Table 27. **Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2024**

CITY/TOWN	TOTAL # OF INCIDENTS RESULTING IN ARREST	TOTAL # OF INCIDENTS RESULTING IN ARREST WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	32	8	25%
Bristol	70	17	24%
Burrillville	81	33	41%
Central Falls	135	33	24%
Charlestown	27	5	19%
Coventry	136	33	24%
Cranston	307	63	21%
Cumberland	106	39	37%
East Greenwich	18	2	11%
East Providence	231	51	22%
Exeter*	NA	NA	NA
Foster	20	7	35%
Glocester	24	5	21%
Hopkinton	17	4	24%
Jamestown	9	1	11%
Johnston	148	33	22%
Lincoln	54	10	19%
Little Compton	3	0	0%
Middletown	59	12	20%
Narragansett	39	7	18%
New Shoreham	4	1	25%
Newport	163	25	15%
North Kingstown	73	28	38%
North Providence	209	40	19%
North Smithfield	42	4	10%
Pawtucket	689	190	28%
Portsmouth	74	17	23%
Providence	1,064	271	25%
Richmond	18	4	22%
Scituate	18	2	11%
Smithfield	63	16	25%
South Kingstown	88	21	24%
Tiverton	52	11	21%
Warren	61	12	20%
Warwick	420	99	24%
West Greenwich	4	2	50%
West Warwick	310	66	21%
Westerly	142	32	23%
Woonsocket	437	109	25%
Rhode Island State Police	*66*	*8*	*12%*
Five Core Cities	*2,488*	*628*	*25%*
Remainder of State	*3,023*	*693*	*23%*
Rhode Island	*5,511*	*1,321*	*24%*

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, 2024 and December 31, 2024.

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 but are not included in the Remainder of State totals.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References

[1] American Academy of Child & Adolescent Psychiatry. (2023). *Domestic violence and children.* https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Helping-Children-Exposed-to-Domestic-Violence-109.aspx

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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 use disorders, mental health problems, teen pregnancy, and impaired cognition.[2,3]

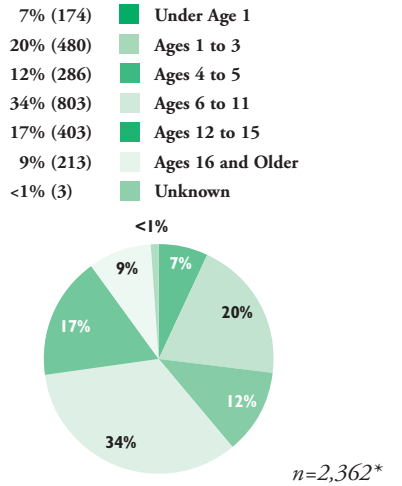
Responding to reports of child neglect and abuse and ensuring child safety are important functions of child protection systems.[4] Prioritizing prevention is equally critical and cost-effective.[5] In Rhode Island, if an investigation does not reveal maltreatment but family stressors and risk factors 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. 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).[6,7]

In 2025, 1,957 calls were made to the family referral line (1-888-RIFAMLY), where families can call to access services previously available only through DCYF involvement. Two-thirds of calls (67%) resulted in a service referral or general information response.[8]

In 2025 in Rhode Island, there were 1,931 indicated investigations of child neglect and abuse involving 2,108 children. The rate of child neglect and abuse per 1,000 children under age 18 was twice as high in the five core cities (14.9 victims per 1,000 children) as in the remainder of the state (7.2 victims per 1,000 children). Forty percent of the victims of child neglect and abuse were young children ages five and under and 28% were ages three and younger.[8]

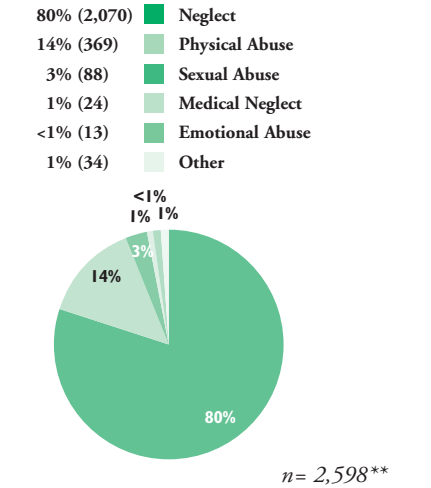
Child Neglect and Abuse, Rhode Island, 2025

By Age of Victim*



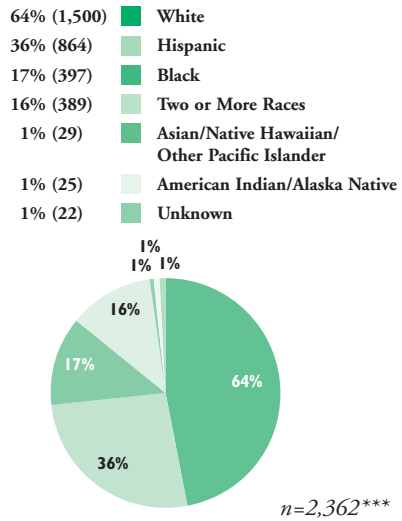
*n=2,362**

By Type of Neglect/Abuse**



*n= 2,598***

By Race/Ethnicity of Victim***



*n=2,362****

Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST), 2025. Percentages may not sum to 100% due to rounding.

Notes on Pie Charts

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

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

****Hispanic children may be included in any race category.*

DCYF Child Protective Services (CPS) Hotline Calls for Reports of Neglect and/or Abuse, Investigations, * and Indicated Investigations, Rhode Island, 2016-2025

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
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
2022	14,417	33% (4,742)	1,749
2023	15,670	30% (4,752)	1,700
2024	17,191	23% (3,951)	1,592
2025	18,125	21% (3,886)	1,652

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2016-2025.

**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 2018 to 2025 in Rhode Island, the number of unduplicated child maltreatment reports decreased by 32%, the number of completed investigations decreased by 53%, and the number of indicated investigations decreased by 17%. In 2025, 43% of the 3,886 completed investigations were indicated investigations in which there is a "preponderance of evidence" that a child has been abused and/or neglected. The number of reports increased from 2024, but there was a decrease in completed investigations and a slight increase in the number of indicated investigations .[7-9]**

◆ **Of the 18,125 maltreatment reports in 2025, 75% (13,661) were classified as "information/ referrals".[8] Information/referrals are reports made to the CPS Hotline that contain a concern about the well-being of a child but do not meet the criteria for an investigation. Criteria for investigation include that the victim is a minor, the alleged perpetrator is responsible for the child's welfare, there is reasonable cause to believe that neglect or abuse exists, 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.[10]**

Emergency Department Visits, Hospitalizations, and Deaths Due to Child Neglect and/or Abuse, Rhode Island, 2020-2024

YEAR	# OF EMERGENCY DEPARTMENT VISITS*	# OF HOSPITALIZATIONS*	# OF DEATHS**
2020	100	98	–
2021	82	106	–
2022	104	102	–
2023	95	115	–
2024	114	136	–
TOTAL	*495*	*557*	<5

Source: Rhode Island Department of Health, 2020-2024.

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

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

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

◆ **Between 2020 and 2024, there were 495 emergency department visits, 557 hospitalizations, and <5 deaths of Rhode Island children under age 18 due to child neglect and/or abuse.[11] Nationally in 2024, 78% of child maltreatment deaths involved neglect and 40% involved physical abuse (because a victim may have suffered more than one type of maltreatment, these categories are not mutually exclusive).[12]**

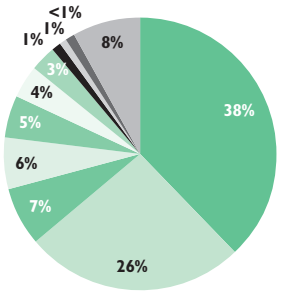
Child Neglect and Abuse in Rhode Island Communities

◆ **Many parents at risk of child neglect and abuse are struggling with a combination of social and economic issues including financial stress, community violence, and/or trauma. These families can benefit from programs that enhance economic resources and concrete supports including Earned Income and Child Tax Credits, high quality affordable child care, health care, safe and stable housing, as well as social supports, and knowledge of child development. Increased access to economic resources and concrete supports significantly lowers the risk of child maltreatment.[1,13]**

◆ **In Rhode Island in 2025, 95% (2,343) of child neglect and abuse cases were perpetrated by parents of the victim.[8] Rhode Island had 10.0 child victims of neglect and abuse per 1,000 children. Woonsocket (21.9 victims per 1,000 children), had the highest rate of child victims of neglect and abuse in the state.[8]**

Child Neglect and Abuse

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2025



38% (1,217)	Lack of Supervision
26% (833)	Exposure to Domestic Violence
7% (219)	Excessive/Inappropriate Discipline
6% (203)	Neglect Resulting in Physical Injuries
5% (159)	Inadequate Food, Clothing, or Shelter
4% (117)	Drug/Alcohol Abuse
3% (96)	Sexual Abuse/Exploitation
1% (44)	Specific Other Small Categories
1% (32)	Medical Neglect
<1% (<6)	Death
8% (239)	Unspecified "Other"

*n=3,162**

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2025.

**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 3,162 indicated allegations (confirmed claims) of neglect of children under age 18 in Rhode Island in 2025, 38% involved lack of supervision. This highlights the importance of access to high-quality, affordable child care, preschool, and after-school programs.[8]

◆ The second largest category of neglect (26%) is "exposure to domestic violence." These are instances where neglect is related to the child witnessing domestic violence in the home.[8]

◆ The "specific other small categories" include educational neglect (11), emotional neglect (10) abandonment (8), emotional abuse (<6) inappropriate restraint (<6), corporal punishment (<6), malnutrition/starvation (<6), and tying/close confinement (<6).[8]

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2025

◆ In Rhode Island in 2025, there were 96 indicated allegations (confirmed claims) of child sexual abuse, and <6 of these cases were reported as school-based sexual molestation/exploitation. Some children were victims of sexual abuse more than once. There were 82 (85%) female victims and 14 (15%) male victims with confirmed allegations. Forty-six percent of all victims were under age 12.[8]

◆ In most child sexual abuse cases, the perpetrator is a relative or person known to the victim. Sexual abuse by a stranger is less likely.[14]

Early Intervention & Infants and Toddlers Involved with the Child Welfare System

◆ Because maltreated infants and toddlers are at increased risk for developmental delays, federal law requires states to screen and/or refer infants and toddlers who have experienced neglect or abuse to Early Intervention (EI) for eligibility determination and services. A national study found that over 35% of infants and toddlers involved in child welfare investigations had delays or disabilities that would make them eligible for EI, but only 13% were receiving services.[15]

◆ Rhode Island specifically allows infants and toddlers who have experienced trauma, neglect, or abuse to be determined eligible for EI through "informed clinical opinion – family circumstances" even if the child does not have a measurable developmental delay or disability.[16]

◆ In Rhode Island in State Fiscal Year 2025, there were 578 children under age three who were victims of child neglect or abuse or involved with an indicated case. Of these, 551 (95%) were referred to First Connections or Early Intervention for screening/evaluation. Of the 188 infants and toddlers referred to EI for evaluation, 140 (74%) were determined eligible for EI. Of all 578 victims, 24% were determined eligible for EI.[17]

Table 28. **Indicated Investigations of Child Neglect and Abuse, Rhode Island, 2025**

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	4,489	12	2.7	17	3.8
Bristol	2,887	27	9.4	31	10.7
Burrillville	3,229	23	7.1	26	8.1
Central Falls	6,411	70	10.9	67	10.5
Charlestown	1,161	<6	3.4	<6	1.7
Coventry	6,655	45	6.8	52	7.8
Cranston	15,744	83	5.3	87	5.5
Cumberland	7,550	29	3.8	28	3.7
East Greenwich	3,465	13	3.8	9	2.6
East Providence	7,886	75	9.5	85	10.8
Exeter	1,175	<6	4.3	11	9.4
Foster	790	<6	6.3	15	19.0
Glocester	1,896	12	6.3	8	4.2
Hopkinton	1,613	11	6.8	7	4.3
Jamestown	871	<6	3.4	7	8.0
Johnston	5,119	37	7.2	36	7.0
Lincoln	4,640	36	7.8	35	7.5
Little Compton	568	<6	3.5	0	0.0
Middletown	3,487	25	7.2	17	4.9
Narragansett	1,651	8	4.8	6	3.6
New Shoreham	189	<6	5.3	<6	5.3
Newport	3,660	37	10.1	55	15.0
North Kingstown	5,496	31	5.6	31	5.6
North Providence	5,802	64	11.0	49	8.4
North Smithfield	2,274	15	6.6	12	5.3
Pawtucket	16,455	220	13.4	292	17.7
Portsmouth	3,444	13	3.8	11	3.2
Providence	41,021	484	11.8	530	12.9
Richmond	1,627	7	4.3	9	5.5
Scituate	1,866	8	4.3	6	3.2
Smithfield	3,411	26	7.6	31	9.1
South Kingstown	4,339	24	5.5	29	6.7
Tiverton	2,723	17	6.2	23	8.4
Warren	1,826	20	11.0	16	8.8
Warwick	14,034	108	7.7	140	10.0
West Greenwich	1,251	<6	4.0	8	6.4
West Warwick	5,787	79	13.7	78	13.5
Westerly	3,826	29	7.6	33	8.6
Woonsocket	9,467	173	18.3	207	21.9
Unknown Residence	*NA*	*15*	*NA*	*<6*	*NA*
Out of State	*NA*	*30*	*NA*	*0*	*NA*
Five Core Cities	*77,014*	*984*	*12.8*	*1,151*	*14.9*
Remainder of State	*132,771*	*902*	*6.8*	*956*	*7.2*
Rhode Island	*209,785*	*1,886*	*9.0*	*2,107*	*10.0*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), Calendar Year 2025. 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.

The denominator is the number of children under age 18 according to the U.S. Census 2020 and the numerator is an unduplicated count of child victims.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References

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[3] Strathearn, L., Giannotti, M., Mills, R., Kisely, S., Najman, J., & Abajobir, A. (2020). Long-term cognitive, psychological, and health outcomes associated with child abuse and neglect. *Pediatrics, 146(4).*

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(continued on page 185)

Children in Out-of-Home Placement

DEFINITION

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

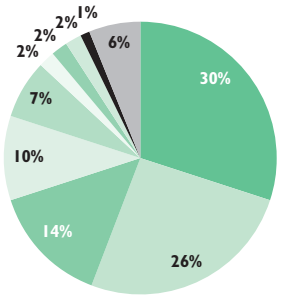
SIGNIFICANCE

Children need stability, permanency, safety, and attachment to caring adults for healthy development. When possible, it is best for children and families to remain together with in-home supports. Removal from the home may be necessary for the child's safety and well-being, however, maintaining connections with family and community where possible have a positive impact on child well-being while out-of-home.[1,2] 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.[3] The federal *Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections Act)* promotes permanency through supports for relative guardianship and incentives for adoption.[4]

Children in out-of-home care can experience multiple placements, which is linked to poorer educational outcomes, increased behavioral issues, and longer time in care.[1,5] They suffer more frequent and more serious medical, developmental, and mental health problems than their peers, with mental and behavioral health being the largest unmet health need.[6,7] Long-term stays in care can cause emotional, behavioral, or educational problems that can negatively impact children's long-term well-being and success.[8] Children in foster care are about twice as likely as their peers to be absent from school or be suspended and are nearly three times more likely to be expelled. 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. Children of Color in child welfare systems are more likely to be removed from their homes, remain in the child welfare system longer, have parental rights terminated, and are less likely to reunify with their families.[10]

Children in Out-of-Home Placement, Rhode Island, December 31, 2025



n=1,448

30%	(430)	Foster Care Home (relative)
26%	(382)	Foster Care Home (non-relative, private agency)
14%	(202)	Independent Living
10%	(142)	Residential Facility
7%	(105)	Group Home
2%	(30)	Relatives Caring for Children**
2%	(30)	Rhode Island Training School
2%	(25)	Psychiatric or Medical Facilities*
1%	(13)	Assessment and Stabilization Center***
6%	(89)	Other****

**Medical facilities data include medical hospitals and psychiatric hospitals.*

***Relatives caring for children are classified as an out-of-home placement by DCYF, even though 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 (68), runaway youth in DCYF care or those with unauthorized absences (11), Job Corps (<6), military service (<6), prison (<6), and other (<6).*

Source: RI Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2025. Percentages may not sum to 100% due to rounding.

◆ **As of December 31, 2025, there were 1,448 children and youth under age 21 in the care of DCYF who were in out-of-home placements.**[11]

◆ **The total DCYF caseload on December 31, 2025 was 5,683, including 1,927 children living in their homes under DCYF supervision, a decrease from 2024 (1,990), and 2,308 children living in adoption settings.**[11]

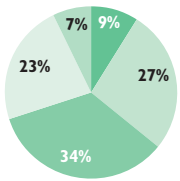
◆ **The total DCYF caseload on December 31, 2025 also included 68 children in out-of-state placements/other agency custody compared to 59 children in out-of-state placements/other agency custody the previous year.**[11]

◆ **On December 31, 2025, 247 children were living in a residential facility or group home, a slight decrease from 264 children on December 1, 2024. The percentage of children in out-of-home placement who were in a relative foster care home was 29% (434) on December 1, 2024 similar to 30% (430) on December 31, 2025.**[11]

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

In Foster Care Homes by Age

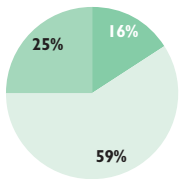
9%	(70)	Under Age 1
27%	(224)	Ages 1 to 5
34%	(275)	Ages 6 to 13
23%	(186)	Ages 14 to 17
7%	(60)	Ages 18 and Over



n=815

In Group Homes and Residential Facilities by Age

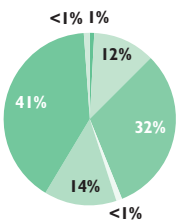
0%	(0)	Under Age 1
0%	(0)	Ages 1 to 5
16%	(39)	Ages 6 to 13
59%	(144)	Ages 14 to 17
25%	(60)	Ages 18 and Over



n=243

In Foster Care Homes by Race and Ethnicity

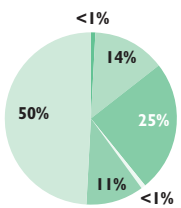
1%	(<6)	Asian
12%	(101)	Black
32%	(258)	Hispanic*
<1%	(<6)	American Indian and Alaska Native
14%	(115)	Multiracial
41%	(331)	White
<1%	(<6)	Other or Unknown**



n=815

In Group Homes and Residential Facilities by Race and Ethnicity

<1%	(<6)	Asian
14%	(34)	Black
25%	(60)	Hispanic*
<1%	(<6)	American Indian and Alaska Native
11%	(26)	Multiracial
50%	(121)	White
0%	(0)	Other or Unknown**



n=243

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

***Other or Unknown also includes those who "Declined to Disclose" their race/ethnicity.*

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2025-2026. Pie charts show data for a single point-in-time: Foster Care Homes on January 5, 2026, and Group Homes and Residential Facilities on December 31, 2025. 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, out-of-state/other agency custody, or residential facility placements pending contract. 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 children can remain 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 services to prevent the use of foster care. States can spend money on services to address mental health issues, in-home parent skill-based programs, and substance use treatment for parents and relatives caring for children. Rhode Island received approval to begin implementing the *FFPSA* starting in FFY 2022. In 2023 the *FFPSA* was updated to simplify the licensing process for kinship placements, protect LGBTQ+ children in foster care (though these protections are currently under threat), and expand access to legal representation.[12,13]

◆ 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.[14] 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.[14] Rhode Island defines kin broadly and includes any adult who has a close and caring relationship with the child.[15] On December 31, 2025, of the 812 children in foster care placements in Rhode Island, (53%) were in kinship foster families.[11]

◆ Children in foster families experience better outcomes related to placement stability, education, and delinquency compared to children in congregate care settings.[16] Some youth who require intensive services for mental health needs can benefit from the care provided in a treatment foster care home, which is often more cost effective than residential treatment homes and provides the structure and familiarity of a home environment.[17]

◆ Adolescents are more likely to be placed in group homes and residential facilities than younger children. In Rhode Island on December 31, 2025, of the 243 children placed in groups homes and residential facilities, 84% (204) were ages 14 and older.[11]

◆ In Rhode Island, Black children are three times as likely to be in foster care as white children. Multiracial children and Hispanic children are twice as likely to be in foster care as white children.[11,18]

(References are on page 185)

Outcomes for Children in DCYF Care

DEFINITION

Outcomes for children in DCYF care is the percentage of children in out-of-home care who transition to a 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) and achieved permanency within 12 months and for youth ages 18 to 21 who enroll in voluntary aftercare services.

SIGNIFICANCE

When children are removed from their families, the trauma they experienced preceding removal is compounded by the trauma of removal, long lengths of stay in care, and multiple placement changes.[1] Multiple, prolonged, and unstable placements can negatively impact children's academic achievement, mental health, ability to develop healthy connections, and future earnings.[1–3] Many of these factors can also affect these children's likelihood of reaching permanency.[1]

If a child needs to be removed from their home for safety concerns, planning for permanency begins with the first placement. Strategies to improve permanency include prioritizing kinship care, placement matching so first placements are successful, improving supports for children and foster families, and authentically engaging youth in decisions about their case.[4]

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.[5–7]

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.[8,9]

Older youth who age out of foster care without permanency are at risk for low educational attainment, homelessness, and unemployment. The *Family 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.[10,11]

Among Rhode Island FFY 2024 Entry Cohort, Children Who Achieved Permanency Within 12 Months, by Discharge Reason

DISCHARGE REASON	NUMBER	PERCENTAGE	MEDIAN DAYS IN PLACEMENT
Reunification with Parents	164	91%	167
Adoption, Guardianship, Living with a relative(s)	17	9%	292
Total Number	*181*	*100%*	*180*

Source: *Permanency analytic report FFY24 Entry Cohort* Rhode Island Department of Children, Youth and Families. Starting with the 2024 Factbook, cohorts are reported in Federal Fiscal Years (FFY).

◆ **Of the 630 Rhode Island children in the FFY 2024 entry cohort, 29% of children in out-of-home placement exited foster care to permanency (reunification, guardianship, living with other relatives, or adoption) within 12 months of removal.[12]**

◆ **Among children in the FFY 2024 entry cohort who achieved permanency within 12 months, 41% were under age six, 29% were ages six to 11, and 30% were ages 12 to 17. Seven percent of these children were Black, 28% of children were Hispanic (of any race), 14% were Multiracial or other, and 51% were white.[12]**

◆ **Among the Rhode Island children in the FFY 2024 cohort who achieved permanency within 12 months, 91% achieved permanency through reunification with their family of origin. Child welfare agencies can promote reunification by setting policies and practices that include comprehensive family assessment, parent support partners, and reunification and post-reunification services tailored to the family's needs.[12,13]**

◆ **Children in kinship care are more likely to achieve permanency through guardianship and are more likely to stay with siblings and keep community and family ties. Rhode Island regulations define 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 children in the FFY 2024 cohort who achieved permanency within 12 months, 9% achieved permanency through guardianship, living with a relative, or adoption.[12,14,15]**

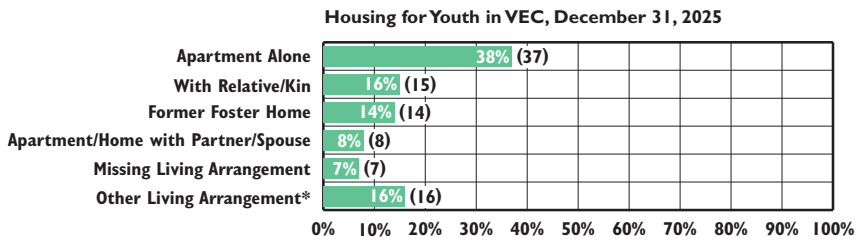
◆ **Among children in the FFY 2024 entry cohort who achieved permanency within 12 months, 15% (27) have a diagnosed disability.[12]**

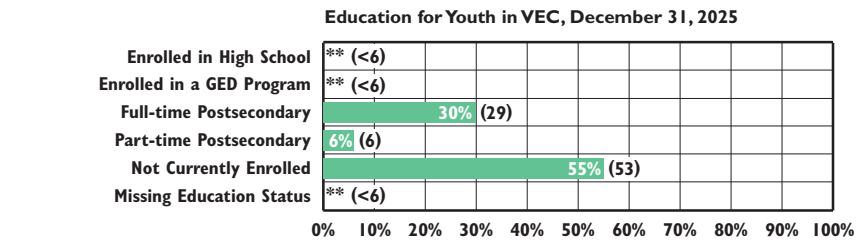
Voluntary Extension of Care (VEC)

◆ In 2018, Rhode Island established the VEC program, allowing youth in foster care ages 18 to 21 the option of continuing to receive services. VEC supports older youth in setting their own goals for housing, education, employment, health care, social services, and social activities while providing guidance in decision-making and when challenges arise. Youth must meet specific eligibility guidelines to be referred to and enrolled in the program, and to remain enrolled youth must meet education or employment requirements.[16] Youth who enroll in extended foster care are more likely to complete their education and less likely to be disconnected from school and work.[17]

◆ On December 31, 2025, 97 youth ages 18 to 21 were enrolled in VEC with approved court petitions. Of these 97 youth, 58% were female and 42% were male. Ten percent were age 18, 34% were age 19, 56% were age 20 or age 21. Nineteen percent were Black, 33% were Hispanic (of any race), 8% were Multiracial/Other, and 40% were white.[18]

◆ Of the 97 youth in VEC on December 31, 2025, about 45% were continuing their education, and about 60% had some form of employment.[18]





n=97

Source: Rhode Island Department of Children, Youth and Families, December 31, 2025. *Other Living Arrangements include contracted independent living, dormitory, apartment/home with children, semi-independent living, and apartment/home with roommates. ** Percentages cannot be calculated due to suppressed numbers.

Supports and Services for Permanency Through Reunification

◆ The most common permanency outcome is reunification with the child's family of origin when it is determined to be safe. Families who receive reunification services frequently have complex needs. Coordinated efforts to address the safety concern that prompted the initial removal and healing from the trauma experienced by both the child and their family can support reunification. Using trauma-informed and culturally responsive assessments to identify needs and incorporate strengths of the child and family that engage them as experts in their lives lead to successful permanency through reunification. Wrap-around services that increase family stability, parent support and peer mentoring, and enhanced visitation also are essential supports needed to promote reunification. After families exit care, post reunification services are recommended to meet the ongoing needs of families.[19–21]

Adoptions for Children in DCYF Care

◆ During calendar year 2025, 102 children in the care of DCYF were adopted in Rhode Island, down 14% from 2024. Of these children, 53% were under age six, 32% were ages six to 13, and 15% were age 14 or older. Nine percent were Black, 26% were Hispanic (of any race), 22% were Multiracial, and 43% were white.[22]

◆ On December 31, 2025, there were 111 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these children, 28% were under age six, 30% were ages six to 10, 34% were ages 11 to 15, and 8% were ages 16 and older. Ten percent were Black, 28% were Hispanic (of any race), 17% were Multiracial or other, and 45% were white.[23]

◆ Of the 111 children waiting to be adopted, 28% (31) were children of parents whose parental rights had been legally terminated.[23]

References

[1] Casey Family Programs. (2023). *Strong families strategy brief: What impacts placement stability?* https://www.casey.org/placement-stability-impacts/

[2] Wedeles, J. (n.d.). *Placement stability in child welfare.* Retrieved February 19, 2025, from https://www.oacas.org/wp-content/uploads/2016/08/PARTicle-Placement-Stability-in-Child-Welfare-FINAL.pdf

(continued on page 185)

Education

Between The Bell Rings

by Leah-Marie Andrews

At school I'm learning more than assignments,
I'm learning myself.

I walk the halls with a mix of confidence and quiet
thoughts I dont always say out loud.

I care about the people around me,
the small moments that make a day feel better

and doing my best even when it is hard.

I'm still figuring things out, but I'm steady, thoughtful,
and growing into someone who cares.

someone who's becoming stronger everyday.

Children Enrolled in Early Intervention

DEFINITION

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

SIGNIFICANCE

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

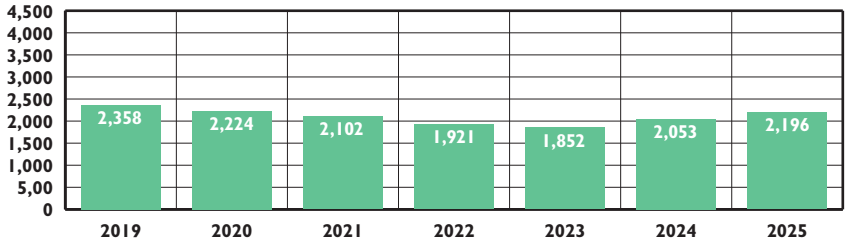
States are required to provide EI services to infants and toddlers with developmental delays and disabilities under Part C of the *Individuals with Disabilities Education Act (IDEA)*. States may also choose to serve children who are at risk of falling behind without early supports.[1]

In Rhode Island, children under age three are eligible for EI if they have a "single established condition" known to lead to developmental delay (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" (significant trauma, history of neglect/abuse, significant parental health/mental health or substance use issues, etc.) to qualify through informed clinical opinion under the developmental delay category, if the circumstances impact child or family functioning.[2]

Experts estimate that between 13% and 20% of children under age three have developmental delays or disabilities and would benefit from EI. Nationally, less than a quarter of children with developmental delays and disabilities receive EI before age three. One recent study of a large urban health care system found that only 19% of EI eligible children were referred to EI and, of those referred, only 26% received EI services, amounting to a net enrollment of 5% of EI-eligible children.[3–5]

Routine developmental and Autism Spectrum Disorder screenings using standardized tools at pediatric well-child visits help identify children who may benefit from EI services.[6] In Rhode Island in Calendar Year 2024, 62% of children under age one, 63% of children age one, and 64% of children age two (63% of all children under age three) with Medicaid insurance received developmental screenings, all down from 2023.[7]

Infants & Toddlers Receiving Early Intervention Services as of June 30, 2019-2025, Rhode Island



Source: Rhode Island Executive Office of Health and Human Services, Children Enrolled in Early Intervention as of June 30, 2019-2025.

◆ **As of June 30, 2025, there were 2,196 infants and toddlers receiving EI services, 7% of the population under age three. The number of children enrolled was up 7% from the previous year but down 7% overall from June 2019.[8]**

◆ **In State Fiscal Year 2025, 3,701 children were referred to EI. Most referrals came from parents/guardians (31%) or pediatric primary health care providers (30%). Of those referred, 65% were evaluated and enrolled, 15% were evaluated and determined not eligible, 19% were not evaluated and were referred to other services, and 1% were still in process.[8]**

◆ **In State Fiscal Year 2025, 2,174 children were discharged from EI. Of these, 326 (15%) met their developmental goals and no longer needed EI services, 1,381 (64%) reached the age to transition out of EI and were referred to school districts for evaluation, and 467 (21%) exited for other reasons. Of those referred to the school district for evaluation, 935 (68%) were determined eligible for preschool special education, 240 (17%) were determined not eligible, and 206 (15%) did not have eligibility determined when they exited EI.[8]**

◆ **As of June 30, 2025, in Rhode Island, EI services for 1,248 children (57%) were paid for by public insurance (RIte Care and Medicaid), 919 children (42%) were paid for by private health insurance providers, and 29 children (1%) were uninsured with services covered by federal *IDEA Part C* funding.[8]**

◆ **After two Medicaid rate increases, Early Intervention staffing challenges and waiting lists have significantly improved.[9] As of January 2026, 134 infants and toddlers in Rhode Island had been waiting for EI for more than 45 days, down from 283 in January 2025.[9,10]**

Table 29. **Infants and Toddlers Enrolled in Early Intervention (EI) by Eligibility Type, Rhode Island, 2025**

SCHOOL DISTRICT	# OF CHILDREN UNDER AGE 3	STATE FISCAL YEAR 2024-2025 REFERRALS: # OF CHILDREN REFERRED TO EARLY INTERVENTION	JUNE 30, 2025 ENROLLMENT BY ELIGIBILITY: SINGLE ESTABLISHED CONDITION	MEASURED DEVELOP-MENTAL DELAY	SIGNIFICANT CIRCUMSTANCES IMPACTING CHILD/FAMILY FUNCTION	NO INFOR-MATION	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED IN EI
Barrington	412	35	4	13	13	0	30	7%
Bristol Warren	618	75	10	21	15	0	46	7%
Burrillville	388	27	5	11	10	0	26	7%
Central Falls	937	152	11	68	12	2	93	10%
Chariho	587	60	5	15	9	0	29	5%
Coventry	893	91	5	43	26	0	74	8%
Cranston	2,271	245	30	85	45	0	160	7%
Cumberland	1,097	87	8	22	23	0	53	5%
East Greenwich	353	39	3	6	7	0	16	5%
East Providence	1,237	135	8	36	31	0	75	6%
Exeter-West Greenwich	317	23	1	5	6	0	12	4%
Foster-Glocester	363	24	2	6	8	0	16	4%
Jamestown	90	7	0	1	3	0	4	4%
Johnston	703	87	5	25	18	0	48	7%
Lincoln	531	54	2	15	10	0	27	5%
Little Compton	73	5	1	1	2	0	4	5%
Middletown	520	60	6	9	8	0	23	4%
Narragansett	175	29	2	9	5	0	16	9%
New Shoreham	14	5	1	1	1	0	3	21%
Newport	606	84	8	12	14	0	34	6%
North Kingstown	729	78	10	16	25	0	51	7%
North Providence	914	78	5	45	14	0	64	7%
North Smithfield	286	32	1	12	6	0	19	7%
Pawtucket	2,652	314	24	109	39	0	172	6%
Portsmouth	441	52	7	11	14	0	32	7%
Providence	6,323	997	76	374	117	5	572	9%
Scituate	244	27	1	11	7	0	19	8%
Smithfield	445	36	5	12	11	0	28	6%
South Kingstown	501	61	6	17	16	0	39	8%
Tiverton	351	54	8	8	16	0	32	9%
Warwick	2,146	207	13	85	56	0	154	7%
West Warwick	900	69	3	9	12	0	24	3%
Westerly	496	119	13	42	23	0	78	16%
Woonsocket	1,469	236	18	71	34	0	123	8%
Unknown	*NA*	*17*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*
Five Core Cities	*11,987*	*1,783*	*137*	*634*	*216*	*7*	*994*	*8%*
Remainder of State	*18,095*	*1,901*	*170*	*592*	*440*	*0*	*1,202*	*7%*
Rhode Island	*30,082*	*3,701*	*307*	*1,226*	*656*	*7*	*2,196*	*7%*

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, Early Intervention referrals for State Fiscal Year 2025 (July 1, 2024 – June 30, 2025) and enrollment as of June 30, 2025 (point-in-time). As of 2025, Early Intervention data is available by school district service area where infants and toddlers reside. Early Intervention is delivered by non-profit agencies and not by school districts. Children under age three are not enrolled in school districts.

The denominator is the number of children under age three, according to Census 2020, Summary File 1.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References

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(continued on page 186)

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

Early Head Start is a federally funded, intensive, comprehensive early childhood program serving low-income children birth to age three, pregnant women, and their families. Early Head Start programs serve families with the greatest needs, including families living at or near the federal poverty level, children in foster care, families experiencing homelessness, and families receiving public benefits, including Supplemental Nutrition Assistance Program (SNAP) benefits. The program provides high-quality early education, nutrition and mental health services, health and developmental screenings and referrals, and fosters the development of healthy family relationships.[1–3]

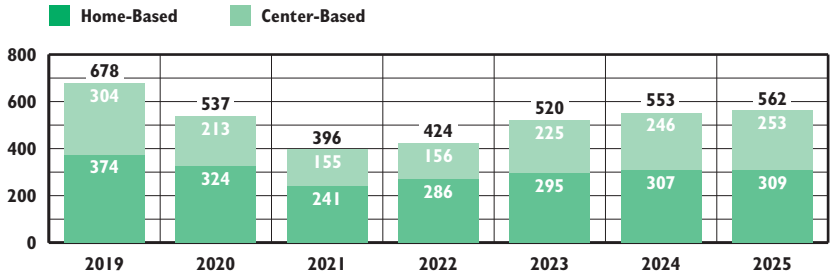
Early Head Start programs can be home based or center based. Home-based programs use weekly home visits and group activities to build parents' skills to support healthy child development. Center-based programs take place in a child care classroom and offer at least 1,380 hours of high-quality early care and education with small group sizes, low child-to-adult ratios, and qualified teachers.[1]

The Federal Early Head Start-Child Care Partnership grant builds the capacity of child care programs to meet Early Head Start quality standards, providing high-quality, full-day, full-year child care with comprehensive services to low-income infants, toddlers, and their families.[4]

In Rhode Island in 2025, 91% of children enrolled in Early Head Start or an Early Head Start-Child Care Partnership were in a program that had achieved a high-quality BrightStars rating of four or five stars while only 27% of infants and toddlers enrolled in the Child Care Assistance Program were in a high-quality program.[5,6]

Early Head Start has been shown to produce significant cognitive, language, and social-emotional gains in participating children and more positive interactions with their parents. Early Head Start parents provide more emotional support and more opportunities for language development, read more to their children, and are less likely to use physical discipline. Early Head Start parents are also less likely to experience depression and earn higher incomes after participating in the program. Children who enroll in high-quality preschool after Early Head Start have better outcomes at kindergarten entry.[3,7]

Early Head Start Enrollment, 2019 – 2025, Rhode Island



Source: Rhode Island Early Head Start program reports to Rhode Island KIDS COUNT, October 2019 – October 2025.

◆ **As of October 2025 in Rhode Island, there were 562 individuals (542 infants and toddlers and 20 pregnant women) enrolled in Early Head Start, up 2% from 2024 but down 17% from 2019. An estimated 4% of the infants and toddlers in low-income families in Rhode Island were enrolled. Statewide there were 196 children on a waiting list for Early Head Start.[5,8]**

◆ **Four percent of Early Head Start clients were pregnant women, 19% were infants under age one, 30% were age one, 43% were age two, and 6% were age three.[5]**

◆ **In 2025, Rhode Island Early Head Start programs served 127 infants and toddlers with developmental delays or disabilities (23% of all children enrolled), 21 children who were in foster care, and 24 children who were experiencing homelessness.[5]**

Early Head Start Staffing Challenges Lead to Reduced Enrollment

◆ **Since 2019 in Rhode Island, the number of infants and toddlers enrolled in the Early Head Start program has dropped by 17%.[5]**

◆ **Nationally, Early Head Start programs are facing significant staffing challenges, including high turnover, persistent vacancies, and low compensation for educators. When staff vacancies persist and there is not enough funding to raise wages, Early Head Start programs are able to apply to the federal Office of Head Start for a "change in scope" and permanently reduce enrollment so they can boost staff salaries.[9,10]**

Children Enrolled in Early Head Start

Table 30.

Children Ages Birth to Three and Pregnant Women Enrolled in Early Head Start, Rhode Island, 2025

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	412	12%	50	0	3	3	6%
Bristol	375	40%	151	0	3	3	2%
Burrillville	388	42%	162	2	7	9	6%
Central Falls	937	93%	874	32	11	43	5%
Charlestown	157	31%	49	0	1	1	2%
Coventry	893	38%	342	4	9	13	4%
Cranston	2,271	55%	1,256	1	22	23	2%
Cumberland	1,097	27%	293	1	5	6	2%
East Greenwich	353	12%	42	0	0	0	0%
East Providence	1,237	54%	663	7	19	26	4%
Exeter	158	22%	36	0	0	0	0%
Foster	113	25%	29	0	0	0	0%
Glocester	250	25%	62	1	1	2	3%
Hopkinton	196	31%	61	0	0	0	0%
Jamestown	90	10%	9	0	0	0	0%
Johnston	703	56%	393	5	11	16	4%
Lincoln	531	34%	183	2	0	2	1%
Little Compton	73	18%	13	0	0	0	0%
Middletown	520	36%	187	1	6	7	4%
Narragansett	175	27%	47	0	1	1	2%
New Shoreham	14	40%	6	0	0	0	0%
Newport	606	74%	448	5	20	25	6%
North Kingstown	729	26%	192	0	3	3	2%
North Providence	914	53%	485	4	4	8	2%
North Smithfield	286	25%	73	0	0	0	0%
Pawtucket	2,652	76%	2,023	48	20	68	3%
Portsmouth	441	20%	89	2	1	3	3%
Providence	6,323	83%	5,259	142	35	177	3%
Richmond	234	31%	72	0	0	0	0%
Scituate	244	24%	57	0	1	1	2%
Smithfield	445	20%	89	0	2	2	2%
South Kingstown	501	28%	142	0	2	2	1%
Tiverton	351	34%	121	2	0	2	2%
Warren	243	40%	98	9	1	10	10%
Warwick	2,146	48%	1,023	24	29	53	5%
West Greenwich	159	22%	36	0	2	2	6%
West Warwick	900	60%	542	17	15	32	6%
Westerly	496	44%	217	0	1	1	0%
Woonsocket	1,469	68%	995	0	18	18	2%
Five Core Cities	*11,381*	*80%*	*9,076*	*227*	*86*	*313*	*3%*
Remainder of State	*18,701*	*38%*	*7,075*	*82*	*167*	*249*	*4%*
Rhode Island	*30,082*	*50%*	*15,043*	*309*	*253*	*562*	*4%*

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled as of October 2025. 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 2020, Table PCT12 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, 2025-2026 school year

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References

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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. It does not reflect the actual staffed capacity since programs can have closed classrooms or reduced enrollment due to lack of staff.

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]

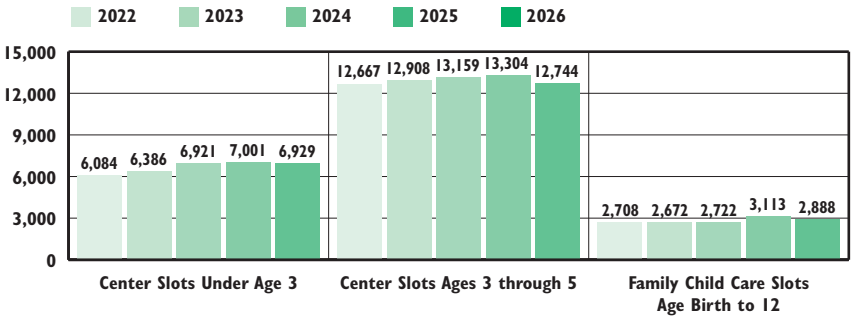
However, for many families, high-quality child care is not affordable or available. Nationally, 83% of parents report that finding high-quality, affordable child care in their area is a serious problem, and nearly three in four parents report that child care issues negatively impacted their career. Families 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 2020 and 2024, 74% of Rhode Island children under age six had all parents in the workforce, higher than the U.S. rate of 68%.[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 staff.[1] In 2024 in Rhode Island, the median wage was $16.74/hour for a child care educator and $25.42/hour for a child care or preschool director.[5]

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.[6] Between 2022 and 2024, there were 24 children who were seriously injured, 16 children who were maltreated, and zero children who died in a licensed child care program in Rhode Island.[7]

Early Learning Program Licensed Capacity, Rhode Island, 2022-2026



Source: Rhode Island Department of Human Services, 2022-2026.

◆ **In January 2026, there were 6,929 slots for infants and toddlers and 12,744 slots for preschoolers (ages 3 through 5) in 325 licensed centers. The number of licensed infant/toddler slots is down slightly from 2025 but still up 14% from 2022. The number of preschool slots is also down slightly from 2025 but up 1% from 2022.[8]**

◆ **In January 2026, there were 2,888 slots for children ages six weeks to 12 years in 370 licensed family child care homes. The number of family child care slots is down from 2025 but still up 7% from 2022.[8]**

◆ **As of January 2026, 88% of licensed family child care providers and 77% of licensed 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.[8]**

Challenges Facing Rhode Island Child Care Programs

◆ **A February 2024 survey of Rhode Island child care programs found that 51% were experiencing a staffing shortage and 37% had raised tuition. Nearly 60% reported that they were not able to serve as many children as they were licensed to serve.[9]**

Licensed Capacity of Early Learning Programs

Table 31.

Capacity of Licensed Early Learning Programs, January 2026

CITY/TOWN	# OF LICENSED CENTERS	# OF CENTER SLOTS FOR INFANTS/TODDLERS < AGE 3	# OF CENTER SLOTS FOR CHILDREN AGES 3-5	# OF LICENSED FAMILY CHILD CARE HOMES	# OF LICENSED FAMILY CHILD CARE HOME SLOTS*	TOTAL LICENSED EARLY LEARNING PROGRAM SLOTS
Barrington	8	125	325	2	12	462
Bristol	4	45	65	3	20	130
Burrillville	3	47	56	1	6	109
Central Falls	4	120	256	12	90	466
Charlestown	3	14	74	1	6	94
Coventry	7	111	241	1	6	358
Cranston	26	577	1,088	37	257	1,922
Cumberland	7	106	338	6	51	495
East Greenwich	15	456	696	1	6	1,158
East Providence	18	283	488	1	6	777
Exeter	2	40	52	1	6	98
Foster	1	19	18	0	0	37
Glocester	4	53	122	0	0	175
Hopkinton	4	34	64	1	8	106
Jamestown	1	32	30	1	8	70
Johnston	18	421	544	6	52	1,017
Lincoln	7	167	314	8	68	549
Little Compton	1	0	18	0	0	18
Middletown	11	261	347	0	0	608
Narragansett	2	12	60	0	0	72
New Shoreham	1	12	26	0	0	38
Newport	3	56	163	1	8	227
North Kingstown	8	150	318	4	32	500
North Providence	10	180	250	5	36	466
North Smithfield	2	66	122	3	32	220
Pawtucket	16	436	622	19	128	1,186
Portsmouth	6	153	210	1	6	369
Providence	52	906	2,220	231	1,858	4,984
Richmond	0	0	0	2	20	20
Scituate	1	6	43	0	0	49
Smithfield	10	365	500	1	8	873
South Kingstown	12	253	303	2	16	572
Tiverton	4	96	161	2	18	275
Warren	5	103	176	1	12	291
Warwick	25	862	1,269	7	50	2,181
West Greenwich	3	47	107	0	0	154
West Warwick	4	82	204	3	20	306
Westerly	7	113	277	2	14	404
Woonsocket	10	120	577	4	28	725
Five Core Cities	*85*	*1,638*	*3,838*	*267*	*2,112*	*7,588*
Remainder of State	*240*	*5,291*	*8,906*	*103*	*776*	*14,973*
Rhode Island	*325*	*6,929*	*12,744*	*370*	*2,888*	*22,561*

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 2026.

Licensed centers include child care programs, preschools, nursery schools, and center-based Head Start and Early Head Start programs.

*Licensed family child care slots are for children ages six weeks to 12 years old.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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(continued on page 186)

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]

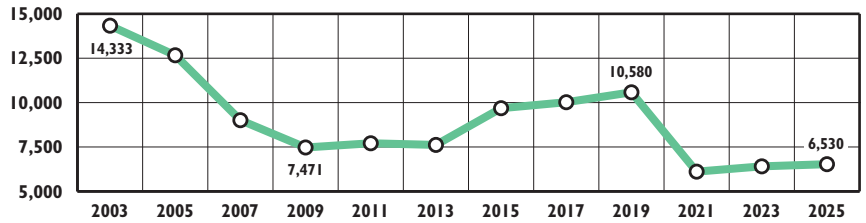
Child care is the biggest living expense in most family budgets. In Rhode Island, nearly nine out of 10 families cannot afford the average cost of child care for one infant.[2] A 2019 Rhode Island study of families with children under age six found that affordable child care was consistently reported 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 at least $240,000 to afford the average annual cost for one infant at a licensed center in 2024.[4,5]

Rhode Island's payment rates for child care providers do not meet the federal benchmark established to ensure low-income families have equal access to the child care market. Inadequate payment rates make it difficult for families to find a program that will accept a subsidy and prevent child care programs from offering competitive wages to recruit and retain qualified early educators.[1] Nationally, funding for state child care subsidy programs is so low that less than 20% of federally income-eligible children and families actually receive assistance. A 2021 report from the U.S. Treasury identifies several market failures that make the current child care system "unworkable" for most families.[6]

Child care educators, almost all of whom are women and who are disproportionally Women of Color, are responsible for the safety, health, learning, and development of our youngest children yet make very low wages, and many cannot meet their basic needs. As of 2024, 19 states and DC offer regular wage supplements to improve the retention of skilled child care teachers.[7]

In Rhode Island in 2024, the average hourly wage for a child care educator was $16.74, among the lowest average hourly wages of all occupations in the state.[8]

Child Care Subsidies, Rhode Island, Selected Years 2003 – 2025



Source: Rhode Island Department of Human Services, December 2003 - December 2025.

◆ **In December 2025, there were 6,530 child care subsidies in Rhode Island, down 38% from 2019 (pre-pandemic) and 54% from the 2003 peak (14,333 children).[9]**

◆ **As of December 2025, 27% of children participating in CCAP were enrolled in programs with high-quality BrightStars ratings (four or five stars). From 2024 to 2025, the percentage of children with a child care subsidy who were enrolled in high-quality programs increased from 22% to 25% for infants and toddlers and 30% to 32% for preschool-age children and decreased from 26% to 25% for school-age children.[9]**

◆ **In December 2025, almost half (49%) of subsidies were used by families with incomes at or below the federal poverty level (FPL) and only 5% were used by families with incomes over 200% FPL. Three out of four (75%) child care subsidies were used by low-income working families not receiving cash assistance and 19% were used by families receiving cash assistance. Another 6% of child care subsidies were used for children involved in the child welfare system.[9]**

Median Annual Market Price for Full-Time Child Care, Rhode Island, 2024

PROGRAM TYPE	MEDIAN PRICE PER CHILD
Child Care Center (infant care)	$16,770
Child Care Center (preschool care)	$14,560
Family Child Care Home (infant care)	$14,040
Family Child Care Home (preschool care)	$12,870

Source: Rhode Island KIDS COUNT calculations based on 50th percentile market price of child care, unpublished data provided by RI Department of Human Services from the 2024 Rhode Island Child Care Market Rate Survey

Table 32.

Child Care Subsidies, Rhode Island, December 2025

CITY/TOWN	SUBSIDY USE BY CHILD RESIDENCE* UNDER AGE 3	AGES 3-5	AGES 6-12+	TOTAL CHILD CARE SUBSIDIES	SUBSIDY USE BY PROGRAM LOCATION CENTER	FAMILY CHILD CARE	LICENSE EXEMPT	TOTAL CHILD CARE SUBSIDIES
Barrington	2	2	8	12	25	0	0	25
Bristol	6	12	5	23	20	0	0	20
Burrillville	10	16	21	47	47	0	0	47
Central Falls	53	76	82	211	176	56	0	232
Charlestown	0	5	2	7	6	0	0	6
Coventry	30	39	44	113	115	4	0	119
Cranston	100	135	146	381	406	176	1	583
Cumberland	16	35	35	86	110	0	0	110
East Greenwich	2	12	11	25	50	0	0	50
East Providence	61	87	91	239	215	0	0	215
Exeter	2	2	1	5	2	0	0	2
Foster	2	3	0	5	7	0	0	7
Glocester	1	4	2	7	7	0	0	7
Hopkinton	1	1	0	2	2	0	0	2
Jamestown	0	1	0	1	0	0	0	0
Johnston	30	53	43	126	192	19	0	211
Lincoln	16	27	27	70	110	12	0	122
Little Compton	0	0	0	0	0	0	0	0
Middletown	15	19	26	60	103	0	0	103
Narragansett	4	2	1	7	0	0	0	0
New Shoreham	0	0	0	0	0	0	0	0
Newport	34	56	56	146	118	0	11	129
North Kingstown	10	25	12	47	56	0	0	56
North Providence	38	46	42	126	123	10	0	133
North Smithfield	2	5	6	13	21	0	0	21
Pawtucket	206	247	247	700	591	69	0	660
Portsmouth	3	2	0	5	17	0	0	17
Providence	623	831	1,004	2,458	1,234	1,285	8	2,527
Richmond	4	2	4	10	0	0	0	0
Scituate	3	5	5	13	4	0	0	4
Smithfield	7	6	4	17	43	0	0	43
South Kingstown	2	7	6	15	24	9	0	33
Tiverton	6	2	1	9	10	2	0	12
Warren	5	13	6	24	19	3	0	22
Warwick	67	91	97	255	402	18	0	420
West Greenwich	0	3	0	3	12	0	0	12
West Warwick	52	82	78	212	134	4	0	138
Westerly	12	16	15	43	44	0	0	44
Woonsocket	106	154	207	467	378	17	0	395
DCYF	*131*	*174*	*80*	*385*	*NA*	*NA*	*NA*	*NA*
Undetermined Address	*3*	*3*	*0*	*6*	*NA*	*NA*	*NA*	*NA*
Out-Of-State	*NA*	*NA*	*NA*	*NA*	*3*	*0*	*0*	*3*
Five Core Cities	*1,022*	*1,364*	*1,596*	*3,982*	*2,497*	*1,427*	*19*	*3,943*
Remainder of State	*509*	*760*	*739*	*2,008*	*2,326*	*257*	*1*	*2,584*
Rhode Island	*1,665*	*2,301*	*2,415*	*6,381*	*4,826*	*1,684*	*20*	*6,530*

Source of Data for Table/Methodology

Rhode Island Department of Human Services, December 2025.

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.

Five core cities are Central Falls, Newport, 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 median annual market price for full-time child care was determined by multiplying the 50th percentile weekly tuition rate by 52 weeks.

References

[1] Schulman, K. (2025). *Decision point: State child care assistance policies 2024.* National Women's Law Center. https://nwlc.org/wp-content/uploads/2025/05/State-of-Child-Care-2025-FINAL-WEB.pdf

[2] Economic Policy Institute. (2025). *Child care costs in the United States, Rhode Island.* https://www.epi.org/child-care-costs-in-the-united-states/#/RI

[3] Abt Associates. (2019). *Rhode Island PDG B-5 family needs assessment final report.* 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.

[5] Rhode Island KIDS COUNT. (2025). *Calculations based on 50th percentile market price of child care, unpublished data provided by RI Department of Human Services from the 2024 Rhode Island Child Care Market Rate Survey.*

(continued on page 186)

High-Quality Early Learning Programs

DEFINITION

High-quality early learning programs is the percentage of licensed early learning centers, family child care homes, and public schools with preschool classrooms that have a high-quality rating from BrightStars, Rhode Island's Quality Rating and Improvement System for child care and early learning programs.

SIGNIFICANCE

Decades of research show that high-quality early care and education programs can improve children's cognitive and social-emotional development, enabling them to perform better in school. Programs across the U.S. and in Rhode Island vary markedly in quality and can range from rich learning experiences that promote children's development to lower quality settings that can lead to developmental setbacks and contribute to children's behavior problems.[1,2]

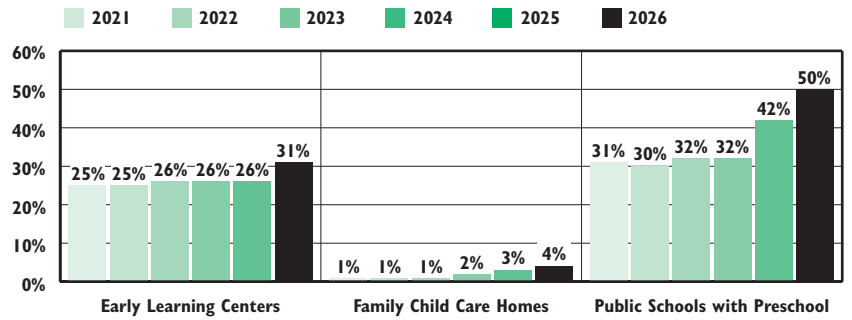
Research has shown that parents strongly prefer high-quality programs and particularly value teachers' educational achievement, however many families cannot afford the cost of higher quality programs and/or don't have enough information about which programs meet recommended quality standards.[2]

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.[1,3–5]

Most states use Quality Rating and Improvement Systems (QRIS) to measure and improve the quality of early learning programs. QRIS measure program quality indicators (e.g., staff qualifications, learning environment, and staff-child interactions) and create an index rating. QRIS ratings are shared with parents and often connected to financial incentives and supports.[3,5]

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 achieve quality improvement goals. All programs serving children participating in the Child Care Assistance Program and in RI Pre-K are required to have a BrightStars rating. As of 2025, all public schools that operate preschool classrooms must have a BrightStars rating .[6–8]

Percentage of Licensed Early Learning Centers, Family Child Care Programs, and Public Schools with a High-Quality BrightStars Rating (4 or 5 Stars), Rhode Island, 2021-2026



Source: Rhode Island Association for the Education of Young Children, Rhode Island Department of Human Services, Rhode Island Department of Education, January 2021 – January 2026.

◆ **As of January 2026, 261 (80%) licensed child care centers, 316 (85%) licensed family child care homes, and 52 (93%) public schools with preschool classrooms had a BrightStars rating. One hundred two (31%) licensed early learning centers, 13 (4%) licensed family child care homes, and 28 (50%) public schools had met the benchmarks for a high-quality rating of four or five stars.[9]**

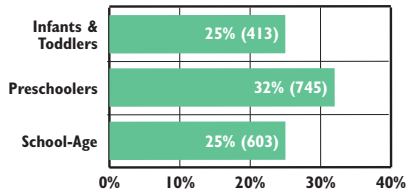
◆ **Since 2021, the percentage of programs with a high-quality rating has increased for early learning centers (from 25% to 31%), family child care homes (from 1% to 4%), and public schools serving preschoolers (from 31% to 50%).[9]**

◆ **Early learning centers in the five core cities are more likely to have a high-quality BrightStars rating than those in the remainder of the state (44% vs. 27%) while public schools and family child care homes in the core cities are less likely to have a high quality rating than those in the remainder of the state (44% vs. 54% for public schools and 3% vs. 5% for family child care).[9]**

◆ **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.[10]**

High-Quality Early Learning Programs

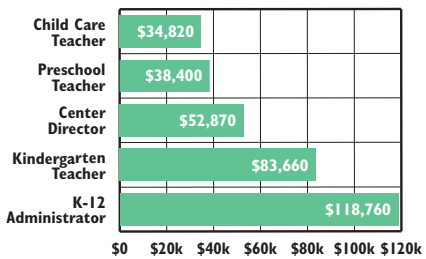
CCAP Children Enrolled in High-Quality Programs (4 or 5 Stars) by Age, December 2026



Source: Rhode Island Rhode Island Department of Human Services, December 2025.

◆ **Preschool-age children enrolled in the RI Child Care Assistance Program (CCAP) are more likely to be enrolled in a high-quality program (32%) than infants and toddlers (25%) or school-age children (25%).[11]**

Average Annual Salary, Rhode Island, 2024



Source: U.S. Bureau of Labor Statistics. (2025). *May 2024 State occupational employment and wage estimates, Rhode Island.* Retrieved January 27, 2026, from https://www.bls.gov/oes/current/oes_ri.htm

◆ **Early childhood teachers and program directors in Rhode Island earn significantly lower wages than kindergarten teachers and K-12 school administrators.[12]**

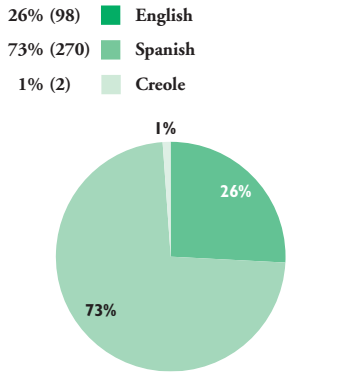
Table 33.

Licensed Child Care Centers and Preschools Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2026

CITY/TOWN	LICENSED PROGRAMS	PROGRAMS THAT ACCEPT CCAP	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY 4 STARS	HIGH-QUALITY 5 STARS	% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
Barrington	8	4	5	0	2	0	1	0	38%	13%
Bristol	4	3	1	3	0	0	0	0	75%	0%
Burrillville	3	2	0	2	0	0	0	1	100%	33%
Central Falls	4	4	0	0	0	2	0	2	100%	50%
Charlestown	3	3	1	0	0	0	0	2	67%	67%
Coventry	7	7	0	0	2	1	3	1	100%	57%
Cranston	26	23	6	7	3	3	3	4	77%	27%
Cumberland	7	4	2	2	0	1	2	0	71%	29%
East Greenwich	15	8	6	2	1	2	2	2	60%	27%
East Providence	18	13	5	5	2	0	3	3	72%	33%
Exeter	2	1	0	0	1	0	1	0	100%	50%
Foster	1	1	0	0	0	0	1	0	100%	100%
Glocester	4	4	0	1	1	0	2	0	100%	50%
Hopkinton	4	2	0	2	2	0	0	0	100%	0%
Jamestown	1	0	1	0	0	0	0	0	0%	0%
Johnston	18	16	2	2	10	1	2	1	89%	17%
Lincoln	7	7	0	1	3	1	2	0	100%	29%
Little Compton	1	0	1	0	0	0	0	0	0%	0%
Middletown	11	7	2	4	1	0	3	1	82%	36%
Narragansett	2	1	1	0	0	0	0	1	50%	50%
New Shoreham	1	0	1	0	0	0	0	0	0%	0%
Newport	3	2	1	0	0	1	0	1	67%	33%
North Kingstown	8	6	1	1	0	2	4	0	88%	50%
North Providence	10	8	1	5	0	1	2	1	90%	30%
North Smithfield	2	2	1	1	0	0	0	0	50%	0%
Pawtucket	16	16	0	4	5	1	4	2	100%	38%
Portsmouth	6	2	4	0	0	1	0	1	33%	17%
Providence	52	39	12	5	9	5	6	15	77%	40%
Richmond	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Scituate	1	1	0	1	0	0	0	0	100%	0%
Smithfield	10	8	0	4	2	3	1	0	100%	10%
South Kingstown	12	7	4	2	1	2	1	2	67%	25%
Tiverton	4	2	1	1	0	0	2	0	75%	50%
Warren	5	4	1	2	0	0	1	1	80%	40%
Warwick	25	23	1	6	5	6	3	4	96%	28%
West Greenwich	3	2	0	2	1	0	0	0	100%	0%
West Warwick	4	4	0	1	1	2	0	0	100%	0%
Westerly	7	5	2	1	2	1	0	1	71%	14%
Woonsocket	10	10	1	2	0	0	1	6	90%	70%
Five Core Cities	*85*	*71*	*14*	*11*	*14*	*9*	*11*	*26*	*84%*	*44%*
Remainder of State	*240*	*180*	*50*	*58*	*40*	*27*	*39*	*26*	*79%*	*27%*
Rhode Island	*325*	*251*	*64*	*69*	*54*	*36*	*50*	*52*	*80%*	*31%*

High-Quality Early Learning Programs

Licensed Family Child Care Programs by Primary Language Spoken, Rhode Island, 2025



n = 370

Source: Rhode Island Department of Human Services, Licensed family child care providers, 2026.

◆ **In 2026, of the 370 licensed family child care providers in Rhode Island, 26% spoke English, 73% spoke Spanish, 1% spoke Creole.[9]**

◆ **As of December 2025, of the 2,599 children in the CCAP program with reported Hispanic ethnicity, 37% were enrolled in family child care, 62% were enrolled in a center, and less than 1% were enrolled in license-exempt care.[11]**

Table 34.

Licensed Family Child Care Homes Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2026

CITY/TOWN	LICENSED PROGRAMS	PROGRAMS THAT ACCEPT CCAP	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY 4 STARS	HIGH-QUALITY 5 STARS	% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
Barrington	2	1	1	1	0	0	0	0	50%	0%
Bristol	3	2	1	2	0	0	0	0	67%	0%
Burrillville	1	1	0	1	0	0	0	0	100%	0%
Central Falls	12	11	0	10	2	0	0	0	100%	0%
Charlestown	1	0	1	0	0	0	0	0	0%	0%
Coventry	1	1	0	1	0	0	0	0	100%	0%
Cranston	37	36	2	20	11	3	1	0	95%	3%
Cumberland	6	2	4	1	0	0	1	0	33%	17%
East Greenwich	1	0	1	0	0	0	0	0	0%	0%
East Providence	1	1	0	0	1	0	0	0	100%	0%
Exeter	1	0	0	1	0	0	0	0	100%	0%
Foster	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Glocester	0	NA	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	6	5	0	2	3	0	1	0	100%	17%
Lincoln	8	6	4	2	0	1	1	0	50%	13%
Little Compton	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Middletown	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Narragansett	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
New Shoreham	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Newport	1	0	1	0	0	0	0	0	0%	0%
North Kingstown	4	1	3	1	0	0	0	0	25%	0%
North Providence	5	5	1	4	0	0	0	0	80%	0%
North Smithfield	3	0	2	1	0	0	0	0	33%	0%
Pawtucket	19	19	1	7	9	1	1	0	95%	5%
Portsmouth	1	1	0	1	0	0	0	0	100%	0%
Providence	231	221	20	102	91	11	4	3	91%	3%
Richmond	2	0	2	0	0	0	0	0	0%	0%
Scituate	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Smithfield	1	0	1	0	0	0	0	0	0%	0%
South Kingstown	2	1	1	1	0	0	0	0	50%	0%
Tiverton	2	1	1	1	0	0	0	0	50%	0%
Warren	1	1	0	0	0	0	1	0	100%	100%
Warwick	7	2	5	2	0	0	0	0	29%	0%
West Greenwich	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
West Warwick	3	3	0	3	0	0	0	0	100%	0%
Westerly	2	1	0	1	1	0	0	0	100%	0%
Woonsocket	4	3	1	2	1	0	0	0	75%	0%
Five Core Cities	*267*	*254*	*23*	*121*	*103*	*12*	*5*	*3*	*91%*	*3%*
Remainder of State	*103*	*72*	*31*	*47*	*16*	*4*	*5*	*0*	*70%*	*5%*
Rhode Island	*370*	*326*	*54*	*168*	*119*	*16*	*10*	*3*	*85%*	*4%*

Table 35.

Public Schools with Preschool Classrooms Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2026

DISTRICT	SCHOOLS WITH PRESCHOOL CLASSROOMS	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY 4 STARS	HIGH-QUALITY 5 STARS	% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
Barrington	1	0	0	0	0	0	1	100%	100%
Bristol Warren	1	0	0	0	0	0	1	100%	100%
Burrillville	1	0	1	0	0	0	0	100%	0%
Central Falls	1	0	0	0	0	1	0	100%	100%
Chariho	2	1	1	0	0	0	0	50%	0%
Coventry	2	0	0	0	1	0	1	100%	50%
Cranston	5	0	1	0	0	2	2	100%	80%
Cumberland	1	0	1	0	0	0	0	100%	0%
East Greenwich	1	0	0	0	1	0	0	100%	0%
East Providence	1	0	0	0	0	0	1	100%	100%
Exeter-West Greenwich	1	0	0	0	0	0	1	100%	100%
Foster	1	0	0	1	0	0	0	100%	0%
Glocester	1	0	1	0	0	0	0	100%	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	0	0	1	0	0	0	100%	0%
Middletown	1	0	0	0	1	0	0	100%	0%
Narragansett	1	0	0	0	0	0	1	100%	100%
New Shoreham	0	NA	NA	NA	NA	NA	NA	NA	NA
Newport	1	0	0	0	1	0	0	100%	0%
North Kingstown	1	1	0	0	0	0	0	0%	0%
North Providence	2	0	0	0	0	2	0	100%	100%
North Smithfield	1	1	0	0	0	0	0	0%	0%
Pawtucket	6	1	0	0	0	4	1	83%	83%
Portsmouth	1	0	0	0	0	0	1	100%	100%
Providence	8	0	0	4	2	0	2	100%	25%
Scituate	1	0	0	0	0	0	1	100%	100%
Smithfield	1	0	0	0	0	0	1	100%	100%
South Kingstown	1	0	0	0	0	0	1	100%	100%
Tiverton	1	0	1	0	0	0	0	100%	0%
Warwick	2	0	1	0	1	0	0	100%	0%
West Warwick	1	0	0	0	0	1	0	100%	100%
Westerly	1	0	0	0	0	1	0	100%	100%
Woonsocket	2	0	2	0	0	0	0	100%	0%
Charter Schools	*0*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*
Collaboratives	*0*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*
State-Operated Schools	*1*	*0*	*0*	*0*	*1*	*0*	*0*	*1*	*0%*
Five Core Cities	*18*	*1*	*2*	*4*	*3*	*5*	*3*	*94%*	*44%*
Remainder of State	*37*	*3*	*7*	*3*	*4*	*8*	*12*	*92%*	*54%*
Rhode Island	*56*	*4*	*9*	*7*	*8*	*13*	*15*	*93%*	*50%*

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 2026. Data on public schools are from the Rhode Island Department of Education, January 2026. Data on BrightStars quality ratings are from the Rhode Island Association for the Education of Young Children, January 2026.

High-quality rating means a BrightStars rating of four or five stars.

NA=Not applicable.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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(continued on page 186)

Children Enrolled in Head Start or RI Pre-K

DEFINITION

Children enrolled in Head Start or RI Pre-K is the percentage of low-income children and all children ages three and four enrolled in a Rhode Island Head Start or RI Pre-K preschool program. Head Start is managed by the federal government and RI Pre-K is managed by the Rhode Island Department of Education.

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 helps to ensure children enter school with the skills needed to succeed. Without government funding, children from low-income families and Black and Latino children would have less access to high-quality preschool compared to higher-income and white families.[1,2]

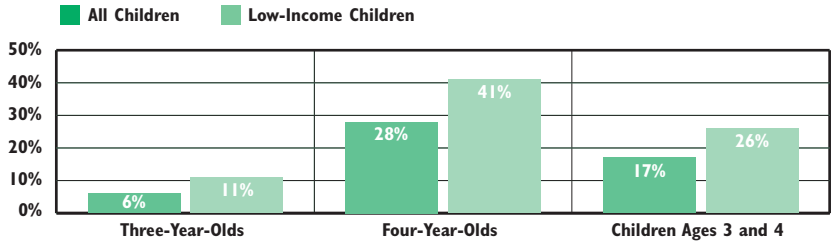
Decades of research have shown that high-quality preschool programs help children gain academic and social-emotional skills prior to school entry and can produce positive outcomes that last well into the school years, including reduced need for special education services and improved high school graduation rates. Sustaining these positive outcomes requires additional investments and high-quality learning in the early grades and beyond.[1,2]

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 are involved in program decision making, build parenting skills, and are supported to enter and remain in the workforce.[3,4]

State-funded Pre-K programs are growing across the U.S. As of 2024, 44 states and Washington, DC operated state Pre-K programs, serving 37% of four-year-olds and 8% of three-year-olds across the U.S.[5] RI Pre-K is delivered by public schools, Head Start agencies, and child care programs that are selected through a competitive grant process and meet the same high-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.[6,7]

Rhode Island is one of 14 states and Washington, DC that invest state funds in Head Start and/or Early Head Start to serve more children, support more competitive teacher salaries, and help programs meet their federally required 20% funding match.[8]

Percentage of Children Ages 3 and 4 Enrolled in Head Start and/or RI Pre-K, Rhode Island, 2025-2026



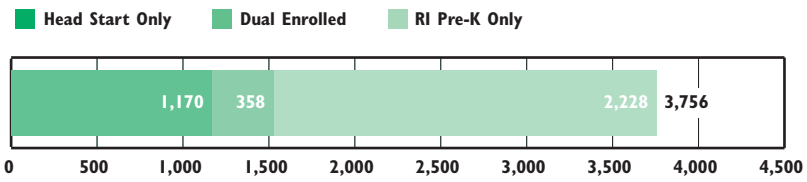
Source: Rhode Island KIDS COUNT calculations using October 2025 enrollment in Head Start and RI Pre-K as numerator and Census 2020 population of children ages 3 and 4 as denominator with low-income population estimated using the percentage of children receiving free or reduced-price lunch.

◆ **As of October 2025, there were 3,756 children ages three and four enrolled in Head Start, RI Pre-K, or both during the two years before kindergarten, down 3% from 3,877 in 2024. These programs reached approximately 17% of all preschool-age children and 26% of low-income preschool-age children.[9]**

◆ **Of the total, 1,170 children were enrolled in Head Start only, 2,228 children were enrolled in in RI Pre-K only, and 358 were dually enrolled in both Head Start and RI Pre-K with braided funding.[9]**

◆ **In the five core cities, approximately 29% of low-income preschool-age children and 26% of all preschool-age children were enrolled in Head Start, RI Pre-K, or both, while in the remainder of the state, enrollment for low-income preschool-age children and all preschool-age children was approximately 22% and 11% respectively.[9]**

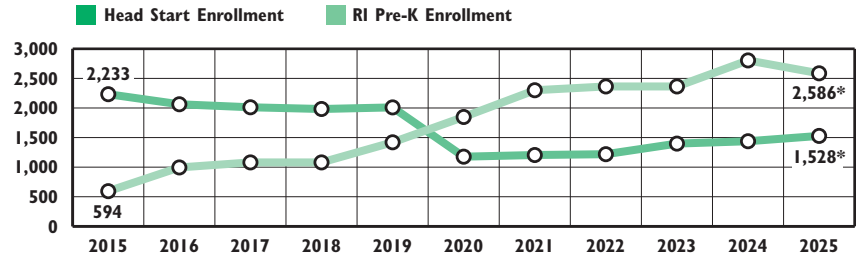
Number of Children Ages 3 and 4 Enrolled in Head Start, RI Pre-K, or Both, Rhode Island, 2025



Source: Rhode Island Head Start programs and Rhode Island Department of Education, October 2025 enrollment.

Children Enrolled in Head Start or RI Pre-K

Head Start and RI Pre-K Enrollment, 2015-2025



Sources: Head Start program reports to Rhode Island KIDS COUNT, 2015–2025. RI Pre-K enrollment, Rhode Island Department of Education, 2015-2025. *Starting in 2019, RI Pre-K and Head Start began braiding funding to enable eligible children to be dually enrolled in both RI Pre-K and Head Start. The number of children enrolled in both programs was 140 in 2019, 176 in 2020, 253 in 2021, 294 in 2022, 285 in 2023, 353 in 2024 and 358 in 2025.

◆ **In October 2025, there were 1,528 children enrolled in Head Start, up 6% from 2024 but down 32% from 2015. Of these, 358 (23%) were dually enrolled in RI Pre-K.[10]**

◆ **Of the 1,528 children enrolled in Head Start, 651 were age three (43%) and 877 (57%) were age four at the start of the school year. Ninety percent of children enrolled in Head Start were enrolled in a classroom that operated for at least six hours per day.[10]**

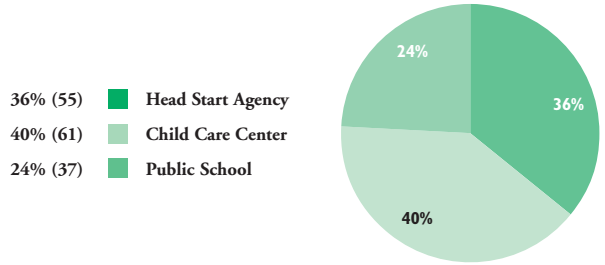
◆ **In October 2025, there were 222 eligible children on a waiting list for Head Start.[10] Nationally, Head Start programs are facing significant staffing challenges, including high turnover, persistent vacancies, and low compensation for educators causing temporary and even permanent classroom closures.[11]**

◆ **In October 2025, there were 2,586 children enrolled in RI Pre-K, down 8% from 2,804 children in 2024. Of these, 358 (14%) were dually enrolled in Head Start. In 2025 there were more than four times as many children enrolled in RI Pre-K than in 2015.[12]**

◆ **Of the 2,586 children enrolled in RI Pre-K, 99% were age four at the start of the school year. Only 17 children (1%) were age three, all of whom were dually enrolled in Head Start.[12]**

◆ **Of the 2,586 children enrolled in RI Pre-K, 1,922 (74%) were low-income and 664 (26%) were higher income.[12]**

RI Pre-K Classrooms by Setting, Rhode Island, 2025



n = 153

Source: Rhode Island Department of Education, October 2025.

◆ **As of the 2025-2026 school year, there were 153 RI Pre-K classrooms with 55 (36%) operated by Head Start agencies, 61 (40%) operated by child care centers, and 37 (24%) operated by public schools.[12]**

High-Quality Public Preschool Improves Outcomes for Children

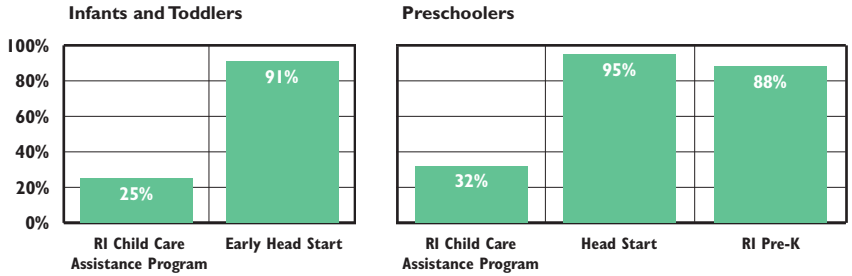
◆ **Sustained access (two or more years) of high-quality early childhood education improves children's readiness for school and narrows the achievement gap by half. High-quality early childhood programs are rich with language and conversations and offer many opportunities to play and engage in hands-on exploration.[13]**

◆ **Decades of research have shown that Head Start improves children's academic, cognitive, language, and social-emotional skills and health including reduced childhood obesity and improved immunization rates. Head Start children are more likely to graduate from high school, attend college, and receive a postsecondary degree, license, or certification.[14,15]**

◆ **A 2012 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 higher-income children by three-quarters.[16]**

Children Enrolled in Head Start or RI Pre-K

Enrollment in Programs with a High-Quality BrightStars Rating by Funding Source, Rhode Island, 2025



Sources: Rhode Island Head Start Programs, 2025. Rhode Island Department of Education, 2025. Rhode Island Department of Human Services, 2025.

◆ Across the U.S., Head Start centers are typically higher quality than many other early care and education programs.[14] Rhode Island Head Start programs score above the national average and significantly above research-based thresholds for emotional support and classroom organization and meet the research-based threshold for instructional support based on classroom observations of teacher-child interactions.[3]

◆ In 2024, Rhode Island was one of only five states with a Pre-K program that met all 10 recommended quality benchmarks, including teachers who have a bachelor's degree with specialized training in early childhood education and program monitoring that includes annual classroom observations.[5]

◆ As of 2025, 95% of children enrolled in Head Start and 88% of children enrolled in RI Pre-K were in a program that had achieved a high-quality BrightStars rating of four or five stars. In comparison, only 32% of preschool-age children in the Child Care Assistance Program (CCAP) were enrolled in a program that achieved a high-quality BrightStars rating.[10,12,17]

◆ As of 2025, 91% of infants and toddlers enrolled in center-based Early Head Start were in a program that had achieved a high-quality BrightStars rating of four or five stars. In comparison, only 25% of infants and toddlers in the Child Care Assistance Program (CCAP) were enrolled in a program that had achieved a high-quality BrightStars rating.[10,17]

Children Enrolled In RI Pre-K and Head Start

◆ As of October 2025, 213 (15%) children enrolled in Head Start had a developmental delay or disability and received special education services from their local school districts. Also, 32 children (2%) enrolled in Head Start were in foster care and 48 (3%) were homeless.[10]

◆ In 2024-2025, of the children and pregnant women with reported race/ethnicity, Rhode Island Early Head Start and Head Start programs reported 1% were American Indian or Alaska Native, 3% were Asian or Pacific Islander, 17% were Black, 12% were Multiracial, 29% were Some other race, and 38% were white. More than half of children enrolled (58%) were Hispanic (of any race). More than one-third (35%) spoke a primary language other than English at home.[18]

◆ As of October 2025, 337 (13%) children enrolled in RI Pre-K had a developmental delay or disability and received special education services from their local school districts. Also, 34 children (1%) were in foster care and 21 children (1%) were homeless.[19]

◆ Of the children enrolled in RI Pre-K in October 2025 with information about race and ethnicity, 2% were American Indian or Alaska Native, 4% were Asian or Pacific Islander, 11% were Black, 32% were Hispanic/Latino, 17% were Multiracial, and 35% were white. Thirty-one percent spoke a language other than English at home or were bilingual.[19]

RI Pre-K Financing & Staffing

◆ In 2023, RI Pre-K teachers in community-based programs (child care and Head Start) were paid about $22,000 less than RI Pre-K teachers in public schools.[5]

◆ Experts estimate that Rhode Island was underfunding the RI Pre-K program by $13.9 million for 2024 enrollment. To close the teacher wage gap, funding levels should be increased by $5,888 per child to reach at least $15,927/child.[5]

◆ In 2024, national experts estimated that, Rhode Island would need to spend an additional $113.2 million per year to serve all four-year-olds and close the teacher wage gap.[3]

Table 36.

Children Enrolled in Head Start and/or RI Pre-K, Rhode Island, 2025

SCHOOL DISTRICT	# CHILDREN AGES 3 AND 4	% LOW-INCOME CHILDREN	ESTIMATED # LOW-INCOME CHILDREN AGES 3 AND 4	AGE 3		AGE 4				ESTIMATED % OF LOW-INCOME CHILDREN AGE 3 OR 4 IN HEAD START OR RI PRE-K	ESTIMATED % OF ALL CHILDREN AGE 3 OR 4 IN HEAD START OR RI PRE-K
				ENROLLED IN HEAD START ONLY	DUAL ENROLLED IN RI PRE-K & HEAD START	ENROLLED IN HEAD START ONLY	DUAL ENROLLED IN RI PRE-K & & HEAD START	ENROLLED IN RI PRE-K ONLY LOW-INCOME	ENROLLED IN RI PRE-K ONLY HIGHER-INCOME		
Barrington	404	14%	57	1	0	0	1	0	0	4%	0%
Bristol	263	38%	100	7	0	1	10	10	2	28%	11%
Burrillville	321	44%	141	4	0	8	1	0	0	9%	4%
Central Falls	673	89%	599	14	0	13	0	151	11	30%	28%
Charlestown	104	30%	31	3	0	0	1	0	0	13%	4%
Coventry	692	38%	263	15	0	2	18	38	20	28%	13%
Cranston	1,617	52%	841	49	0	42	41	121	90	30%	21%
Cumberland	815	24%	196	2	0	3	0	0	0	3%	1%
East Greenwich	299	13%	39	2	0	0	0	0	0	5%	1%
East Providence	871	55%	479	36	0	13	4	124	85	37%	30%
Exeter	120	22%	26	0	0	1	0	3	6	15%	8%
Foster	53	31%	16	0	0	0	0	0	0	0%	0%
Glocester	188	23%	43	1	0	1	0	0	0	5%	1%
Hopkinton	160	30%	48	0	0	0	1	0	0	2%	1%
Jamestown	62	11%	7	0	0	1	0	0	0	15%	2%
Johnston	540	61%	329	7	1	12	4	28	21	16%	14%
Lincoln	469	33%	155	1	0	1	0	33	21	23%	12%
Little Compton	55	20%	11	0	0	0	0	0	0	0%	0%
Middletown	365	38%	139	12	0	0	6	48	18	48%	23%
Narragansett	139	24%	33	0	0	1	1	0	0	6%	1%
New Shoreham	22	45%	10	0	0	0	0	0	0	0%	0%
Newport	440	72%	317	23	3	2	21	2	10	16%	14%
North Kingstown	534	24%	128	2	2	10	0	7	9	16%	6%
North Providence	602	45%	271	14	0	14	8	9	18	17%	10%
North Smithfield	215	26%	56	0	0	1	0	0	0	2%	0%
Pawtucket	1,781	75%	1,336	46	0	44	9	188	83	21%	21%
Portsmouth	347	18%	62	4	0	0	0	9	9	21%	6%
Providence	4,364	86%	3,753	223	0	279	18	528	85	28%	26%
Richmond	159	30%	48	0	0	0	2	0	0	4%	1%
Scituate	164	28%	46	1	0	1	0	0	0	4%	1%
Smithfield	337	24%	81	1	0	4	1	17	18	28%	12%
South Kingstown	412	23%	95	0	2	1	8	1	0	13%	3%
Tiverton	266	38%	101	9	6	0	0	0	0	15%	6%
Warren	174	38%	66	5	0	0	4	18	8	41%	20%
Warwick	1,522	52%	791	42	0	3	37	35	18	15%	9%
West Greenwich	94	22%	21	1	0	0	0	13	13	68%	29%
West Warwick	668	62%	414	18	0	2	28	26	36	18%	16%
Westerly	388	45%	175	9	3	2	11	22	18	27%	17%
Woonsocket	1,122	72%	808	82	0	74	106	133	65	49%	41%
Five Core Cities	*8,380*	*81%*	*6,788*	*388*	*3*	*412*	*154*	*1,002*	*254*	*29%*	*26%*
Remainder of State	*13,441*	*38%*	*5,108*	*246*	*14*	*124*	*187*	*562*	*410*	*22%*	*11%*
Rhode Island	*21,821*	*54%*	*11,783*	*634*	*17*	*536*	*341*	*1,564*	*664*	*26%*	*17%*

Source of Data for Table/Methodology

Rhode Island Head Start Programs, children enrolled as of October 2025, by child residence. Rhode Island Department of Education, children enrolled in RI Pre-K as of October 2025, by child residence.

The estimated number of children ages three and four is from Census 2020, 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 2023 to include children ages three and four. Percentages should not be compared with prior Factbooks.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References

[1] U.S. Department of Education. (2015). *A matter of equity: Preschool education in America.*

[2] Meloy, B., Gardner, M., & Darling-Hammond, L. (2019). *Untangling the evidence on preschool effectiveness: Insights for policymakers.* Learning Policy Institute.

[3] Friedman-Krauss, A. H., Barnett, W. S., & Duer, J. K. (2022). *The state(s) of Head Start and Early Head Start: Looking at equity.* National Institute for Early Education Research.

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[6] Rhode Island Department of Education. (2022, April 6). *2022-2023 RI State Pre-K lottery opens.*

[7] *Rhode Island Prekindergarten Education Act,* Rhode Island General Laws, 16-87.

(continued on page 186)

Children Receiving Preschool Special Education Services

DEFINITION

Children receiving preschool special education services is the percentage of children ages three to five who have an Individualized Education Program (IEP) and are receiving special education services in Rhode Island.

SIGNIFICANCE

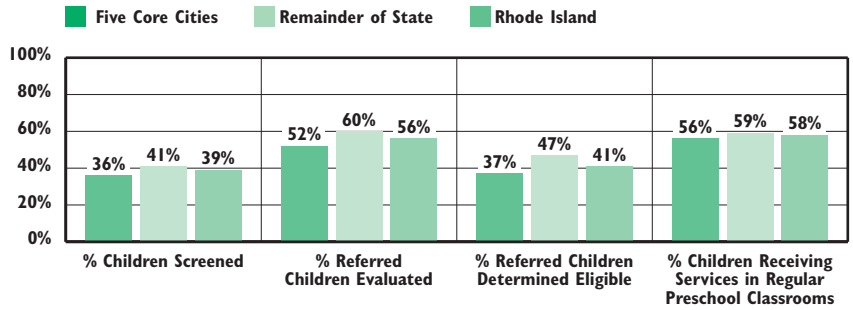
Preschool special education is an important component of the early care and education system, providing specially designed instruction so each child can meet learning standards. The federal I*ndividuals with Disabilities Education Act (IDEA)* specifies that children ages three to five with disabilities, including developmental delays, 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 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.[1,2] Routine developmental screening during the early stages of life, followed by evaluation and diagnostic assessment, helps children gain access to needed services to promote positive outcomes and prevent ongoing educational challenges.[3]

In Rhode Island, school districts work to screen every child ages three through five every year through the Child Outreach screening program.[3] During the 2024-2025 school year in Rhode Island, districts completed developmental screenings for 39% of children ages three to five, up from 37% the previous year and on par with pre-pandemic rates.[4] Preschool-age children in the five core cities were less likely to receive a developmental screening (36%) than children in the remainder of the state (41%). Of the children who were referred for evaluation based on positive screens, 56% were evaluated and 41% were determined eligible for special education. Children in the five core cities were less likely to be referred for evaluation and to be determined eligible for special education services than children in the remainder of the state.[4,5]

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.[6] Under *IDEA*, each state sets its own criteria to determine the magnitude of a delay needed to qualify for special education services.[1]

Preschool Special Education Screening, Eligibility, and Inclusion Rates, Rhode Island, June 2025



Source: Rhode Island Department of Education, 2024-2025 Child Outreach data and June 2025 Special Education Census.
The percentage determined eligible is of those children referred for evaluation from Child Outreach screening.

◆ **In June 2025, there were 3,624 children ages three to five receiving preschool special education services (11% of all preschool-age children), up from 3,518 (10%) the previous year. Children in the five core cities were more likely to receive preschool special education services (12%) than children in the remainder of the state (10%).[7,8]**

◆ **Preschool children have improved outcomes when participating in high-quality inclusive early childhood programs. However, young children with disabilities face significant barriers in accessing high-quality, inclusive early care and education.[1,9]**

◆ **In June 2025, 58% of preschool-age children who received special education services received those services within an inclusive early childhood classroom. Children in the five core cities were less likely to receive preschool special education services in an inclusive early childhood setting (56%) than children in the remainder of the state (59%).[7]**

◆ **Many young children in Rhode Island receive *IDEA* services outside of inclusive preschool programs, with 15% receiving services through "walk-in" visits to a service provider, 18% enrolled in a separate special education class or school, and 19% enrolled in a preschool setting but receiving special education services in another location.[7]**

◆ **In June 2025, 48% of children receiving preschool special education services qualified under the developmental delay category, 36% had an identified speech/language disability, 13% were diagnosed with autism, and 4% had another diagnosed disability.[7]**

Children Receiving Preschool Special Education Services

Table 37. **Children Ages 3 to 5 Receiving Special Education Services, Rhode Island, 2025**

SCHOOL DISTRICT	# OF CHILDREN AGES 3-5	DEVELOPMENTAL SCREENING EVALUATION, AND ELIGIBILITY, 2024-2025 SCHOOL YEAR				PRESCHOOL SPECIAL EDUCATION BY SETTING JUNE 2025				
		% POPULATION SCREENED	# REFERRED FOR EVALUATION	% EVALUATED OF REFERRED	% DETERMINED ELIGIBLE OF REFERRED	% IN INCLUSIVE EARLY CHILDHOOD CLASS	% IN SELF-CONTAINED SETTING	% IN OTHER SETTING	TOTAL # RECEIVING SERVICES	% RECEIVING SERVICES
Barrington	578	43%	19	79%	54%	67%	0%	33%	49	8%
Bristol Warren	701	45%	14	54%	50%	61%	0%	39%	61	9%
Burrillville	444	39%	*	67%	67%	59%	0%	41%	51	11%
Central Falls	880	71%	63	74%	56%	66%	21%	13%	145	16%
Chariho	660	48%	33	79%	50%	64%	0%	36%	88	13%
Coventry	988	42%	19	59%	56%	49%	0%	51%	98	10%
Cranston	2,478	39%	41	39%	28%	64%	10%	26%	218	9%
Cumberland	1,292	34%	20	47%	37%	65%	17%	18%	82	6%
East Greenwich	568	45%	11	61%	50%	93%	0%	7%	45	8%
East Providence	1,423	29%	35	56%	47%	21%	59%	21%	150	11%
Exeter-West Greenwich	361	44%	*	75%	75%	54%	0%	46%	41	11%
Foster	124	NA	NA	NA	NA	36%	9%	55%	11	9%
Glocester	205	NA	NA	NA	NA	38%	10%	52%	21	10%
Jamestown	110	53%	*	100%	67%	70%	0%	30%	*	9%
Johnston	883	52%	40	66%	51%	79%	0%	21%	126	14%
Lincoln	707	46%	28	76%	73%	69%	18%	13%	119	17%
Little Compton	71	42%	*	60%	40%	63%	0%	38%	*	11%
Middletown	533	43%	13	50%	38%	56%	0%	44%	52	10%
Narragansett	178	57%	10	83%	50%	50%	0%	50%	30	17%
New Shoreham	26	65%	*	NA	NA	100%	0%	0%	*	8%
Newport	609	41%	28	74%	46%	60%	15%	25%	48	8%
North Kingstown	849	55%	26	67%	51%	63%	8%	29%	89	10%
North Providence	941	32%	18	56%	41%	57%	18%	25%	88	9%
North Smithfield	356	38%	10	91%	64%	38%	20%	43%	40	11%
Pawtucket	2,633	28%	71	42%	25%	71%	5%	24%	221	8%
Portsmouth	512	42%	12	46%	27%	59%	0%	41%	39	8%
Providence	7,248	34%	342	48%	35%	47%	34%	19%	874	12%
Scituate	278	NA	NA	NA	NA	27%	0%	73%	15	5%
Smithfield	535	57%	15	60%	32%	70%	0%	30%	47	9%
South Kingstown	549	51%	15	89%	67%	51%	0%	49%	47	9%
Tiverton	367	39%	12	48%	32%	68%	3%	29%	38	10%
Warwick	2,130	36%	56	64%	55%	59%	23%	18%	235	11%
West Warwick	850	41%	33	58%	51%	61%	25%	14%	133	16%
Westerly	502	48%	11	58%	37%	89%	0%	11%	53	11%
Woonsocket	1,638	37%	69	73%	59%	68%	8%	24%	241	15%
Charter Schools	*NA*	*NA*	*NA*	*NA*	*NA*	*100%*	*0%*	*0%*	*	*NA*
State-Operated Schools	*NA*	*NA*	*NA*	*NA*	*NA*	*0%*	*100%*	*0%*	*	*NA*
Collaboratives	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*
Five Core Cities	*13,008*	*36%*	*573*	*52%*	*37%*	*56%*	*24%*	*20%*	*1,529*	*12%*
Remainder of State	*20,199*	*41%*	*519*	*60%*	*47%*	*59%*	*13%*	*28%*	*2,095*	*10%*
Rhode Island	*33,207*	*39%*	*1,092*	*56%*	*41%*	*58%*	*18%*	*24%*	*3,624*	*11%*

Sources of Data for Table/Methodology

Rhode Island Department of Education (RIDE), June 2025 Special Education Census. Beginning in 2020, the early childhood special education census data was adjusted to exclude children age five on June 30 who were enrolled in kindergarten, and they were included in the K-12 special education census.

2024-2025 Developmental screening, referral, evaluation, and eligibility data is from the RIDE Office of Student, Community, and Academic Supports. Foster, Glocester, and Scituate school districts collaborate as the Northwest Region to conduct screenings, evaluations, and eligibility determinations and data are not available separately for these districts. The Northwest Region screened 39% of their age 3 to 5 population and referred 14 for evaluation. Of those referred for evaluation, 100% had an evaluation completed and 79% were determined eligible for preschool special education services in 2024-2025.

*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 five 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 2024-2025 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 regular 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.

The Charter school is Highlander Charter School.

The State-Operated schools is the Rhode Island School for the Deaf.

The five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

(References are on page 186)

Public School Enrollment and Demographics

DEFINITION

Public school enrollment and demographics is the total number of students enrolled in Rhode Island public schools on October 1.

SIGNIFICANCE

A child's educational journey begins at birth and continues into adulthood. Each child's educational experience varies due to three primary 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] As a result of these factors, racial, ethnic, and income gaps in opportunities to obtain a high-quality education have been well-documented throughout the country over time.

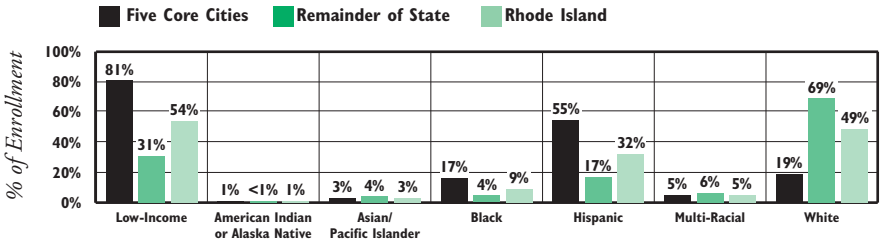
On October 1, 2025, there were 133,829 students enrolled in Rhode Island public schools in preschool through grade 12, a decrease of 6% from 141,959 on October 1, 2015.[2] Of these students, 28% (36,819) were attending schools in the five core cities (communities with the highest child poverty rates), 61% (81,703) were attending schools in the remaining districts, and 10% (13,037) attended charter schools, state-operated schools, or collaboratives.[2] There were an additional 10,529 Rhode Island students attending private and parochial schools (including out-of-state schools), and 3,197 students were homeschooled.[3]

The most students (57,551) were in grades K-5; 29,988 were in grades 6-8; and 42,855 were in grades 9-12. As of October 2025, there were 3,756 children ages three and four enrolled in Head Start, RI Pre-K, or both during the two years before kindergarten, reaching approximately 17% of all preschool-age children and 27% of low-income preschool-age children. There were 37 RI Pre-K classrooms operated by public schools, 24% of the 153 RI Pre-K classrooms.[4]

In 2025 in Rhode Island, 49% of public school students were white, 32% were Hispanic, 9% were Black, 5% were Multi-Racial, 3% were Asian/Pacific Islander, and 1% were American Indian or Alaska Native. More than half (54%) of these students lived in low-income households (students who were eligible for the free or reduced-price lunch program).[2]

Rhode Island schools are also diverse in terms of students with disabilities and students who are Multilingual Learners. During the 2024-2025 school year, 18% of Rhode Island public school students were receiving special education services and 16% were Multilingual Learners.[5,6]

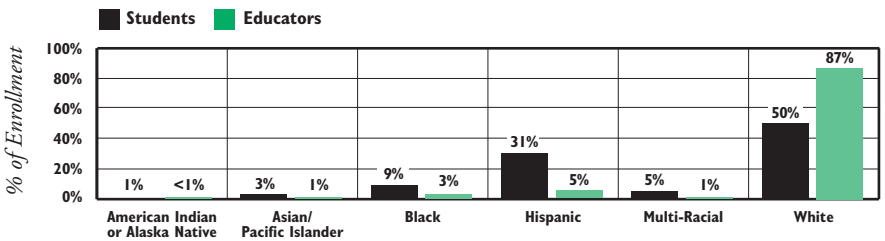
Rhode Island Public School Enrollment by Low-Income Status, Race and Ethnicity, October 1, 2025



Source: Rhode Island Department of Education. (2025). Public schools enrollment dashboard. Retrieved December 2, 2025, from https://datacenter.ride.ri.gov/Home/FileDetail?fileid=994.

◆ **On October 1, 2025, 81% of students enrolled in the five core cities were Students of Color, compared with 31% in the remainder of state, and 81% of students enrolled in the five core cities were low-income, compared with 31% in the remainder of the state.[2]**

Rhode Island Public School Student Enrollment and Educator Demographics by Race and Ethnicity, October 1, 2024



Source: Rhode Island Department of Education, State Report Card, 2024-2025 school year. Hispanic educators may be included in any race category. Educator percentages based on the total number of educators that 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 improved social and emotional development in classes with Teachers of Color.[7]**

◆ **Diversifying the teacher workforce requires a multifaceted strategic approach including effective antiracist work in schools and systems to change conditions that drive Educators of Color away from the profession, district efforts to attract diverse talent, and state strategies to remove barriers to licensure and create alternative pathways to certification.[8,9]**

Table 38. **Rhode Island Public School Enrollment by Grade and Demographic Groups, October 1, 2025**

	ENROLLMENT BY GRADE LEVEL*				ENROLLMENT BY DEMOGRAPHIC GROUPS							
SCHOOL DISTRICT	PRE-SCHOOL*	ELEMEN-TARY	MIDDLE	HIGH	% LOW-INCOME	% AMERICAN INDIAN OR ALASKA NATIVE	% ASIAN PACIFIC ISLANDER+	% BLACK	% HISPANIC	% MULTI-RACIAL	% WHITE	TOTAL ENROLL-MENT
Barrington	49	1,367	736	1,068	14%	<1%	8%	2%	7%	7%	76%	3,220
Bristol Warren	57	1,106	641	817	38%	<1%	1%	1%	9%	7%	82%	2,621
Burrillville	38	806	456	640	44%	<1%	1%	2%	7%	3%	88%	1,940
Central Falls	177	974	512	772	89%	6%	1%	17%	55%	4%	18%	2,435
Chariho	92	1,159	631	1,021	30%	2%	1%	1%	5%	4%	88%	2,903
Coventry	134	1,711	885	1,232	38%	<1%	2%	1%	10%	4%	82%	3,962
Cranston	167	4,040	2,289	3,410	52%	1%	9%	5%	38%	6%	41%	9,906
Cumberland	113	2,233	1,122	1,451	24%	<1%	8%	4%	16%	5%	67%	4,919
East Greenwich	40	1,086	556	738	13%	<1%	10%	2%	8%	6%	75%	2,420
East Providence	215	2,158	1,064	1,709	55%	1%	2%	12%	19%	10%	57%	5,146
Exeter-West Greenwich	87	620	363	475	22%	<1%	2%	1%	7%	4%	86%	1,545
Foster	18	210	0	0	31%	0%	0%	1%	4%	0%	95%	228
Foster-Glocester	0	0	430	858	28%	0%	1%	1%	6%	4%	89%	1,288
Glocester	<10	532	0	0	23%	0%	0%	<1%	7%	4%	88%	538
Jamestown	26	229	141	<10	11%	<1%	1%	1%	2%	6%	91%	400
Johnston	125	1,453	738	820	61%	<1%	4%	8%	35%	3%	49%	3,136
Lincoln	112	1,364	782	975	33%	<1%	5%	7%	13%	4%	72%	3,233
Little Compton	10	142	68	<10	20%	0%	0%	4%	6%	1%	89%	222
Middletown	39	835	411	515	38%	1%	4%	5%	19%	8%	62%	1,800
Narragansett	90	302	187	364	24%	<1%	2%	1%	6%	8%	83%	943
New Shoreham	0	50	27	45	45%	0%	0%	2%	29%	2%	67%	122
Newport	39	745	373	589	72%	2%	1%	9%	42%	13%	33%	1,746
North Kingstown	102	1,551	824	1,308	24%	<1%	2%	3%	9%	6%	80%	3,785
North Providence	78	1,480	794	1,094	45%	<1%	4%	15%	28%	6%	46%	3,446
North Smithfield	37	684	394	531	26%	<1%	2%	2%	11%	5%	79%	1,646
Pawtucket	337	3,442	1,881	1,874	75%	1%	1%	31%	39%	6%	22%	7,534
Portsmouth	15	873	453	770	18%	<1%	3%	2%	9%	6%	81%	2,111
Providence	562	8,478	4,179	6,605	86%	1%	4%	15%	69%	4%	9%	19,824
Scituate	13	512	265	385	28%	0%	<1%	1%	3%	1%	95%	1,175
Smithfield	64	1,066	484	698	24%	<1%	2%	2%	11%	5%	80%	2,312
South Kingstown	59	891	548	712	23%	2%	2%	2%	7%	7%	80%	2,210
Tiverton	29	611	380	432	38%	<1%	1%	2%	8%	5%	84%	1,452
Warwick	243	3,382	1,787	2,292	52%	1%	4%	4%	18%	6%	68%	7,704
West Warwick	87	1,494	719	1,065	62%	1%	2%	5%	23%	6%	63%	3,365
Westerly	60	823	481	641	45%	1%	3%	1%	11%	8%	76%	2,005
Woonsocket	84	2,479	1,147	1,570	72%	1%	4%	13%	28%	7%	47%	5,280
Charter Schools	*24*	*6,630*	*3,106*	*3,277*	*75%*	*1%*	*1%*	*18%*	*62%*	*3%*	*14%*	*13,037*
State-Operated Schools	*<10*	*33*	*16*	*1,965*	*70%*	*1%*	*1%*	*16%*	*51%*	*5%*	*27%*	*2,021*
Collaboratives	*0*	*0*	*118*	*131*	*100%*	*1%*	*1%*	*31%*	*61%*	*4%*	*2%*	*249*
Five Core Cities	*1,199*	*16,118*	*8,092*	*11,410*	*81%*	*1%*	*3%*	*17%*	*55%*	*5%*	*19%*	*36,819*
Remainder of State	*2,205*	*34,770*	*18,656*	*26,072*	*38%*	*<1%*	*4%*	*4%*	*17%*	*6%*	*69%*	*81,703*
Rhode Island	*3,435*	*57,551*	*29,988*	*42,855*	*54%*	*1%*	*3%*	*9%*	*32%*	*5%*	*49%*	*133,829*

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in preschool through grade 12 as of October 1, 2025.

*Preschool includes students enrolled in half-day or full day preschool through the public school district (primarily preschool special education classrooms). In 2025, the RI Pre-K program served 2,586 children in 153 classrooms, 36% operated by Head Start agencies, 40% operated by child care programs, and 24% operated by public schools. Elementary includes students in kindergarten through 5th grade, middle includes 6th through 8th grades, and high includes 9th through 12th grades.

Children are counted as low-income if they are eligible for a Free or Reduced-Price Lunch Program.

+Data for Asian and Pacific Islander students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

Charter schools include the Achievement First Rhode Island and Blackstone Valley Prep mayoral academy networks, Beacon Charter School, Blackstone Academy, Charette Charter, The Compass School, Paul Cuffee Charter School, Excel Academy Rhode Island, The Greene School, Highlander Charter, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, Nuestro Mundo Public Charter, Providence Preparatory Charter, Rhode Island Nurses Institute Middle College, RISE Prep Mayoral Academy, Segue Institute for Learning, SouthSide Charter School, Trinity Academy for the Performing Arts, Village Green Virtual.

State-operated schools include Davies Career & Technical High School, Metropolitan Regional Career and Technical Center, Sheila Skip Nowell Leadership Academy, and Rhode Island School for the Deaf.

Collaboratives include Urban Collaborative Accelerated Program (UCAP) and YouthBuild Preparatory Academy.

Five core cities are Central Falls, Newport, 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.

(References continued on page 187)

Children Participating in School Meals

DEFINITION

Children participating in school meals is the percentage of children in Rhode Island public schools who participate in the School Breakfast and Lunch Programs.

SIGNIFICANCE

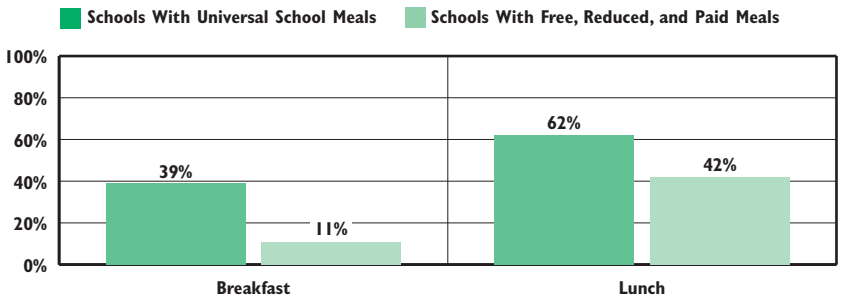
Founded in 1966 and 1946 respectively, the School Breakfast Program (SBP) and National School Lunch Program (NSLP) ensure that the nation's most vulnerable children have access to healthy meals.[1] Nationally, during the 2024-2025 school year, nearly 15.9 million children ate breakfast at school daily through the SBP, an increase of 420,000 in breakfast participation compared to the previous year, and approximately 29.9 million children participated in the NSLP.[2,3] In Rhode Island, in September 2025, 32,069 children participated in the SBP and more than half of all students (68,872) participated in NSLP.[4–6] The federally funded school meals programs offer nutritious meals, which together make up a large proportion of the daily dietary intake of participating children.[7]

In Rhode Island, one in seven (15%) households with children faced food insecurity between 2021-2023.[8] Food-insecure families at times do not have sufficient food to provide nutritious meals for everyone.[9] Childhood hunger has longstanding consequences on child health, and while not always obvious, it is often a barrier to educational attainment.[10] Hunger impacts cognitive development and functioning.[9,11] Hungry children may struggle with concentration and focus, memory, and problem-solving skills and as a result are at risk of falling behind their peers academically.[9–11] Hungry children are also more likely to be absent from school, struggle behaviorally, receive more suspensions, and are more likely to repeat a grade.[12] By providing children with meals they may not otherwise have access to, the SBP and NSLP help schools support academic success, reduce food insecurity, and in turn may improve the well-being and outcomes for children.[13]

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 family's income. Since the 2024-2025 school year, Rhode Island has provided free breakfast and lunch to children who previously qualified for reduced-price meals.[14–16]

Many low-income families lose access to school meals during the summer break, increasing childhood hunger. To help bridge this gap and meet children's nutritional needs, in 2025, Rhode Island launched the SUN Bucks program which provides eligible families with school-aged children $120 per child for groceries for the summer months.[17]

Percentage of Children Participating in School Meal Programs, Rhode Island, October 2025



Source: Rhode Island Department of Education, Child Nutrition Programs, Office of School Health and Wellness, October 2025.

◆ **Universal School Meals Programs provide free breakfast and/or lunch to all children regardless of income, ensuring all children have access to nutritious meals. Providing free meals for all students eliminates the stigma associated with students receiving subsidized priced meals or accruing meal debt, increases participation, and reduces administrative burdens on school districts.[18] In Rhode Island in October 2025, students who attended schools that offer free meals for all students were more likely to participate in school breakfast and lunch than students in schools that do not offer universal school meals.[19]**

◆ **Enacted in 2010, the federal Community Eligibility Provision (CEP) is a pathway for schools and districts with 25% or more students identified as low-income to provide free universal school meals to all students.[20,21] In Rhode Island, in the 2025-2026 school year, 53% of eligible public schools participated in CEP.[19] Schools identify students as low-income by both collecting applications and automatically enrolling children in families who receive the Supplemental Nutrition Assistance Program (SNAP) and other recognized benefits.[22] However, federal H.R. 1, signed into law in July 2025, introduced "structural changes" to SNAP and Medicaid eligibility which may reduce the number of families receiving benefits.[23] With fewer children in families receiving SNAP benefits, the percentage of students identified as low-income may fall below the 25% threshold, resulting in more children experiencing food insecurity, both at home and at school.[24]**

Table 39. **Children Participating in School Meals, Rhode Island, October 2025**

SCHOOL DISTRICT	OCTOBER 2025 ENROLLMENT	ESTIMATED AVERAGE DAILY PARTICIPATION IN BREAKFAST	% OF ALL CHILDREN PARTICIPATING IN BREAKFAST	ESTIMATED AVERAGE DAILY PARTICIPATION IN LUNCH	% OF ALL CHILDREN PARTICIPATING IN LUNCH
Barrington	3,681	141	4%	1,226	33%
Bristol Warren	2,703	218	8%	1,177	44%
Burrillville	1,931	144	7%	787	41%
Central Falls	3,697	1,578	43%	2,889	78%
Chariho	2,912	229	8%	1,206	41%
Coventry	3,938	690	18%	1,878	48%
Cranston	9,770	2,023	21%	4,449	46%
Cumberland	5,668	764	13%	2,343	41%
East Greenwich	2,366	178	8%	866	37%
East Providence	5,066	1,049	21%	2,872	57%
Exeter-West Greenwich	1,537	125	8%	590	38%
Foster	219	41	19%	93	42%
Foster-Glocester	1,281	196	15%	546	43%
Glocester	532	132	25%	244	46%
Jamestown	393	NA	NA	170	43%
Johnston	3,189	499	16%	1,614	51%
Lincoln	3,260	198	6%	1,361	42%
Little Compton	284	*	*	108	38%
Middletown	1,939	184	9%	945	49%
Narragansett	942	58	6%	296	31%
New Shoreham	124	13	10%	34	27%
Newport	1,763	378	21%	1,075	61%
North Kingstown	3,752	380	10%	1,511	40%
North Providence	4,304	713	17%	1,836	43%
North Smithfield	1,640	120	7%	732	45%
Pawtucket	7,627	2,476	32%	5,553	73%
Portsmouth	2,219	193	9%	948	43%
Providence	19,470	10,779	55%	12,651	65%
Scituate	1,249	87	7%	463	37%
Smithfield	2,296	209	9%	1,010	44%
South Kingstown	2,036	133	7%	896	44%
Tiverton	1,951	115	6%	661	34%
Warwick	8,406	635	8%	3,266	39%
West Warwick	3,366	916	27%	2,092	62%
Westerly	1,969	278	14%	790	40%
Woonsocket	5,227	1,725	33%	3,249	62%
Charter Schools	*11,070*	*4,370*	*39%*	*6,121*	*55%*
State-Operated Schools	*2,086*	*592*	*28%*	*1,294*	*62%*
Collaboratives	*283*	*89*	*31%*	*202*	*71%*
Five Core Cities	*37,784*	*16,936*	*45%*	*25,417*	*67%*
Remainder of State	*84,923*	*10,664*	*13%*	*37,010*	*44%*
Rhode Island	*136,146*	*32,651*	*24%*	*70,044*	*51%*

Source of Data for Table/Methodology

Rhode Island Department of Education, Child Nutrition Programs, Office of School Health and Wellness, October 2025

During the 2025-2026 school year, all schools in the districts: Achievement First Rhode Island, Blackstone Valley Prep, Central Falls, Highlander, Newport, Pawtucket, Providence, West Warwick and Woonsocket; the schools: Charette Charter, Excel Academy Rhode Island, William M. Davies Jr. Career & Technical High School, Metropolitan Regional Career and Technical Center, Sheila Skip Nowell Leadership Academy, Nuestro Mundo Public Charter School, Providence Preparatory Charter School, Rhode Island Nurses Institute Middle College Charter High School, Rhode Island School for the Deaf, Segue Institute for Learning, SouthSide Elementary Charter School, Trinity Academy for the Performing Arts, Urban Collaborative Accelerated Program, Village Green Virtual Charter School, and YouthBuild Preparatory Academy; and some schools in Chariho, North Kingstown 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 five core cities, remainder of the state, and state totals.

Charter Schools include Achievement First Rhode Island, BEACON Charter School, Blackstone Academy Charter School, Blackstone Valley Prep, Charette Charter School, The Compass School, Excel Academy of Rhode Island, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, Nuestro Mundo Public Charter School, Paul Cuffee Charter School, Providence Preparatory Charter School, Rhode Island Nurses Institute Middle College Charter High School, SouthSide Elementary Charter School, Trinity Academy for the Performing Arts and Green Virtual Charter School.

State-Operate Schools include William. M. Davies Jr. Career-Technical High School, DCYF Alternative Education Program, Metropolitan Regional Career and Technical Center, Sheila "Skip" Nowell Leadership Academy, and Rhode Island School for the Deaf.

(continued with References on page 187)

Out-of-School Time

DEFINITION

Out-of-school time is the number of children participating in organized afterschool programs. This indicator presents data on the number of licensed afterschool 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 when school is not in session, have grown over the past 50 years. Expansion of mothers' labor force participation, concerns over children being home alone, and federal investments such as the *Child Care Development and Block Grant Act* (1990) which provided the first major funding stream for out-of-school time programs, and the 21st Century Community Learning Centers (1998), contributed to growth. 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]

Many children lack access to out-of-school time programs. Nationally, 84% of low-income students whose families report a need for programs are not enrolled, compared to 59% of higher-income students.[4] In Rhode Island, 22,985 children are enrolled in out-of-school time programs, while an estimated 66,025 are not enrolled but would participate if opportunities were available.[5] Disparities also exist by race and ethnicity, with the highest need among Black (65%) and Hispanic (60%) children.[6,7] Rhode Island has the largest gap in after-school program participation between low-income and higher-income youth in the nation.[8]

Between 2020 and 2024, 79% of Rhode Island children ages six to 17 had all parents in the workforce, higher than the U.S. rate of 73%.[9] School hours only cover 20% of the time children and youth have available for learning, forming friendships, developing, and practicing skills, and exploring interests. There are not enough affordable, high-quality, out-of-school time programs to meet the needs of families and youth.[10,11] 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.[12]

Students Served by 21st Century Community Learning Centers by Grade Span, Rhode Island, 2024-2025 School Year

SCHOOL DISTRICT	GRADES PK-3	GRADES 4-5	GRADES 6-8	GRADES 9-12	TOTAL
Central Falls	167	115	161	17	460
East Providence	60	22	263	163	508
Newport	176	133	182	178	669
Pawtucket	420	313	<10	<10	735
Providence	62	16	647	688	1,413
Warwick	67	36	<10	<10	103
Woonsocket	380	253	146	<10	779
Charter Schools	*112*	*68*	*135*	*16*	*331*
State-Operated	*<10*	*<10*	*<10*	*93*	*93*
Collaboratives	*<10*	*<10*	*99*	*<10*	*108*
Total	*1,444*	*956*	*1,635*	*1,164*	*5,199*

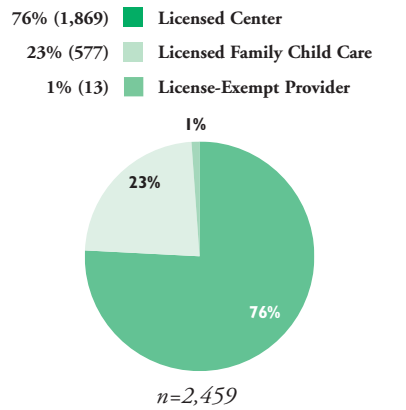
Source: RI Department of Education, Office of Student, Community and Academic Supports, 2024-2025 school year. Data are not unduplicated as students can be served by more than one grantee. Beginning in 2021-2022, data includes only students who participated in 21st Century CLC programs for at least 15 hours.

◆ **In the 2024-2025 school year in Rhode Island, 21st Century Community Learning Center grantees served 5,199 children and youth. Of these, 28% were in grades PK-3, 18% were in grades 4-5, 31% were in grades 6-8, and 22% were in grades 9-12.[13]**

◆ **During the summer of 2024, 1,362 Rhode Island children entering grades Pre-K through 12 participated in 21st Century Community Learning Center programs; 497 (36%) entering grades PK-3, 315 (23%) entering grades 4-5, 308 (23%) entering grades 6-8, and 242 (18%) entering grades 9-12.[13]**

◆ **In April 2023, Governor McKee announced a new out-of-school learning initiative, Learn365RI, designed to support partnerships between municipalities, school districts, and community-based organizations and improve student achievement, reduce chronic absenteeism, and increase Free Application for Federal Student Aid (FAFSA) completion.[14] The initiative reached 6,424 students, with the highest participation in Central Falls (1,008), Middletown (698), and Providence (636). Participation was highest among students in grades K–3 (34%) and starts to drop among high school students (14%). Overall, 55% of students participated in 15 or more hours of programming.[15]**

School-Age Child Care Subsidies by Type of Setting, Rhode Island, 2025



n=2,459

Source: Rhode Island Department of Human Services, December 2025.

◆ **In January 2026 there were 10,928 slots for school-age children in licensed centers, 72% in independently licensed school-age programs and 28% in licensed early childhood centers. In addition, there were 370 family child care homes licensed to serve school-age children and youth (all licensed family child care programs in Rhode Island are licensed to serve children six weeks through age 12).**[16]

◆ **In January 2026 in Rhode Island, of the 93 independently licensed school-age programs, 12 (13%) had no rating, 30 (32%) had a one-star, 12 (13%) had a two star, 16 (17%) had a three-star, 15 (16%) had a four-star, and 8 (9%) had a five star rating in BrightStars, Rhode Island's Quality Rating and Improvement System.**[17]

Table 40. **Licensed School-Age Child Care Center Slots for Children Ages Six to 12, Rhode Island, January 2026**

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	1,860	81	138	219
Bristol	1,145	0	110	110
Burrillville	1,282	10	248	258
Central Falls	2,572	94	0	94
Charlestown	444	0	0	0
Coventry	2,562	122	50	172
Cranston	6,148	286	338	624
Cumberland	2,901	28	602	630
East Greenwich	1,448	70	80	150
East Providence	3,039	49	499	548
Exeter	474	0	100	100
Foster	306	26	0	26
Glocester	706	27	0	27
Hopkinton	688	0	0	0
Jamestown	391	0	0	0
Johnston	2,049	137	0	137
Lincoln	1,955	57	378	435
Little Compton	206	0	26	26
Middletown	1,405	48	132	180
Narragansett	614	0	0	0
New Shoreham	81	0	0	0
Newport	1,400	44	243	287
North Kingstown	2,127	71	100	171
North Providence	2,182	44	368	412
North Smithfield	939	40	130	170
Pawtucket	6,430	195	659	854
Portsmouth	1,264	26	146	172
Providence	15,706	917	1,407	2,324
Richmond	629	0	52	52
Scituate	693	39	0	39
Smithfield	1,301	126	246	372
South Kingstown	1,716	69	50	119
Tiverton	1,092	36	0	36
Warren	726	13	60	73
Warwick	5,476	176	878	1,054
West Greenwich	519	0	0	0
West Warwick	2,287	94	175	269
Westerly	1,480	61	0	61
Woonsocket	3,756	78	649	727
Five Core Cities	*29,864*	*1,328*	*2,958*	*4,286*
Remainder of State	*52,135*	*1,736*	*4,906*	*6,642*
Rhode Island	*81,999*	*3,064*	*7,864*	*10,928*

Source of Data for Table/Methodology

Number of children ages six to 12 years is from the U.S. Census Bureau, Census 2020 Table PCT12.

Rhode Island Department of Human Services, number of licensed child care center slots and programs for school-age children, January 2026. These numbers do not include licensed family child care home slots or community programs for youth that are exempt from licensing.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References

[1] Mahoney, J. L., Parente, M. E., & Zigler, E. F. (2009). Afterschool programs in America: Origins, growth, popularity, and politics. *Journal of Youth Development, 4*(3).

[2] McCombs, J., Whitaker, A., & Yoo, P. (2017). *The value of out-of-school time programs.* RAND Corporation.

[3] Smith, E. P., Witherspoon, D. P., & Osgood, D. W. (2017). Positive youth development among diverse racial-ethnic children: Quality afterschool contexts as developmental assets. *Child Development, 88*(4), 1063–1078.

[4] Afterschool Alliance's fifth edition of America After 3PM. (2025). *Lost Opportunity Afterschool Programs in Demand, But Out of Reach for Many.* https://afterschoolalliance.org/documents/AA3PM-2025/National-AA3PM-Fact-Sheet-2025.pdf

[5] Afterschool Alliance. (2025). *Afterschool in Rhode Island: Programs in demand, but out of reach for many (America After 3PM).*

[6] Afterschool Alliance. (2026). *America after 3PM for Black families (5th ed.).*

[7] Afterschool Alliance. (2026). *America after 3PM for Hispanic families (5th ed.).*

[8] 50CAN & Edge Research. (2024). *The state of educational opportunity in America: A 50-state survey of 20,000 parents.* 50CAN. https://50CAN.org

[9] U.S. Census Bureau, American Community Survey. (2020-2024). *Table DP03.*

(continued on page 187)

Multilingual Learners

DEFINITION

Multilingual Learners is the percentage of all public-school children (kindergarten through grade 12) who are receiving English language services in Rhode Island public schools.

SIGNIFICANCE

The population of Multilingual Learner (MLL) students in the U.S. has rapidly grown over the past half century.[1] In fact, MLLs are the fastest growing group of students, not only in large urban districts but also in many smaller cities and suburban districts.[2] Rhode Island experienced the highest growth rate of MLL students in the nation between 2010 and 2020.[3] In the Fall of 2021, 12.5% of Rhode Island's students were MLLs, the sixth highest percentage in the United States and the highest rate in New England.[4]

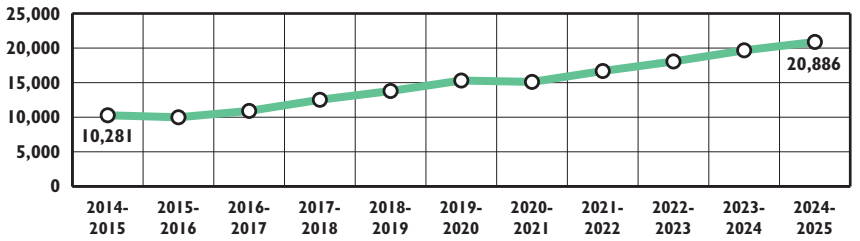
Nationally, the majority of MLL students are born in the U.S., are racially, ethnically, linguistically, and culturally diverse, and have at least one immigrant parent.[5,6] MLL students are more likely to live in low-income households and are more likely to attend high-poverty schools and have limited access to services needed to improve English proficiency.[7] They may also experience discrimination, stigma, and stress related to different cultural expectations and their English language proficiency status.[8] The increase in immigration enforcement in Rhode Island is associated with lower attendance rates among MLL students.[9]

In the 2024-2025 school year in Rhode Island, MLL students were 16% (20,886) of the total student population, and 35% (7,230) of all MLL students in Rhode Island were in grades kindergarten to grade three. Of all MLL students, 90% were eligible for free or reduced-price lunch programs.[10] The majority of MLLs in Rhode Island are highly concentrated, with almost two-thirds (63%) attending school in the five core cities and 40% in Providence.[10] MLL students spoke 106 different languages. Most (81%) spoke Spanish, 4% spoke a creole language, 3% spoke Portuguese, 1% spoke Arabic, and 1% spoke Chinese.[10]

MLL students in dual-language programs are more likely to achieve English proficiency than students in English dominant programs.[11,12] During the 2024-2025 school year, bilingual and two-way dual language programs were offered in the Central Falls, Pawtucket, and Providence school districts and at the Nuestro Mundo Public Charter School and International Charter School.[13]

In 2024, funding for Multilingual Learners was incorporated into the core funding formula.[14] The Rhode Island Department of Education recently updated the MLL regulations for the first time in 17 years to better align with federal standards.[3]

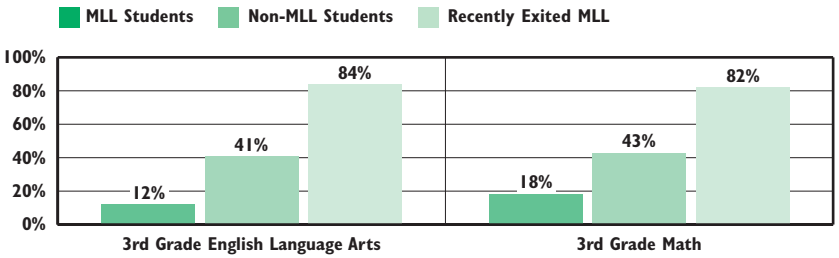
Multilingual Learners, Rhode Island, 2014-2015 Through 2024–2025 School Years



Source: Rhode Island Department of Education, 2014-2015 through 2024-2025 school years.

◆ **The number of MLL students in Rhode Island has more than doubled (increased by 103%) from the 2014-2015 to 2024-2025 school years.[15]**

Multilingual Learners Meeting Expectations in Math and English Language Arts, Rhode Island, 2025



Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, October 2025.

◆ **In Rhode Island, MLL students who have not attended U.S. schools for at least 12 months are exempt from the English language arts assessment but not from the math assessment and are required to take both assessments in future years, regardless of their level of English proficiency.[16] Recently exited MLL students outperformed non-MLLs on the *RICAS*, but by contrast, MLLs that have not exited, struggle academically.[10,11] Successful MLL programs have highly-qualified and culturally competent teachers.[8] In October 2025, 1% (122) of Rhode Island public school teachers and instructional coordinators held an active Bilingual, Dual Language, or English to Speakers of Other Languages certification.[10]**

Table 41.

Multilingual Learner Students, Rhode Island, 2024-2025 School Year

SCHOOL DISTRICT	TOTAL # OF STUDENTS	NUMBER OF MULTILINGUAL LEARNER STUDENTS				% OF TOTAL DISTRICT
		ELEMENTARY (GRADES PRE-K-5)	MIDDLE (GRADES 6-8)	HIGH SCHOOL (GRADES 9-12)	TOTAL # OF MLL/EL STUDENTS	
Barrington	3,227	45	19	21	85	3%
Bristol Warren	2,625	37	14	17	68	3%
Burrillville	1,942	*	*	*	21	1%
Central Falls	2,400	611	281	467	1,359	57%
Chariho	2,837	15	*	*	21	1%
Coventry	3,910	15	10	13	38	1%
Cranston	9,830	580	235	403	1,218	12%
Cumberland	4,754	170	66	63	300	6%
East Greenwich	2,443	23	14	12	49	2%
East Providence	4,977	132	60	118	310	6%
Exeter-West Greenwich	1,459	*	*	*	19	1%
Foster	225	*	0	0	*	0%
Foster-Glocester	1,268	0	*	*	*	1%
Glocester	557	*	0	0	*	1%
Jamestown	383	*	0	0	*	0%
Johnston	3,025	180	64	95	338	11%
Lincoln	3,159	61	21	21	102	3%
Little Compton	206	*	0	0	*	2%
Middletown	1,807	111	33	29	173	10%
Narragansett	900	*	0	*	*	1%
New Shoreham	120	*	*	*	18	15%
Newport	1,746	172	74	123	370	21%
North Kingstown	3,685	47	17	19	83	2%
North Providence	3,414	199	94	142	434	13%
North Smithfield	1,591	37	10	*	55	3%
Pawtucket	7,468	865	458	578	1,900	25%
Portsmouth	2,115	26	*	10	41	2%
Providence	19,841	3,979	1,724	2,739	8,443	43%
Scituate	1,178	*	*	0	*	0%
Smithfield	2,295	16	*	*	29	1%
South Kingstown	2,192	23	13	11	47	2%
Tiverton	1,492	*	*	*	15	1%
Warwick	7,636	176	47	61	284	4%
West Warwick	3,354	79	38	67	185	6%
Westerly	2,053	36	18	18	71	3%
Woonsocket	5,448	635	195	327	1,157	21%
Charter Schools	*12,605*	*2,035*	*610*	*633*	*3,278*	*26%*
State-Operated Schools	*1,949*	*	*	*279*	*293*	*15%*
Collaboratives	*247*	*0*	*30*	*22*	*52*	*21%*
Five Core Cities	*36,903*	*6,262*	*2,732*	*4,234*	*13,229*	*36%*
Remainder of State	*80,659*	*2,057*	*806*	*1,171*	*4,034*	*5%*
Rhode Island	*132,363*	*10,364*	*4,182*	*6,340*	*20,886*	*16%*

Sources of Data for Table/Methodology

Rhode Island Department Education, 2024-2025 school year. Total number of Multilingual Learner students is the number of students in each district who were receiving English Language services in the 2024-2025 school year. Former MLLs who have exited are not included.

* 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 five 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 divided by the "Total # of Students," which is the average daily membership in the districts of instruction.

Charter schools include the Achievement First Rhode Island and Blackstone Valley Prep Mayoral Academy Networks, Beacon Charter School, Blackstone Academy, Charette Charter, The Compass School, Excel Academy Rhode Island, The Greene School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, Nuestro Mundo Public Charter School, Paul Cuffee Charter School, Providence Preparatory Charter, Rhode Island Nurses Institute Middle College, RISE Prep Mayoral Academy, Segue Institute for Learning, SouthSide Charter School, Trinity Academy for the Performing Arts, and Village Green Virtual.

State-operated schools include William M. Davies Jr. Career & Technical High School, Sheila Skip Nowell Leadership Academy, Rhode Island School for the Deaf and Metropolitan Regional Career and Technical Center.

Collaboratives include Urban Collaborative Accelerated Program and YouthBuild Preparatory Academy.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References

[1] Flynn, K., & Hill, J. (2005). *English language learners: A growing population.*

(continued on page 187)

K-12 Students Receiving Special Education Services

DEFINITION

K-12 students receiving special education services is the percentage of students in grades K-12 who received special education services in Rhode Island public schools or who were placed in private special education programs by their district of residence.

SIGNIFICANCE

Approximately 17% of U.S. children ages three to 17 have a developmental delay or disability. Developmental disabilities are more common in boys and among children in low-income and less educated families. Young children living in poverty often have adverse early experiences and multiple risk factors that can negatively impact brain development and lead to increased prevalence of developmental disabilities.[1]

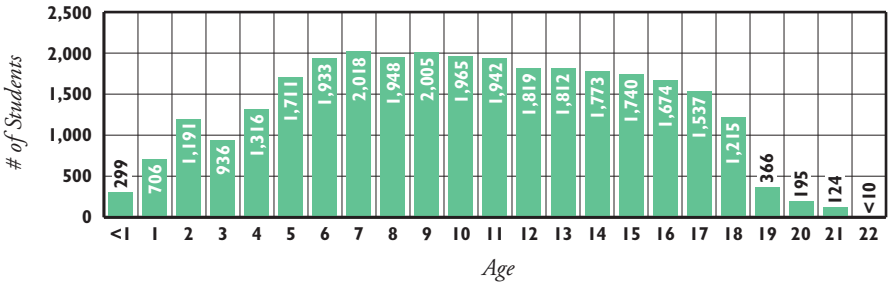
The federal *Individuals with Disabilities Education Act (IDEA)* guarantees a free appropriate public education to every child with a disability. Prior to passage of the original 1975 federal law, many children with disabilities were excluded from public school. Since its passage, outcomes for children 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 postsecondary education programs, and becoming employed as adults.[2] 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.[3]

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.[4,5] Nationally, 65% to 75% of youth under age 18 who are involved in the justice system have mental, emotional, behavioral, and/or physical health problems and 33% qualify for special education.[6]

Students with disabilities are much less likely to meet or exceed expectations on the *Rhode Island Comprehensive Assessment System (RICAS)*. In 2024-2025, only 11% of third graders with a disability met or exceeded expectations in ELA and 15% in math, compared with 43% in ELA and 44% in math for students without special education needs.[7]

In Rhode Island, the four-year graduation rate for students receiving special education services in the Class of 2025 was 68% compared to 89% for students not receiving these services.[8] Some students enrolled in special education may take additional time to graduate.

Students Ages Birth to 22 Receiving Early Intervention and Special Education Services, Rhode Island, June 2025



Source: Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, Early Intervention enrollment, June 30, 2025. Rhode Island Department of Education, Office of Diverse Learners, Special Education Census, June 30, 2025. Includes parentally placed students.

◆ **As of June 2025, there were 23,740 students in grades K-12 (18% of all kindergarten through grade 12 students) receiving special education services through Rhode Island public schools. Thirty-four percent of these students had a learning disability, 20% had a health impairment, 14% had a speech/language impairment, 13% had an autism spectrum disorder, 8% had a developmental delay, 5% had an emotional disturbance, 4% had an intellectual disability, and 2% had other disabilities.[9]**

◆ **Students in grades K-12 enrolled in a traditional public school district in one of the five core cities were more likely to be receiving special education services (21%) than those enrolled in traditional public school districts in the remainder of the state (17%), in public charter schools (15%) or in state-operated public schools (11%).[9]**

◆ **As of June 2025, 76% of students ages six to 22 receiving special education services in Rhode Island were in their regular classroom for 80% of the day or more, 19% were in a regular classroom but for less than 80% of the day, 6% were in a separate school, 1% were in a residential facility, homebound, hospitalized, or in a correctional facility.[9]**

◆ **Among students ages six to 22 receiving special education services in June 2025, 64% were male, 36% were female, and <1% identified as another gender. By identified race/ethnicity, 48% were white 32% were Hispanic, 10% were Black, 6% were Multiracial, 2% were Asian, 1% were American Indian or Alaska Native, and <1% were Native Hawaiian or Pacific Islander. The majority were low-income (68% eligible to receive free or reduced-price lunch) and 17% were Multilingual Learners.[9]**

K-12 Students Receiving Special Education Services

Table 42.

K-12 Students Receiving Special Education Services by Primary Disability, Rhode Island, 2025

SCHOOL DISTRICT	TOTAL # OF STUDENTS	AUTISM SPECTRUM DISORDER	DEVELOP-MENTAL DELAY	EMOTIONAL DISTURBANCE	HEALTH IMPAIRMENT	INTELLECTUAL DISABILITY	LEARNING DISABILITY	SPEECH/ LANGUAGE IMPAIRMENT	OTHER	TOTAL STUDENTS WITH DISABILITIES	% STUDENTS IN SPECIAL EDUCATION
Barrington	3,227	62	12	40	96	13	98	58	12	391	12%
Bristol Warren	2,625	65	15	22	79	18	172	91	*	469	18%
Burrillville	1,942	39	29	21	59	16	162	42	*	374	19%
Central Falls	2,400	63	74	19	60	18	168	37	14	453	19%
Chariho	2,837	66	33	16	74	*	170	46	18	431	15%
Coventry	3,910	94	49	47	141	25	261	113	*	736	19%
Cranston	9,830	236	88	86	346	64	505	137	24	1,486	15%
Cumberland	4,754	142	50	32	100	20	265	87	54	750	16%
East Greenwich	2,443	49	40	11	58	14	92	25	*	296	12%
East Providence	4,977	154	75	35	205	34	322	125	11	961	19%
Exeter-West Greenwich	1,459	31	16	*	41	*	40	21	*	169	12%
Foster	225	*	*	*	*	0	*	*	*	39	17%
Foster-Glocester	1,268	15	0	*	38	*	44	*	*	119	9%
Glocester	557	*	*	*	*	0	20	37	0	79	14%
Jamestown	383	10	0	*	19	*	20	17	*	73	19%
Johnston	3,025	93	67	22	123	25	223	113	21	687	23%
Lincoln	3,159	100	33	34	122	14	186	57	*	555	18%
Little Compton	206	*	*	*	11	*	19	*	0	45	22%
Middletown	1,807	44	25	29	101	*	106	59	*	379	21%
Narragansett	900	13	*	*	24	*	48	22	*	120	13%
New Shoreham	120	0	*	*	*	*	*	*	0	19	16%
Newport	1,746	57	35	34	53	27	161	47	*	420	24%
North Kingstown	3,685	81	29	32	108	*	170	96	22	543	15%
North Providence	3,414	88	53	30	111	24	216	75	11	608	18%
North Smithfield	1,591	23	20	14	37	12	108	48	*	265	17%
Pawtucket	7,468	231	169	70	217	49	597	184	24	1,541	21%
Portsmouth	2,115	43	24	24	83	*	89	53	*	331	16%
Providence	19,841	404	424	207	640	199	1,236	618	79	3,807	19%
Scituate	1,178	21	*	*	35	*	57	52	*	194	16%
Smithfield	2,295	57	28	14	82	*	125	40	*	364	16%
South Kingstown	2,192	53	27	15	96	*	89	52	10	349	16%
Tiverton	1,492	49	17	21	79	11	103	25	*	312	21%
Warwick	7,636	219	177	103	338	46	532	146	27	1,588	21%
West Warwick	3,354	105	58	51	156	31	232	81	17	731	22%
Westerly	2,053	53	27	22	115	11	86	59	11	384	19%
Woonsocket	5,448	203	123	106	339	72	406	197	22	1,468	27%
Charter Schools	*12,605*	*141*	*147*	*64*	*414*	*44*	*707*	*405*	*12*	*1,934*	*15%*
Collaboratives	*418*	*	*0*	*	*12*	*0*	*40*	*	*0*	*56*	*13%*
State Operated Schools	*1,778*	*16*	*0*	*16*	*43*	*	*97*	*	*17*	*198*	*11%*
Department of Corrections	*NA*	*0*	*0*	*12*	*	*0*	*	*0*	*0*	*16*	*NA*
Five Core Cities	*36,903*	*958*	*825*	*436*	*1,309*	*365*	*2,568*	*1,083*	*145*	*7,689*	*21%*
Remainder of State	*80,659*	*2,017*	*1,016*	*758*	*2,902*	*451*	*4,573*	*1,800*	*330*	*13,847*	*17%*
Rhode Island	*132,363*	*3,133*	*1,988*	*1,288*	*4,683*	*861*	*7,986*	*3,297*	*504*	*23,740*	*18%*

Source of Data for Table/Methodology

Rhode Island Department of Education (RIDE), Office for Diverse Learners, Special Education Census June 30, 2025. 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 2024-2025 school year provided by RIDE. Special education services under the IDEA must be provided until an individual's 22nd birthday.

As of 2023-2024, students in DCYF care and those receiving instruction through DCYF operated schools (the Training School) remain enrolled with their home district/the district they were in at the time of entering DCYF care so IEP data on these youth are included in their home district's data. Data about youth with IEPs receiving educational services at the Training School are included in the Youth in the Justice System indicator.

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 five core cities, remainder of the state, and state totals.

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.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References

[1] Li, Q. Li, Y., Zheng, J., Yan X, Huang, J.,…Yang, W. (2023). Prevalence and trends of developmental disabilities among U.S. children and adolescents ages 3 to 17 years, 2018-2021. *Scientific Reports, 13.*

(continued 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

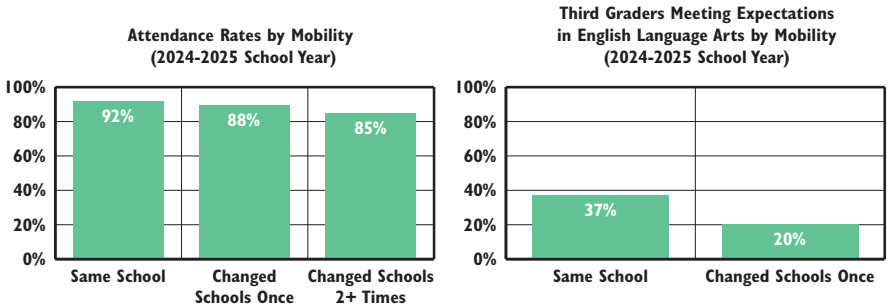
Changing schools is often disruptive for children and can negatively impact their academic performance, engagement and behavior, social-emotional health, likelihood of graduating high school, and long-term outcomes.[1–3] Student mobility rates are highest in elementary schools, when children are learning foundational math and literacy skills, navigating social interactions, and developing sense of self.[2]

Regardless of income status and ethnicity, mobility can negatively affect student achievement.[1] Students who change schools must adjust to new instructional styles and curricula and likely do not have the same base content knowledge as their classmates.[4] As a result, mobile students demonstrate lower levels of proficiency, are more likely to be held back a grade level and are more likely to drop out of high school compared to their non-mobile peers.[3] Mobile students are also more likely to have low self-esteem, feel less connected to their teacher and school, have difficulty making friends, and are more likely to be suspended than their non-mobile peers.[3]

Some students change schools due to positive changes in their family circumstances (e.g., parental job promotion, improved housing situation, better opportunities). However, when students move schools for reasons beyond their family's control (e.g., eviction or foreclosure, divorce, job loss), they are more likely to experience negative effects of mobility.[5] Low-income children, Children of Color, and Multilingual Learners are more likely to be mobile for situations outside of their family's control and consequently experience more negative impacts of mobility, than their peers.[3,6] Mobility harms not only the student but also the schools they attend.[1] In high mobility schools, even nonmobile students demonstrate lower academic proficiency, decreased engagement and lack of connectedness to the school. Student turnover and the introduction of new students interrupts classroom culture and climate and impacts teaching and teacher morale.[3,6]

Between 2020 and 2024 in Rhode Island, 9% of children ages five to 17 moved at least once during the previous year, 74% of whom moved within the state and 26% of whom moved from another state or abroad.[7] Between 2020 and 2024, 16% of Rhode Islanders living below the poverty line moved, compared with 9% of higher-income residents.[8]

School Mobility and Education Outcomes in Rhode Island



Source: Rhode Island Department of Education, 2024-2025 school year.

◆ **Rhode Island students who change schools mid-year are absent more often than students who do not. Rhode Island students who did not change schools had a 92% attendance rate, compared with 88% for those who changed schools once and 85% for those who changed schools two or more times during the 2024-2025 school year.[9]**

◆ **Children who change schools mid-year also perform worse on standardized tests than children who have not experienced school mobility. During the 2024-2025 school year in Rhode Island, 37% of third-grade children who did not experience mobility met expectations in English language arts on the *Rhode Island Comprehensive Assessment System (RICAS)* state assessment, compared with 20% of students who moved once.[9]**

◆ **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.[10]**

◆ **One-third of high school aged youth in foster care will experience five or more school changes, 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.[11]**

Student Mobility and Stability Rates

◆ Mobility rates are calculated by adding all students 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.[9]

◆ Stability rates measure the number of students 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 entire year at the same school in the school district by the total enrollment for that school district. The stability rate for the five core cities was 82% in the 2024-2025 school year, compared with a stability rate of 92% in the remainder of the state.[9]

◆ Total enrollment for each district is cumulative over the course of the school year.[9]

◆ The overall Rhode Island student mobility rate was 12% in the 2024-2025 school year. The five core cities had a higher mobility rate (20%) than districts in the remainder of the state (8%).[9]

◆ During the 2024-2025 school year, Rhode Island elementary schools (11%) and middle schools (11%) had lower mobility rates than high schools (14%).[9]

Table 43. **Student Mobility and Stability Rates by District, Rhode Island, 2024-2025 School Year**

SCHOOL DISTRICT	CUMULATIVE ENROLLMENT FOR 2024-2025	# ENROLLED THE WHOLE YEAR	# ENROLLED AFTER SEPT. 30	# EXITED BEFORE JUNE 1	STABILITY RATE	MOBILITY RATE
Barrington	3,301	3,179	59	65	96%	4%
Bristol Warren	2,798	2,536	109	183	91%	10%
Burrillville	2,025	1,875	56	100	93%	8%
Central Falls	2,747	2,197	247	329	80%	21%
Chariho	3,002	2,711	118	186	90%	10%
Coventry	4,064	3,790	126	164	93%	7%
Cranston	10,432	9,380	475	633	90%	11%
Cumberland	4,982	4,602	177	224	92%	8%
East Greenwich	2,500	2,411	38	57	96%	4%
East Providence	5,224	4,783	189	277	92%	9%
Exeter-West Greenwich	1,509	1,415	41	56	94%	6%
Foster	230	218	*	*	95%	5%
Foster-Glocester	1,312	1,239	25	49	94%	6%
Glocester	568	548	*	13	96%	4%
Jamestown	395	372	12	12	94%	6%
Johnston	3,232	2,897	130	221	90%	11%
Lincoln	3,277	3,074	78	132	94%	6%
Little Compton	213	198	*	*	93%	8%
Middletown	1,926	1,696	103	135	88%	12%
Narragansett	926	874	29	29	94%	6%
New Shoreham	134	114	*	12	85%	15%
Newport	1,868	1,644	99	137	88%	13%
North Kingstown	3,824	3,592	109	140	94%	7%
North Providence	3,609	3,268	184	173	91%	10%
North Smithfield	1,629	1,561	34	37	96%	4%
Pawtucket	8,265	6,864	643	830	83%	18%
Portsmouth	2,180	2,051	60	77	94%	6%
Providence	22,327	17,995	2,365	2,324	81%	21%
Scituate	1,222	1,157	34	33	95%	5%
Smithfield	2,357	2,254	51	56	96%	5%
South Kingstown	2,265	2,138	60	76	94%	6%
Tiverton	1,547	1,451	46	57	94%	7%
Warwick	8,041	7,286	354	442	91%	10%
West Warwick	3,617	3,172	198	263	88%	13%
Westerly	2,129	1,987	64	88	93%	7%
Woonsocket	5,999	4,977	482	600	83%	18%
Charter Schools	*13,285*	*12,089*	*537*	*695*	*91%*	*9%*
State-Operated Schools	*2,100*	*1,855*	*101*	*155*	*88%*	*12%*
Collaboratives	*286*	*208*	*21*	*59*	*73%*	*28%*
Five Core Cities	*41,206*	*33,677*	*3,836*	*4,220*	*82%*	*20%*
Remainder of State	*84,470*	*77,829*	*2,989*	*4,004*	*92%*	*8%*
Rhode Island	*141,347*	*125,658*	*7,484*	*9,133*	*89%*	*12%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2024-2025 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 five core cities, remainder of the state, and state totals.

Charter schools include the Achievement First Rhode Island and Blackstone Valley Prep Mayoral Academy Networks, Beacon Charter School, Blackstone Academy, Charette Charter, The Compass School, Excel Academy Rhode Island, The Greene School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, Nuestro Mundo Public Charter School, Paul Cuffee Charter School, Providence Preparatory Charter, Rhode Island Nurses Institute Middle College, RISE Prep Mayoral Academy, Segue Institute for Learning, SouthSide Charter School, Trinity Academy for the Performing Arts, and Village Green Virtual.

State-operated schools include William M. Davies Career & Technical High School, Metropolitan Regional Career and Technical High School, Sheila Skip Nowell Leadership Academy, and the Rhode Island School for the Deaf.

Collaboratives include the Urban Collaborative Accelerated Program and YouthBuild Preparatory Academy.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

References

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[2] Vandell, D. L., Kuhfeld, M., Gershoff, E. T., & Crosnoe, R. (2021). Predictors and consequences of school mobility in middle childhood. *Journal of Applied Developmental Psychology, 76*(101309), 101309.

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(continued on page 188)

Reading Skills

DEFINITION

Reading skills is the percentage of third- and eighth-grade students who met expectations in English language arts on the *Rhode Island Comprehensive Assessment System (RICAS)* test.

SIGNIFICANCE

Reading proficiently by the end of third grade is a milestone for students because it is at this point in their education that they move from learning to read to reading to learn. Students who do not reach this milestone struggle in later grades and are four times more likely to drop out of high school than their proficient peers.[1] When interventions for students who struggle with reading are delayed until after third grade, most children never catch up to their grade level peers.[2] Literacy demands change and intensify quickly in grades four through 12, as students are expected to comprehend, synthesize, and analyze increasingly complex texts across academic disciplines.[3] Reading skills are also a powerful indicator of a student's ability to contribute to, participate in, and succeed in the workforce and the community.[4]

Literacy begins long before children encounter school instruction in writing and reading. Physical and social-emotional health, family supports, literacy-rich home environments and parents who speak to young children frequently contribute to literacy development, reading achievement, and academic success.[5,6]

High-quality preschool and Pre-K programs targeting social-emotional development and behavioral skills can boost language and literacy skills, and improve school readiness and academic achievement, and have the greatest impact on children living in low-income families.[7] Children who participate score higher on future reading and math assessments, are more likely to become proficient readers in primary grades and have higher graduation rates.[8,9] Adolescents who struggle to read are more likely to have lower wages and rely on public assistance than their peers with higher levels of literacy, problems which are exacerbated for Multilingual Learners and low-income students.[4,10]

Policymakers can increase 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 absence.[11,12] Ongoing teacher support and training in literacy strategy, culturally relevant literacy instruction in content area classes, explicit instruction in reading comprehension, using student assessments effectively, and intensive individualized instruction are important components of successful adolescent literacy programs.[13–15]

Students Meeting Expectations on the *RICAS* English Language Arts Assessment, Rhode Island, 2025

SUBGROUP	THIRD GRADERS	EIGHTH GRADERS
Female Students	39%	41%
Male Students	35%	29%
Multilingual Learners	12%	<5%
Non-English Learners	42%	40%
Students Receiving Special Education Services	11%	5%
Students Not Receiving Special Education Services	43%	41%
Low-Income Students	24%	21%
Higher-Income Students	55%	53%
American Indian or Alaska Native Students	11%	16%
Asian Students+	55%	53%
Black Students	24%	19%
Hispanic Students	23%	20%
White Students	47%	46%
Homeless Students	18%	16%
Students in Foster Care	16%	17%
ALL STUDENTS	*37%*	*35%*

Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2024-2025. 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 2025, 37% of third graders and 35% of eighth graders met expectations on the *Rhode Island Comprehensive Assessment System (RICAS)* English language arts assessment. Among low-income students, 24% of third graders and 21% of eighth graders met expectations, compared with 55% of higher-income third graders and 53% of higher-income eighth graders. There were also large disparities by race and ethnicity as well as by language status and disability status.[16]**

◆ **In 2025, 18% percent of third graders and 16% of eighth graders who were identified as experiencing homelessness met expectations in English language arts. Of students in foster care, 16% of third graders and 17% of eighth graders met expectations in English language arts compared to 37% of all third graders and 35% of all eighth graders.[16]**

Table 44.

Third- & Eighth-Grade Students Meeting Expectations in Reading, Rhode Island, 2024-2025 School Year

SCHOOL DISTRICT	# OF THIRD GRADERS TESTED	% OF THIRD GRADERS MEETING EXPECTATIONS	# OF EIGHTH GRADERS TESTED	% OF EIGHTH GRADERS MEETING EXPECTATIONS
Barrington	245	59%	262	77%
Bristol Warren	201	52%	205	48%
Burrillville	140	36%	158	28%
Central Falls	154	8%	174	9%
Chariho	227	52%	215	46%
Coventry	315	38%	331	41%
Cranston	678	36%	771	32%
Cumberland	372	56%	374	59%
East Greenwich	191	60%	207	77%
East Providence	367	37%	385	28%
Exeter-West Greenwich	103	45%	120	61%
Foster	32	28%	*	*
Foster-Glocester	*	*	132	55%
Glocester	101	54%	*	*
Jamestown	47	79%	46	72%
Johnston	219	26%	213	44%
Lincoln	237	51%	249	37%
Little Compton	19	74%	28	79%
Middletown	146	59%	151	43%
Narragansett	56	52%	76	58%
New Shoreham	15	27%	12	58%
Newport	104	20%	112	10%
North Kingstown	258	65%	267	52%
North Providence	262	31%	263	39%
North Smithfield	127	61%	119	65%
Pawtucket	616	25%	618	18%
Portsmouth	137	60%	155	61%
Providence	1,390	24%	1,288	16%
Scituate	88	43%	89	49%
Smithfield	183	57%	180	53%
South Kingstown	164	62%	183	49%
Tiverton	113	58%	145	49%
Warwick	570	37%	566	31%
West Warwick	309	21%	250	10%
Westerly	165	40%	161	45%
Woonsocket	414	13%	339	8%
Charter Schools	*1,082*	*26%*	*882*	*28%*
State-Operated Schools	*	*	*	*
Collaboratives	*	*	*71*	*10%*
Five Core Cities	*2,678*	*22%*	*2,513*	*14%*
Remainder of State	*6,087*	*45%*	*6,313*	*44%*
Rhode Island	*9,850*	*37%*	*9,802*	*35%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Comprehensive Assessment System (RICAS)* 2024-2025 school year and are rounded to the nearest percentage point.

Due to the adoption of a new assessment tool by RIDE in 2018, Reading Skills cannot be compared with Factbooks prior to 2018.

% meeting expectations are the students who met or exceeded expectations for their grade on the English language arts section of the *RICAS.* Only students who 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 in the U.S. less than one year are exempt from the English language arts assessment.

In Rhode Island in 2025, 99.3% of third grade students and 98.1% of eighth grade students were tested. Response rates vary by district.

*Data is not reported because the number of students tested was less than 10. These students are still counted in the remainder of state and state totals.

2025 *RICAS* data for independent charter schools include Achievement First Rhode Island and Blackstone Valley Prep Mayoral Academy Networks, Beacon Charter School, The Compass School, Paul Cuffee Charter School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, Nuestro Mundo Public Charter, Providence Preparatory Charter, RISE Prep Mayoral Academy, Segue Institute for Learning, SouthSide Charter School, and Trinity Academy for the Performing Arts. State-operated schools include Rhode Island School for the Deaf. Collaboratives include Urban Collaborative Accelerated Program (UCAP).

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

Students enrolled in state-operated schools, charter schools, and collaboratives are not counted in totals for the five core cities or for the remainder of state, but they are included in state totals.

(References continued on page 188)

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 federal actions to increase the level of rigor, depth, and coherency of the mathematics content taught nationwide.[4,5] After two decades of improvement, math performance in the U.S. leveled off and has now begun to decline.[6]

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.[1] Opportunities for advanced math instruction are especially important for low-income children, who may be exposed to less complex math concepts.[7]

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.[5,8] Teachers should expose all students to challenging and culturally relevant math concepts and curriculum and provide additional support to struggling students.[7]

The *National Assessment of Educational Progress (NAEP)* measures proficiency in math and other subjects nationally and across states every other year.[6] In 2024, 38% 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 26% of Rhode Island eighth graders and 27% of U.S. eighth graders performed at or above the proficient level in math on the *NAEP*.[9,10] Rhode Island is one of 15 states that saw improvement in fourth grade math.[11]

Third- & Eighth-Grade Students Meeting Expectations on the *RICAS* Math Assessment, Rhode Island, 2025

SUBGROUP	THIRD GRADE	EIGHTH GRADE
Female Students	36%	27%
Male Students	41%	26%
*Multilingual Learners	18%	<5%
Non-English Learners	43%	31%
*Students Receiving Special Education Services	15%	<5%
Students Not Receiving Special Education Services	44%	31%
Low-Income Students	25%	13%
Higher-Income Students	58%	44%
American Indian or Alaska Native Students	16%	12%
Asian Students+	60%	47%
Black Students	23%	12%
Hispanic/Latino Students	25%	12%
White Students	49%	37%
Homeless Students	16%	6%
Students in Foster Care	20%	7%
ALL STUDENTS	*38%*	*26%*

Source: Rhode Island Department of Education. (2025). *Rhode Island Comprehensive Assessment System (RICAS)*, 2024-2025. 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..

◆ **During the COVID-19 pandemic, the percentage of Rhode Island third graders meeting expectations in math declined from 36% in 2019 to 25% in 2021 and then increased to 38% in 2025, while for eighth graders it declined from 25% in 2019 to 16% in 2021 and increased to 26% in 2025.[12]**

◆ **In Rhode Island in the 2024-2025 school year, 25% of low-income third graders met expectations in math, compared with 58% of higher-income third graders. There also were large gaps by race and ethnicity, with 60% of Asian and 49% of white third graders meeting expectations, compared with 23% of Black, 25% of Hispanic, and 16% of American Indian or Alaska Native students. This large gap is also seen in eighth-grade results.[12]**

◆ **In 2025, 20% of third graders in foster care met expectations in math and 7% of eighth graders who were in foster care met expectations in math.[12]**

Table 45.

Third- & Eighth-Grade Students Meeting Expectations in Math, Rhode Island, 2024-2025 School Year

SCHOOL DISTRICT	# OF THIRD GRADERS TESTED	% OF THIRD GRADERS MEETING EXPECTATIONS	# OF EIGHTH GRADERS TESTED	% OF EIGHTH GRADERS MEETING EXPECTATIONS
Barrington	246	57%	267	64%
Bristol Warren	202	41%	205	28%
Burrillville	140	41%	159	13%
Central Falls	169	14%	187	<5%
Chariho	227	45%	214	41%
Coventry	313	51%	329	36%
Cranston	686	35%	785	20%
Cumberland	374	68%	375	58%
East Greenwich	193	61%	205	68%
East Providence	367	42%	387	20%
Exeter-West Greenwich	103	52%	121	48%
Foster	32	38%	NA	NA
Foster-Glocester	NA	NA	131	30%
Glocester	101	56%	NA	NA
Jamestown	47	70%	46	80%
Johnston	219	28%	216	21%
Lincoln	239	59%	253	36%
Little Compton	19	68%	28	57%
Middletown	150	56%	152	36%
Narragansett	57	65%	77	48%
New Shoreham	14	43%	11	36%
Newport	110	24%	117	6%
North Kingstown	258	67%	265	52%
North Providence	264	29%	268	21%
North Smithfield	129	72%	120	61%
Pawtucket	634	26%	620	10%
Portsmouth	137	63%	154	47%
Providence	1,468	27%	1,333	10%
Scituate	88	49%	88	23%
Smithfield	183	56%	182	54%
South Kingstown	164	63%	183	38%
Tiverton	113	74%	146	36%
Warwick	573	30%	556	18%
West Warwick	310	16%	251	8%
Westerly	166	49%	159	28%
Woonsocket	421	13%	344	7%
Charter Schools	*1,081*	*28%*	*888*	*23%*
State-Operated Schools	*	*	*	*
Collaboratives	*NA*	*NA*	*77*	*
Five Core Cities	*2,802*	*24%*	*2,601*	*9%*
Remainder of State	*6,114*	*47%*	*6,333*	*34%*
Statewide	*10,000*	*38%*	*9,898*	*26%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Comprehensive Assessment System (RICAS)*, 2024-2025 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 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 five 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.

Charter schools include the Achievement First Rhode Island and Blackstone Valley Prep Mayoral Academy Networks, Beacon Charter School, The Compass School, Paul Cuffee Charter School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, Nuestro Mundo Public Charter, Providence Preparatory Charter, RISE Prep Mayoral Academy, Segue Institute for Learning, South Side Charter School, and Trinity Academy for the Performing Arts. State-operated schools include Rhode Island School for the Deaf. Collaborative schools include the Urban Collaborative Accelerated Program (UCAP).

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

(References continued on page 188)

Science Skills

DEFINITION

Science skills is the percentage of fifth-, eighth-, and eleventh-grade students who met expectations for science on the *Rhode Island Next Generation Science Assessment (NGSA)* test.

SIGNIFICANCE

Science education prepares students for postsecondary education and a wide variety of STEM (science, technology, engineering, and math) occupations, making them competitive candidates in a world that is increasingly technologically driven.[1] Compared to international peers, U.S. students fare well in science assessments designed to measure curricular learning, but the gap between the highest- and lowest performing students highlights the significant inequities in the U.S. science education system.[2]

The achievement gap in science education impacts students from low-income families, Students of Color, and rural communities, and is wider in the United States than in many similar countries. This gap results in students that are less prepared for college admittance who are more likely to drop out and have more limited career opportunities, perpetuating the cycle of poverty.[1,3] Teachers in schools with high percentages of Students of Color or high-poverty enrollment are more likely to have less teaching experience.[1]

Increasing income inequality in the United States may continue to exacerbate existing science achievement gaps, which continue through adulthood as science literacy gaps. Adults with low science literacy are more susceptible to misinformation, less competitive as employees, and less equipped to understand public policy issues, such as the COVID-19 pandemic, climate change, or hydraulic fracturing.[4,5]

Improving science education for all students requires high quality instructional materials, better use of open educational resources in addition to commercially available resources, ongoing, curriculum-based professional learning for instructors, and accurate depictions of what standards-aligned instruction should look like. These changes have the potential to close achievement and opportunity gaps in science by race and ethnicity.[6]

The *National Assessment of Educational Progress (NAEP)* measures proficiency in science and other subjects nationally and across states periodically.[7] In 2015, 36% of Rhode Island fourth graders and 38% of U.S. fourth graders performed at or above the Proficient level in science on the *NAEP*, and 32% of Rhode Island eighth graders and 34% of U.S. eighth graders performed at or above the Proficient level in math on the *NAEP*.[8,9]

Fifth-, Eighth-, & Eleventh-Grade Students Meeting Expectations on the *Next Generation Science Assessment*, Rhode Island, 2025

SUBGROUP	FIFTH GRADE	EIGHTH GRADE	ELEVENTH GRADE
Female Students	28%	29%	31%
Male Students	34%	31%	32%
*Multilingual Learners	<5%	<5%	<5%
Non-English Learners	36%	35%	37%
*Students Receiving Special Education Services	8%	7%	8%
Students Not Receiving Special Education Services	36%	34%	35%
Low-Income Students	19%	17%	19%
Higher-Income Students	49%	48%	47%
American Indian or Alaska Native Students	8%	12%	7%
Asian Students+	46%	42%	43%
Black Students	16%	13%	15%
Hispanic/Latino Students	18%	14%	16%
White Students	42%	42%	45%
Students Experiencing Homelessness	11%	12%	21%
Students in Foster Care	13%	13%	11%
ALL STUDENTS	*31%*	*30%*	*32%*

SSource: Rhode Island Department of Education, *Next Generation Science Assessment (NGSA)- Science*, 2024-2025. 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 percentage of Rhode Island fifth graders meeting expectations in science decreased from 34% in 2024 to 31% in 2025. Eighth graders meeting expectations in science remained at 30% in 2024 and 2025, and eleventh graders increased from 30% in 2024 to 32% in 2025.**[10,11]

◆ **In Rhode Island in 2025, 19% of low-income fifth graders met expectations in science, compared with 49% of higher-income fifth graders. There also were large gaps by race and ethnicity.**[11]

◆ **Thirteen percent of fifth graders, 13% of eighth graders, and 11% of eleventh graders in foster care met expectations in science in 2025.**[11]

◆ **To graduate, Rhode Island students must demonstrate proficiency in science. Beginning with the Class of 2028, they will also be required to demonstrate proficiency in lab sciences.**[12]

Table 46.

Fifth-, Eighth-, & Eleventh-Grade Students Meeting Expectations in Science, Rhode Island, 2024-2025 School Year

SCHOOL DISTRICT	# OF FIFTH GRADERS TESTED	% OF FIFTH GRADERS MEETING EXPECTATIONS	# OF EIGHTH GRADERS TESTED	% OF EIGHTH GRADERS MEETING EXPECTATIONS	# OF ELEVENTH GRADERS TESTED	% OF ELEVENTH GRADERS MEETING EXPECTATIONS
Barrington	216	59%	267	62%	253	74%
Bristol Warren	204	44%	204	49%	200	68%
Burrillville	150	28%	158	30%	150	27%
Central Falls	173	8%	190	6%	191	10%
Chariho	216	55%	213	56%	234	56%
Coventry	281	41%	332	47%	269	35%
Cranston	694	33%	788	24%	808	23%
Cumberland	357	51%	375	52%	295	44%
East Greenwich	178	56%	206	66%	166	71%
East Providence	343	33%	387	26%	413	21%
Exeter-West Greenwich	111	39%	121	56%	101	55%
Foster	42	33%	NA	NA	NA	NA
Foster-Glocester	NA	NA	132	42%	186	43%
Glocester	110	65%	NA	NA	NA	NA
Jamestown	40	48%	45	71%	NA	NA
Johnston	224	24%	216	28%	182	14%
Lincoln	267	45%	251	34%	221	50%
Little Compton	23	74%	28	68%	NA	NA
Middletown	131	42%	153	41%	104	30%
Narragansett	64	55%	77	47%	92	42%
New Shoreham	12	33%	11	73%	12	8%
Newport	140	13%	116	9%	133	23%
North Kingstown	276	54%	271	50%	296	54%
North Providence	248	24%	266	23%	260	31%
North Smithfield	122	43%	120	48%	125	62%
Pawtucket	607	18%	629	16%	451	16%
Portsmouth	137	58%	155	59%	191	67%
Providence	1,449	16%	1,356	9%	1,657	16%
Scituate	98	45%	88	48%	85	37%
Smithfield	172	32%	181	51%	179	33%
South Kingstown	171	50%	184	44%	157	48%
Tiverton	128	40%	147	41%	93	47%
Warwick	583	30%	556	22%	543	34%
West Warwick	234	11%	252	11%	237	22%
Westerly	152	34%	159	48%	158	56%
Woonsocket	458	14%	347	11%	315	19%
Charter Schools	*1,084*	*24%*	*884*	*22%*	*668*	*20%*
State Operated Schools	*	*	*	*	*456*	*27%*
Collaboratives	*NA*	*NA*	*72*	*8%*	*14*	*7%*
Five Core Cities	*2,827*	*15%*	*2,638*	*11%*	*2,747*	*16%*
Remainder of State	*5,984*	*40%*	*6,343*	*39%*	*6,011*	*40%*
Statewide	*9,900*	*31%*	*9,942*	*30%*	*9,896*	*32%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Next Generation Science Assessment (NGSA)*, 2024-2025 and is rounded to the nearest percentage point.

% meeting expectations are students who met or exceeded expectations on the *NGSA*. 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 *NGSA*. 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.

*Data is suppressed to ensure confidentiality because the minimum reporting size requirement (10 students) is not met. These students are still counted in district totals and five core cities, remainder of state, and state totals.

Charter schools include the Achievement First Rhode Island and Blackstone Valley Prep Mayoral Academy Networks, Beacon Charter School, Blackstone Academy, Charette Charter, The Compass School, Paul Cuffee Charter School, Excel Academy, The Greene School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, Nuestro Mundo Public Charter School, Providence Preparatory Charter, RISE Prep Mayoral Academy, Rhode Island Nurses Institute Middle College, Segue Institute for Learning, Southside Charter School, Trinity Academy for the Performing Arts, and Village Green Virtual.

State-operated schools include Davies Career and Technical School, MET Career and Tech, Sheila "Skip" Nowell Leadership Academy, and Rhode Island School for the Deaf.

Collaboratives include Urban Collaborative Accelerated Program (UCAP) and YouthBuild Preparatory Academy.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

NA indicates that the school district does not serve students at that grade level.

(continued with references on page 189)

Arts Education

DEFINITION

Arts education is the percentage of students who are enrolled in arts courses, including music, visual arts, theater, dance, and media arts.

SIGNIFICANCE

Arts education improves a student's overall educational experience, promoting socioemotional learning, higher academic achievement, lower absenteeism, and connections between students and their education and as teachers and students.[1,2] Socioemotional learning opportunities include practicing listening and communication skills, such as those employed in peer critiques in a visual arts class, and managing the emotions that come with challenging situations, such as performing in front of an audience.[1]

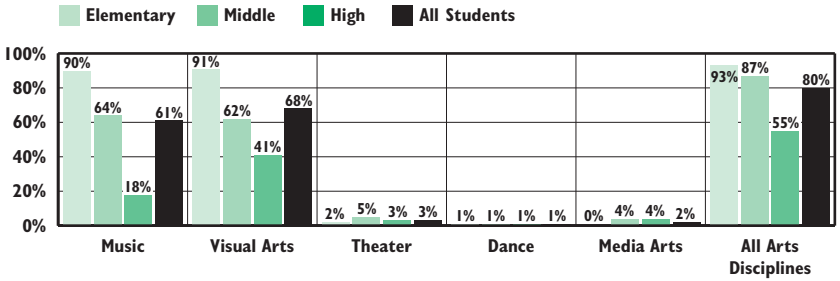
Learning a new art form builds self-control, focus, and self-confidence, forming positive aspects of self-identity in the process of skill mastery. Arts courses also offer opportunities for students to collaborate with peers on a larger work by singing or playing an instrument in an ensemble or working together on a visual arts project. The skills learned in arts courses, including observation, problem-solving, innovation, critical thinking, communication, and collaboration translate to other academic areas as well as a variety of careers in and out of the arts.[1,3]

Theater education has been shown to improve test scores, reading comprehension, and verbal and nonverbal communication. Students who participate in drama performance, coursework, or experience have better school attendance records and lower dropout rates, and more arts course offerings and higher student participation are associated with lower levels of chronic absenteeism.[2,4]

In the United States, access to arts education has declined over the past 30 years, despite broad public support.[3] Despite this decline, white students have experienced very little change in access to arts education, while Black and Hispanic students have seen 49% and 40% reductions in access since the 1980s, respectively.[5] In Rhode Island in the 2023-2024 school year, 74% of Hispanic or Latino students were enrolled in arts education which is nine percentage points lower than white students (83%).[6]

Disparities in arts education access by race, income, and parental education levels continue to impact students' educational experiences. Schools that serve low-income students often offer no arts courses or do not have an arts teacher, with 6% of low-income schools lacking arts education compared to only 3% of higher income schools.[3,5] Nationally, 90% of high-income school districts offer music and visual art compared to about 70% of lower-income districts. Only 37% of schools in cities offered extracurricular art activities such as marching band, band, and choir practice.[7]

Enrollment by Arts Discipline, 2023-2024 School Year



Source: Rhode Island Department of Education, Rhode Island Arts Education Data Dashboard, 2023-2024.

◆ **In Rhode Island, the Basic Education Program (BEP) guarantees that all public school students have access to high quality arts education, with requirements differing by grade level.[8] Elementary and middle school students are required to have access to visual arts and design and music classes, and high school students are required to have access to visual arts and design courses in two and three dimensions as well as at least one performing arts discipline.[9] In the 2023-2024 school year, 91% of students had access to the required arts disciplines. Three percent of students in Rhode Island had no access to arts education.[6]**

◆ **During the 2023-2024 school year, 80% of all Rhode Island students were enrolled in arts courses, including 93% percent of elementary school students, 87% of middle school students, and 55% of high school students.[6]**

◆ **During the 2023-2024 school year, 18 schools reported no arts courses. Half of these schools (50%) served preschool students, 44% were charter, state-operated and collaborative schools, and 6% were traditional public elementary schools.[6] In order to improve access to the arts, policymakers should focus on ensuring access to a diverse set of course offerings and providing appropriate funding for arts education.[3]**

◆ **In 2024, the Rhode Island General Assembly passed the *Transparency in Arts Education Access and Proficiency Act.*[10] Rhode Island is one of 31 states participating in the Arts Education Data Project, which aims to present key metrics related to arts education across the nation.[6]**

Table 47. **Arts Education Enrollment by Discipline, Grades K-12, Rhode Island, 2023-2024 School Year**

SCHOOL DISTRICT	TOTAL STUDENTS	% NO ACCESS TO ARTS	MUSIC	VISUAL ARTS	THEATER	DANCE	MEDIA ARTS	OVERALL ARTS ENROLLMENTS
Barrington	3,346	0%	61%	69%	1%	0%	0%	80%
Bristol Warren	2,822	0%	67%	81%	7%	0%	2%	88%
Burrillville	2,070	0%	62%	72%	1%	0%	3%	84%
Central Falls	3,069	8%	45%	64%	1%	0%	0%	68%
Chariho	2,983	0%	58%	70%	1%	0%	4%	79%
Coventry	4,245	0%	58%	56%	1%	0%	0%	65%
Cranston	10,515	1%	71%	80%	1%	0%	5%	88%
Cumberland	5,029	3%	68%	76%	<1%	1%	2%	86%
East Greenwich	2,549	0%	68%	76%	2%	0%	9%	90%
East Providence	5,420	5%	55%	71%	0%	0%	5%	80%
Exeter-West Greenwich	1,581	5%	66%	74%	<1%	0%	0%	80%
Foster	239	100%	0%	0%	0%	0%	0%	0%
Foster-Glocester	1,343	0%	40%	44%	0%	0%	5%	73%
Glocester	568	0%	98%	0%	0%	0%	0%	98%
Jamestown	407	0%	85%	94%	8%	8%	0%	94%
Johnston	3,290	5%	62%	77%	0%	0%	1%	82%
Lincoln	3,422	0%	66%	65%	2%	0%	0%	79%
Little Compton	217	0%	94%	93%	0%	0%	0%	94%
Middletown	2,024	0%	74%	70%	0%	0%	24%	87%
Narragansett	1,082	0%	49%	61%	2%	0%	0%	75%
New Shoreham	128	0%	70%	85%	0%	0%	0%	86%
Newport	1,951	0%	68%	79%	1%	0%	<1%	81%
North Kingstown	3,855	0%	63%	73%	1%	0%	2%	85%
North Providence	3,659	0%	55%	72%	0%	0%	1%	78%
North Smithfield	1,693	0%	76%	46%	0%	0%	1%	84%
Pawtucket	8,615	0%	67%	74%	9%	<1%	1%	85%
Portsmouth	2,213	0%	75%	86%	1%	0%	8%	91%
Providence	22,906	0%	55%	63%	4%	0%	1%	76%
Scituate	1,195	0%	72%	78%	0%	0%	5%	85%
Smithfield	2,448	0%	68%	79%	1%	0%	1%	84%
South Kingstown	2,377	0%	63%	79%	4%	0%	7%	88%
Tiverton	1,576	0%	78%	82%	0%	0%	0%	88%
Warwick	8,136	3%	71%	70%	0%	0%	1%	84%
West Warwick	3,770	4%	76%	66%	1%	<1%	2%	84%
Westerly	2,278	5%	59%	66%	<1%	0%	3%	76%
Woonsocket	5,926	0%	66%	72%	2%	2%	0%	83%
Charter Schools	*12,310*	*8%*	*45%*	*67%*	*15%*	*8%*	*0%*	*81%*
State-Operated Schools	*2,026*	*90%*	*0%*	*4%*	*0%*	*0%*	*0%*	*4%*
Collaboratives	*312*	*50%*	*1%*	*21%*	*1%*	*0%*	*0%*	*23%*
Five Core Cities	*42,467*	*1%*	*57%*	*64%*	*4%*	*<1%*	*1%*	*75%*
Remainder of State	*86,480*	*2%*	*65%*	*70%*	*1%*	*<1%*	*3%*	*81%*
Rhode Island	*139,847*	*3%*	*61%*	*69%*	*3%*	*1%*	*2%*	*80%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Arts Education Data Dashboard,* 2023-2024 and is rounded to the nearest percentage point.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

Total Students reflects the number of students cited in the Rhode Island Arts Education Data Dashboard and may differ from other counts.

Districts with 0% enrollment either have no students enrolled in the art discipline or data was unavailable; results should be interpreted with caution.

References

[1] Farrington, C. A., Maurer, J., McBride, M. R. A., Nagaoka, J.,...Wright, L. (2019). *Arts education and social-emotional learning outcomes among K–12 students: Developing a theory of action.* Ingenuity and the University of Chicago Consortium on School Research.

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[3] American Academy of Arts and Sciences. (2021). *Art for Life's Sake: The case for arts education.* https://www.amacad.org/sites/default/files/publication/downloads/2021-Art-for-Lifes-Sake.pdf

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[5] Pottiger, M. (2023). *Black students deserve equitable access to education.* https://wordinblack.com/2023/02/black-students-deserve-equitable-access-to-arts-education/

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(continued 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

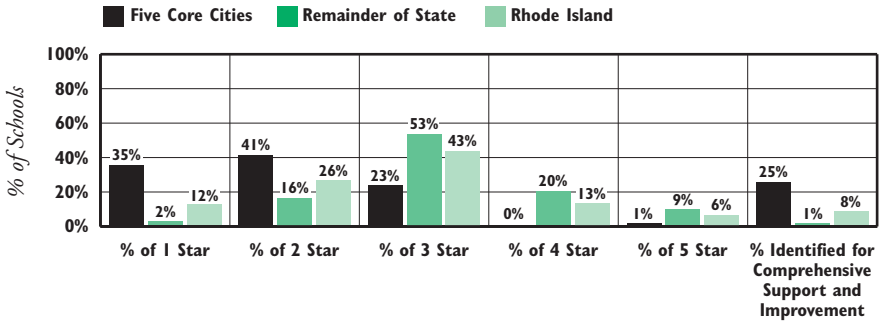
Research on school improvement efforts shows that schools can be improved through comprehensive, whole-school reforms. Elements of successful school improvement efforts include using data-informed decision making, especially to target resources to support the lowest performing schools, giving school administrators more autonomy around spending and hiring, developing ways to spread best practices to serve all subgroups of students, and engaging the whole community in improvement efforts.[1–3]

The U.S. Department of Education approved Rhode Island's accountability system under the *Every Student Succeeds Act (ESSA)* in 2018.[4] The system is designed to promote collective responsibility for continuous improvement at all levels of education through measurements characterized by school performance; a school classification system; and state, district, and school report cards.[5]

The accountability system uses a five-star rating system to summarize overall school performance determined by a broad range of performance indicators.[6] These indicators include achievement in English language arts (ELA) 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 added additional indicators to its statewide accountability system including high school graduates' proficiency in ELA and math and the percentage of graduating high school students who have earned college credits or industry-recognized credentials.[5,6] In 2023, Rhode Island added a science proficiency indicator.[7]

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.[5] 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.[5] 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.[6,7]

Rhode Island School Performance Classifications, 2024-2025 School Year



Source: Rhode Island Department of Education [RIDE]. (2025). 2024-2025 Report card. Retrieved November 11, 2025, from https://reportcard.ride.ri.gov

◆ **In Rhode Island in the 2024-2025 school year, 34 schools (12%) were given a one-star rating, 77 schools (26%) were given a two-star rating, 126 schools (43%) were given a three-star rating, 37 schools (13%) were given a four-star rating, and 19 schools (6%) were given a five-star rating.[6,8]**

◆ **Throughout the state, 22 schools were identified as in need of Comprehensive Support and Improvement, 82% of which were in the five core cities.[8]**

◆ **An additional 79 schools (27%) were identified as needing Additional Targeted Support and Improvement for having subgroups of students that are underperforming.[6,8] Of these schools, 80% were identified for the need to better support students with disabilities and 34% were identified for the need to better support more than one subgroup of students.[8]**

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 accountability systems.[9] Rhode Island includes eight school quality or student success indicators.[7]**

◆ **Strong *ESSA* accountability systems can help stakeholders determine if schools and districts are serving students both adequately and equitably, and ESSA provides support and flexibility in state's assessments. Rhode Island's statewide accountability system includes 14 indicators, six of which are federally mandated.[7,10]**

Table 48.

Schools Identified for Intervention, 2024-2025 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 ADDITIONAL TARGETED SUPPORT AND IMPROVEMENT	% IDENTIFIED FOR ADDITIONAL TARGETED SUPPORT AND IMPROVEMENT	# IDENTIFIED FOR COMPREHENSIVE SUPPORT AND IMPROVEMENT	% IDENTIFIED FOR COMPREHENSIVE SUPPORT AND IMPROVEMENT
Barrington	6	4	2	0	0	0	0	0%	0	0%
Bristol Warren	6	1	1	3	1	0	0	0%	0	0%
Burrillville	5	0	0	4	1	0	1	20%	0	0%
Central Falls	6	0	0	0	5	1	5	83%	0	0%
Chariho	7	1	3	2	0	1	1	14%	1	14%
Coventry	7	0	1	5	1	0	0	0%	0	0%
Cranston	21	0	1	12	7	1	6	29%	0	0%
Cumberland	8	2	2	3	1	0	0	0%	0	0%
East Greenwich	6	4	2	0	0	0	0	0%	0	0%
East Providence	10	0	0	8	2	0	2	20%	0	0%
Exeter-West Greenwich	4	0	2	2	0	0	0	0%	0	0%
Foster	1	0	0	1	0	0	1	100%	0	0%
Foster-Glocester	2	0	1	1	0	0	0	0%	0	0%
Glocester	2	1	1	0	0	0	0	0%	0	0%
Jamestown	2	1	0	1	0	0	0	0%	0	0%
Johnston	6	0	0	4	2	0	3	50%	0	0%
Lincoln	6	1	0	4	1	0	0	0%	0	0%
Little Compton	1	1	0	0	0	0	0	0%	0	0%
Middletown	5	0	1	4	0	0	1	20%	0	0%
Narragansett	3	0	2	1	0	0	0	0%	0	0%
New Shoreham	1	0	0	1	0	0	0	0%	0	0%
Newport	3	0	0	0	2	1	3	100%	0	0%
North Kingstown	8	1	4	3	0	0	1	13%	0	0%
North Providence	8	0	0	4	3	1	0	0%	0	0%
North Smithfield	3	0	3	0	0	0	0	0%	0	0%
Pawtucket	16	0	0	6	6	4	8	50%	5	31%
Portsmouth	4	0	4	0	0	0	0	0%	0	0%
Providence	37	1	0	10	14	12	19	51%	9	24%
Scituate	5	0	2	3	0	0	0	0%	0	0%
Smithfield	5	0	1	4	0	0	0	0%	0	0%
South Kingstown	5	0	2	3	0	0	1	20%	0	0%
Tiverton	5	0	1	4	0	0	0	0%	0	0%
Warwick	17	0	0	13	4	0	5	29%	0	0%
West Warwick	5	0	0	1	4	0	2	40%	0	0%
Westerly	5	0	0	4	1	0	0	0%	0	0%
Woonsocket	9	0	0	0	2	7	8	89%	4	44%
Charter Schools	*37*	*1*	*1*	*14*	*18*	*3*	*8*	*22%*	*1*	*3%*
State-Operated Schools	*4*	*0*	*0*	*1*	*1*	*2*	*2*	*50%*	*1*	*25%*
Collaboratives	*2*	*0*	*0*	*0*	*1*	*1*	*2*	*100%*	*1*	*50%*
Five Core Cities	*71*	*1*	*0*	*16*	*29*	*25*	*43*	*61%*	*18*	*25%*
Remainder of State	*179*	*17*	*36*	*95*	*28*	*3*	*24*	*13%*	*1*	*1%*
Rhode Island	*293*	*19*	*37*	*126*	*77*	*34*	*79*	*27%*	*22*	*8%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education, 2024-2025 Report card. Retrieved November 11, 2025, from https://reportcard.ride.ri.gov

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

Charter schools include the Achievement First Rhode Island and Blackstone Valley Prep Mayoral Academy Networks, Beacon Charter School, Blackstone Academy, Charette Charter, The Compass School, Paul Cuffee Charter School, Excel Academy, The Greene School, Highlander, The Hope Academy, International Charter, Kingston Hill Academy, Learning Community, Nuestro Mundo Public Charter, Providence Preparatory Charter, Rhode Island Nurses Institute Middle College, RISE Prep Mayoral Academy, Segue Institute for Learning, SouthSide Charter School, Trinity Academy for the Performing Arts, Village Green Virtual

State-operated schools that are classified include the William M. Davies Jr. Career & Technical High School, Metropolitan Regional Career and Technical Center, Sheila C. "Skip" Nowell Leadership Academy, and the Rhode Island School for the Deaf.

Collaboratives include YouthBuild Prep Academy and UCAP.

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] Munyan-Penney, N. (2024, September 18). *Reassessing ESSA implementation: An equity analysis of school accountability systems. EdTrust.* https://edtrust.org/rti/reassessing-essa-implementation-an-equity-analysis/

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(continued on page 189)

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 at least 10% of the days they were enrolled, which includes excused and unexcused absences and out-of-school suspensions.

SIGNIFICANCE

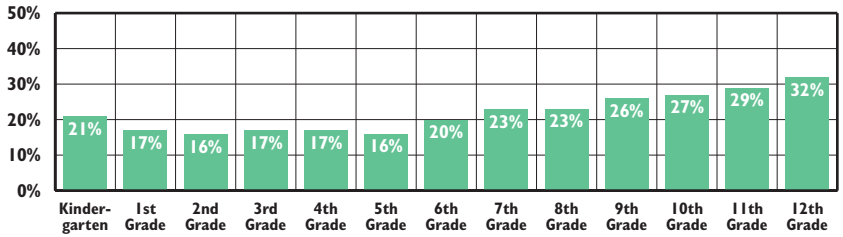
Students who are absent from school miss opportunities to learn and develop the important academic and social-emotional skills and approaches to learning that are part of the K-3 experience and are critical for ongoing school success. Children who are chronically absent in kindergarten show lower assessment scores in math, reading, and general knowledge in first grade. In a 2021 study, a correlation was found between early childhood chronic absenteeism and longer-term impacts on executive functioning skills.[1–3] Chronic absence in kindergarten appears to be especially detrimental for children whose families may not have the means to supplement lost classroom learning including children living in poverty and Latino children.[2] In Rhode Island, children who are chronically absent in kindergarten have lower scores on assessments as far out as the fifth grade and are twice as likely to be retained.[4]

Nationally, rates of chronic absenteeism increased during the 2021-2022 school year with elementary schools showing the largest increase.[5] In the early grades, children from families living in poverty are much more likely to be chronically absent than higher income children.[6] Children experiencing homelessness are twice as likely to be chronically absent.[7] Chronic absenteeism can affect the reading and math outcomes of all students in a class, not just those who are absent, because teachers may backtrack or slow the learning pace to review lessons for students who have missed school.[8]

Young children are chronically absent from school for a variety of reasons. Asthma is 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, food insecurity, anxiety, and/or depression can also result in chronic absence.[9]

While illness is a leading factor in chronic early absence, other barriers that lead to chronic absenteeism include poor school climate, misconceptions about the impact of absences in early grades, social disengagement, lack of academic rigor, undiagnosed learning disabilities, and bullying. Unreliable or insufficient transportation, community violence, child welfare system involvement, lack of clean or affordable clothes, and lack of safe and affordable housing are other factors that can lead to chronic absence.[10]

Chronic Absence Rates in Rhode Island by Grade, 2024-2025 School Year



Source: Rhode Island Department of Education, 2024-2025 school year.

◆ **Chronic absence rates are high in kindergarten and first grade and then decline before increasing again in middle and high school.[3] During the 2024-2025 school year, 21% of Rhode Island kindergarten students, 17% of first graders, 16% of second graders, and 17% of third graders were chronically absent. Eighteen percent of all Rhode Island children in grades K-3 were chronically absent.[11]**

◆ **Averages for school-wide attendance can mask significant numbers of chronically absent individual students.[12] During the 2024-2025 school year, the average daily attendance rate for K-3 students in Rhode Island's five core cities was 92%, but 27% of students were chronically absent.[11]**

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.[13] Home visiting programs, where caring adults such as teachers and community members work to build trusting relationships with students and parents, have been effective in decreasing rates of absenteeism.[14]**

◆ **States can also incorporate chronic absence measures into early warning and accountability systems and school improvement efforts and allocate resources to tracking chronic absence data and addressing barriers to attendance.[13] Gaining national attention, Rhode Island was the first state to develop a real-time dashboard for tracking attendance in schools and identifying students who were on track to be chronically absent after the COVID-19 pandemic.[15]**

Table 49. **Chronic Early Absence Rates, Grades K-3, Rhode Island, 2024-2025 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	% OF K-3 STUDENTS CHRONICALLY ABSENT
Barrington	26	886	96%	40%	43%	14%	3%	4%
Bristol Warren	46	771	94%	30%	39%	20%	12%	13%
Burrillville	22	536	93%	24%	38%	22%	16%	17%
Central Falls	100	696	94%	32%	32%	19%	17%	18%
Chariho	33	788	95%	29%	40%	21%	10%	10%
Coventry	38	1,156	94%	31%	38%	19%	12%	13%
Cranston	153	2,612	94%	31%	36%	19%	14%	15%
Cumberland	49	1,454	95%	30%	42%	17%	11%	11%
East Greenwich	15	717	95%	36%	42%	15%	6%	6%
East Providence	71	1,476	95%	34%	36%	20%	10%	10%
Exeter-West Greenwich	12	408	94%	27%	39%	22%	12%	13%
Foster	*	145	93%	25%	32%	26%	17%	18%
Glocester	*	353	95%	31%	40%	19%	10%	10%
Jamestown	*	143	95%	36%	40%	19%	5%	5%
Johnston	74	950	93%	24%	31%	26%	19%	19%
Lincoln	42	870	95%	32%	40%	16%	13%	12%
Little Compton	*	84	94%	20%	50%	20%	10%	10%
Middletown	52	569	94%	24%	38%	23%	15%	15%
Narragansett	*	193	95%	31%	42%	17%	10%	10%
New Shoreham	*	30	95%	30%	50%	10%	10%	10%
Newport	36	502	92%	18%	29%	24%	29%	30%
North Kingstown	31	1,028	95%	32%	40%	19%	9%	9%
North Providence	49	989	94%	30%	33%	20%	17%	18%
North Smithfield	*	442	95%	35%	39%	19%	7%	8%
Pawtucket	239	2,345	93%	27%	30%	21%	22%	24%
Portsmouth	16	574	95%	34%	42%	17%	6%	6%
Providence	686	5,782	92%	24%	29%	23%	24%	26%
Scituate	*	339	94%	27%	42%	20%	11%	12%
Smithfield	16	708	95%	33%	43%	14%	9%	9%
South Kingstown	16	604	95%	30%	40%	20%	10%	10%
Tiverton	13	420	94%	29%	39%	19%	13%	13%
Warwick	116	2,264	94%	28%	36%	20%	16%	17%
West Warwick	71	1,051	93%	22%	34%	22%	23%	23%
Westerly	19	581	95%	33%	39%	17%	10%	11%
Woonsocket	181	1,672	90%	16%	24%	24%	36%	38%
Charter Schools	*197*	*4,419*	*94%*	*28%*	*33%*	*19%*	*20%*	*20%*
State-Operated Schools	*	*17*	*92%*	*35%*	*24%*	*12%*	*29%*	*24%*
Collaboratives	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*
Five Core Cities	*1,242*	*10,997*	*92%*	*24%*	*29%*	*22%*	*25%*	*27%*
Remainder of State	*1,029*	*23,141*	*94%*	*30%*	*38%*	*19%*	*12%*	*13%*
Rhode Island	*2,471*	*38,574*	*94%*	*28%*	*35%*	*20%*	*17%*	*18%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2024-2025 school year.

Attendance rates are calculated by dividing the state-calculated "average daily attendance" by the "average daily membership."

Chronic absence rates are calculated by dividing the total number of students absent 10% of the days they were enrolled by the total number of students enrolled at least 90 days. A total of 2,471 Rhode Island students in grades K-3 were not included in this analysis because they were enrolled for less than 90 days. 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.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

Charter schools include the Achievement First Rhode Island and Blackstone Valley Prep Mayoral Academy Networks, The Compass School, Highlander Charter School, The Hope Academy, International Charter School, Kingston Hill Academy, The Learning Community, Nuestro Mundo Public Charter School, Paul Cuffee Charter School, RISE Prep Mayoral Academy, Segue Institute for Learning, and SouthSide Charter School.

State-operated schools include R.I. School for the Deaf.

*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 five core cities, remainder of the state, and state totals.

NA -- No collaboratives serve K-3 students.

References

[1] Romero, M., & Lee, Y. (2008). *The influence of maternal and family risk on chronic absenteeism in early schooling.* Columbia University, Mailman School of Public Health, National Center for Children in Poverty.

(continued on page 189)

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 at least 10% of the days they were enrolled, including excused and unexcused absences and out-of-school suspensions.

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 the 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 dropping out than eighth-grade achievement test scores.[3]

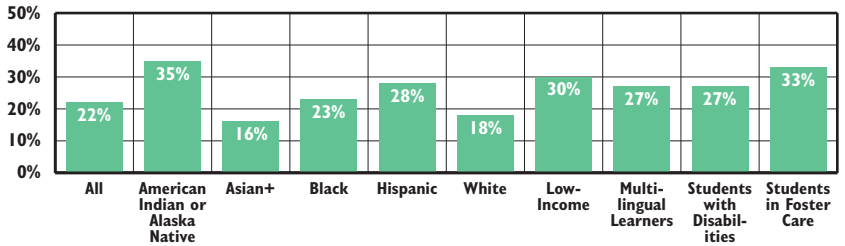
Students miss school for a variety of reasons, including physical and mental health conditions, lack of access to health care, unstable housing, child welfare or youth justice involvement, work or family responsibilities, and lack of affordable or reliable transportation. Students may also stay away from school to avoid bullying, harassment, disciplinary actions due to tardiness, embarrassment associated with lack of clean or appropriate clothing, and academic insecurities.[1,2,4]

A 2025 survey of Rhode Island students in grades 3-12 found that the most common reasons students self-report being absent from school are health-related reasons, vacations, insufficient sleep, bullying, safety, school climate concerns, taking care of someone else, and perceiving that school has little value (i.e., is boring).[5]

During the 2024-2025 school year in Rhode Island, 32% of middle school students and 38% of high school students had 10 or more unexcused absences and were considered truant by the Rhode Island Department of Education (RIDE).[6] Truant students in Rhode Island may be referred to the Family Court's Truancy Calendar, a community and school-based intervention program.[7]

Thirty-four percent of Rhode Island's low-income middle and high school students were chronically absent in 2024-2025, compared to 15% of higher-income students. Middle and high school students receiving special education services (32%) were more likely than their peers (25%) to be chronically absent. Middle and high school students in foster care were more likely to be chronically absent (40%) compared to their peers (26%). Seventy-four percent of absences by middle and high school students were unexcused absences.[6]

K-12 Chronic Absence Rates in Rhode Island by Student Subgroup, 2024-2025 School Year*



Source: Rhode Island Department of Education, 2024-2025 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 2024-2025 school year, American Indian or Alaska Native (35%), Hispanic (28%), and Black (23%) K-12 students had higher rates of chronic absence than Asian (16%) and white (18%) students. Rates were also higher for Multilingual Learners (27%), low-income students (30%), students receiving special education services (27%), and students in foster care (33%) than for all students (22%).[6]**

◆ **Partnering with students, families, and community partners can help schools re-engage chronically absent students and address lost learning opportunities.[8]**

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 was the first state to include teacher absenteeism as part of its school accountability system.[9]**

◆ **Teacher absence is a leading indicator of student achievement. It 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.[10]**

◆ **During the 2024-2025 school year in Rhode Island, 8% of teachers were chronically absent, down 37% since the 2021-2022 school year.[6,11]**

Chronic Absence, Middle School and High School

Table 50.

Chronic Absence and Attendance Rates, Middle and High School, Rhode Island, 2024-2025 School Year

SCHOOL DISTRICT	MIDDLE SCHOOL (GRADES 6-8) # ENROLLED LESS THAN 90 DAYS	# ENROLLED 90 DAYS OR MORE	ATTENDANCE RATE	% CHRONICALLY ABSENT	HIGH SCHOOL (GRADES 9-12) # ENROLLED LESS THAN 90 DAYS	# ENROLLED 90 DAYS OR MORE	ATTENDANCE RATE	% CHRONICALLY ABSENT
Barrington	19	760	96%	7%	16	1,109	95%	11%
Bristol Warren	64	647	93%	21%	46	821	92%	25%
Burrillville	18	473	93%	17%	30	641	93%	17%
Central Falls	72	545	94%	17%	133	814	89%	40%
Chariho	17	635	94%	16%	108	1,016	93%	21%
Coventry	32	941	94%	17%	79	1,231	93%	20%
Cranston	143	2,360	94%	20%	224	3,424	92%	27%
Cumberland	51	1,129	94%	14%	101	1,440	92%	23%
East Greenwich	14	600	95%	12%	16	746	95%	10%
East Providence	62	1,115	94%	19%	84	1,715	89%	31%
Exeter-West Greenwich	*	369	94%	14%	24	459	94%	16%
Foster-Glocester	20	399	93%	22%	28	865	92%	24%
Jamestown	*	149	96%	3%	*	*	*	*
Johnston	48	727	92%	27%	65	858	92%	26%
Lincoln	24	777	93%	18%	33	983	92%	24%
Little Compton	*	70	95%	10%	*	*	*	*
Middletown	22	436	93%	21%	27	536	92%	29%
Narragansett	*	199	94%	20%	12	381	94%	19%
New Shoreham	*	27	93%	22%	*	41	93%	20%
Newport	20	359	92%	33%	53	613	87%	42%
North Kingstown	23	825	94%	16%	70	1,299	93%	19%
North Providence	47	800	94%	18%	57	1,135	92%	26%
North Smithfield	*	381	94%	15%	17	544	94%	13%
Pawtucket	233	1,896	91%	30%	277	1,988	85%	48%
Portsmouth	*	470	94%	16%	27	797	94%	15%
Providence	523	4,270	90%	27%	1,093	6,796	85%	36%
Scituate	11	258	94%	16%	15	390	94%	17%
Smithfield	11	504	94%	13%	21	731	92%	24%
South Kingstown	15	551	93%	17%	34	708	93%	19%
Tiverton	16	385	93%	21%	21	444	93%	20%
Warwick	86	1,791	93%	22%	202	2,312	91%	30%
West Warwick	69	727	91%	33%	112	1,078	90%	34%
Westerly	17	489	95%	11%	37	670	93%	21%
Woonsocket	119	1,114	87%	52%	202	1,752	87%	42%
Charter School	*114*	*2,883*	*93%*	*20%*	*260*	*3,152*	*91%*	*27%*
State-Operated Schools	*	*15*	*94%*	*20%*	*166*	*1,883*	*89%*	*33%*
Collaboratives	*11*	*145*	*88%*	*52%*	*19*	*111*	*48%*	*83%*
Five Core Cities	*967*	*8,184*	*90%*	*31%*	*1,758*	*11,963*	*86%*	*40%*
Remainder of State	*869*	*18,994*	*94%*	*18%*	*1,515*	*26,378*	*92%*	*23%*
Rhode Island	*1,963*	*30,221*	*93%*	*22%*	*3,718*	*43,487*	*90%*	*29%*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2024-2025 school year.

Attendance rates are calculated by dividing the state-calculated "average daily attendance" by the "average daily membership."

Chronic absence rates are calculated by dividing the total number of students absent 10% of the days they were enrolled by the total number of students enrolled at least 90 days. A total of 1,963 Rhode Island middle school students and 3,718 high school students were not included in this analysis because they were enrolled for less than 90 days. 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.

Five core cities are Central Falls, Newport, 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 schools include the Achievement First Rhode Island and Blackstone Valley Prep Mayoral Academy Networks, Beacon Charter School, Blackstone Academy, Charette Charter, The Compass School, Excel Academy Rhode Island, The Greene School, Highlander Charter School, The Hope Academy, The Learning Community, Nuestro Mundo Public Charter School, Paul Cuffee Charter School, Providence Preparatory Charter, Rhode Island Nurses Institute Middle College, RISE Prep Mayoral Academy, Segue Institute for Learning, Trinity Academy for the Performing Arts, and Village Green Virtual.

State-operated schools include Wm. M. Davies Jr. Career Technical High School, Metropolitan Regional Career and Technical Center, Rhode Island School for the Deaf, and Sheila "Skip" Nowell Leadership Academy.

Collaboratives include Urban Collaborative and YouthBuild Preparatory Academy.

NA indicates that the school district does not serve students at that grade level.

(continued with references on page 190)

Suspensions

DEFINITION

Suspensions s 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 remains widely used nationally and in Rhode Island.[1]

Suspension usually does not deter students from misbehaving and may instead reinforce negative behavior patterns. Suspended students are more likely to experience academic failure, youth justice involvement, disengagement from school, isolation from teachers and peers, and school dropout. Being suspended even once in ninth grade is associated with a twofold increase in the likelihood of dropping out.[1,3]

In Rhode Island and nationally, Black, Hispanic, Multiracial, and Native American students are more likely to be suspended than their white peers although there is no evidence that these students have more serious patterns of rule breaking.[4] In urban districts, 40% of Black boys and 15% of Black girls receive a suspension or expulsion by age nine.[5]

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 us of suspensions.[6] In 2025, Presidential Executive Orders were issued that promote stricter school discipline and ban racial impact analyses.[7]

Of all disciplinary actions during the 2024-2025 school year, 15% (1,172) involved elementary school students (Pre-K-5th grade), 42% (3,186) middle school students (6th-8th grades), and 44% (3,290) high school students (9th-12th grades). Kindergartners received 138 disciplinary actions, including 123 out-of-school suspensions.[8] Suspensions in early childhood are often related to typical developmental behaviors and difficulties with self-regulating emotions.[5]

Out-of-School Suspensions by Infraction, Rhode Island, 2024-2025

TYPE OF INFRACTION*	#	%	TYPE OF INFRACTION	#	%
Fighting	1,802	24%	Obscene/Abusive Language	276	4%
Disorderly Conduct	1,398	18%	Arson/Larceny/Robbery/Vandalism	201	3%
Assault of Student or Teacher	1,274	17%	Weapon Possession	173	2%
Insubordination/Disrespect	953	12%	Electronic Devices/Technology	100	1%
Alcohol/Drug/Tobacco Offenses	854	11%	Other Offenses	55	1%
Harassment/Intimidation/Threat	562	7%	Attendance Offenses	0	0%

Source: Rhode Island Department of Education, 2024-2025 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.[9] During the 2024-2025 school year, the number of out-of-school suspensions (7,648) was 23% lower than in the 2018-2019 school year (9,981). However, more than half (4,018 or 53%) of out-of-school suspensions were for non-violent offenses.[8,10]**

Disparities in School Discipline by Special Education Status and Race/Ethnicity, Rhode Island, 2024-2025

	% OF STUDENTS ENROLLED	% OF SUSPENSIONS
Students Receiving Special Education Services	20%	36%
American Indian or Alaska Native	1%	1%
Asian/Pacific Islander Students+	3%	1%
Black Students	9%	14%
Hispanic Students	32%	34%
Multiracial Students	5%	7%
White Students	49%	42%

Source: Rhode Island Department of Education, 2024-2025 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 2024-2025 school year, Rhode Island students receiving special education services represented 20% of the student population but represented 36% of suspensions. Historically, Students of Color are more likely to be suspended than their white peers.[8]**

Table 51. **Disciplinary Actions, Rhode Island School Districts, 2024-2025 School Year**

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	3,258	16	*	0	24	1
Bristol Warren	2,655	220	72	3	292	11
Burrillville	1,963	87	103	5	190	10
Central Falls	2,534	*	92	4	96	4
Chariho	2,892	117	33	1	150	5
Coventry	3,988	728	133	3	861	22
Cranston	9,922	1,610	390	4	2,000	20
Cumberland	4,819	615	149	3	764	16
East Greenwich	2,462	25	16	1	41	2
East Providence	5,020	53	447	9	500	10
Exeter-West Greenwich	1,524	14	24	2	38	2
Foster	234	*	13	6	16	7
Foster-Glocester	1,268	105	21	2	126	10
Glocester	560	*	*	0	3	1
Jamestown	395	0	0	0	0	0
Johnston	3,094	70	177	6	247	8
Lincoln	3,220	0	151	5	151	5
Little Compton	213	13	13	6	26	12
Middletown	1,826	30	56	3	86	5
Narragansett	985	25	*	1	33	3
New Shoreham	120	0	*	2	2	2
Newport	1,765	0	271	15	271	15
North Kingstown	3,738	199	121	3	320	9
North Providence	3,466	534	168	5	702	20
North Smithfield	1,614	13	70	4	83	5
Pawtucket	7,642	44	787	10	831	11
Portsmouth	2,128	81	66	3	147	7
Providence	20,236	34	1,297	6	1,331	7
Scituate	1,185	*	46	4	49	4
Smithfield	2,359	17	56	2	73	3
South Kingstown	2,239	204	39	2	243	11
Tiverton	1,510	173	80	5	253	17
Warwick	7,803	497	666	9	1,163	15
West Warwick	3,405	437	380	11	817	24
Westerly	2,097	50	127	6	177	8
Woonsocket	5,492	1,508	718	13	2,226	41
Charter Schools	*12,629*	*461*	*730*	*6*	*1,191*	*9*
State-Operated Schools	*1,957*	*	*91*	*5*	*93*	*5*
Collaboratives	*247*	*0*	*26*	*11*	*26*	*11*
Five Core Cities	*37,668*	*1,590*	*3,165*	*8*	*4,755*	*13*
Remainder of State	*81,963*	*5,941*	*3,636*	*4*	*9,577*	*12*
Rhode Island	*134,465*	*7,994*	*7,648*	*6*	*15,642*	*12*

Source of Data for Table/Methodology

Rhode Island Department of Education, 2024-2025 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 five core cities, remainder of the state, and state total.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

Charter schools include the Achievement First Rhode Island and Blackstone Valley Prep Mayoral Academy Networks, Beacon Charter School, Blackstone Academy, Charette Charter, The Compass School, Excel Academy Rhode Island, The Greene School, Highlander Charter School, The Hope Academy, Kingston Hill Academy, The Learning Community, Nuestro Mundo Public Charter School, Paul Cuffee Charter School, Providence Preparatory Charter, Rhode Island Nurses Institute Middle College, RISE Prep Mayoral Academy, Segue Institute for Learning, SouthSide Charter School, Trinity Academy for the Performing Arts, and Village Green Virtual.

(continued with references 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.[1] In Rhode Island, adults without high school diplomas are more likely to be unemployed and have lower incomes than adults with high school degrees.[2,3] In 2024, 9% of Rhode Island children lived in households headed by a non-high school graduate, lower than the national average of 11%.[4]

Student, family, and school level factors impact students' likelihood of graduating high school. A child's gender identity, sexual orientation, race, ethnicity, and disability and multilingual learner status impact graduation and dropout rates. Fewer males, LGBTQ+ students, Black and Latino students, Multilingual Learners, and students receiving special education services graduate from high school than their counterparts.[1,5,6] Family factors including income and parental involvement can also impact graduation rates. Fewer low-income students and more students with involved parents graduate high school.[1,7]

Individual and family factors lead to inequitable opportunities in school.[6] Children who have access to and attend high-quality preschool programs and those who can read proficiently by third grade are more likely to graduate high school.[8,9] Children with behavior issues, who have poor attendance, and who fail core courses are much less likely to graduate from high school.[5] Supporting students' transition to ninth grade, adopting systems to identify struggling students (e.g., multi-tiered systems of support; early warning systems), increasing engagement through student-centered learning, and providing postsecondary and workforce experience opportunities can improve high school graduation rates.[10,11]

To graduate, Rhode Island students must demonstrate proficiency in English language arts, math, science, social studies, the arts, and technology, complete at least 20 courses, and complete one performance-based assessment.[12] Students can also earn Council designations including a Seal of Biliteracy, Commissioner's Seal, and Pathway Endorsements.[13] Starting with the Class of 2024, students must be financially literate and beginning with the Class of 2028 students must demonstrate proficiency in world languages, lab sciences, college preparation coursework, civics, and computer science.[12]

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2025

	COHORT SIZE	DROPOUT RATE	% COMPLETED GED	% OF STUDENTS STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Female Students	5,421	6%	1%	5%	88%
Male Students	5,924	9%	1%	7%	83%
Multilingual Learners	1,744	17%	0%	11%	72%
Students Receiving Special Education Services	1,817	11%	2%	19%	68%
Students Not Receiving Special Education Services	9,540	7%	1%	4%	89%
Low-Income Students	7,041	10%	1%	8%	81%
Higher-Income Students	4,316	4%	1%	2%	93%
Students in Foster Care	198	20%	3%	28%	49%
Students Experiencing Homelessness	294	17%	2%	14%	66%
American Indian or Alaska Native Students	84	15%	1%	7%	76%
Asian Students	333	2%	<1%	5%	92%
Black Students	1,106	7%	1%	9%	84%
Hispanic Students	3,603	11%	1%	9%	80%
White Students	5,642	5%	1%	4%	89%
ALL STUDENTS	*11,357*	*7%*	*1%*	*6%*	*86%*

Source: Rhode Island Department of Education, Class of 2025. 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 2025 was 86%, three percentage points higher than the Class of 2015. The lowest graduation rates were among students in foster care, students experiencing homelessness, students receiving special education services, Multilingual Learners, low-income students, American Indian or Alaska Native, Black, and Hispanic students.[14,15]**

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 11,014 Rhode Island students who enrolled in ninth grade in the Fall of 2019, (85%) graduated in four years in 2023, 221 (2%) graduated in five years in 2024, and 28 (<1%) graduated in six years in 2025. Of the 221 students who graduated in five years in 2024, 87 (39%) were students receiving special education services and 52 (23%) were Multilingual Learners.[16]**

Table 52.

High School Graduation Rates, Rhode Island, Class of 2025

SCHOOL DISTRICT	FOUR-YEAR COHORT RATES				
	# OF STUDENTS IN COHORT	DROPOUT RATE	% COMPLETED GED	% STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Barrington	309	<1%	1%	3%	96%
Bristol Warren	207	7%	0%	5%	88%
Burrillville	150	2%	1%	1%	95%
Central Falls	264	27%	2%	8%	63%
Chariho	250	2%	2%	2%	95%
Coventry	320	3%	3%	5%	89%
Cranston	915	6%	1%	6%	88%
Cumberland	389	6%	2%	5%	87%
East Greenwich	180	2%	1%	2%	95%
East Providence	419	8%	<1%	5%	86%
Exeter-West Greenwich	96	2%	2%	0%	96%
Foster-Glocester	244	3%	1%	1%	95%
Johnston	188	2%	2%	3%	93%
Lincoln	254	7%	2%	3%	88%
Middletown	148	5%	1%	4%	90%
Narragansett	106	1%	0%	3%	96%
New Shoreham	10	0%	0%	10%	90%
Newport	179	22%	2%	3%	74%
North Kingstown	344	1%	3%	5%	91%
North Providence	284	4%	2%	5%	89%
North Smithfield	143	8%	2%	1%	89%
Pawtucket	571	14%	<1%	11%	74%
Portsmouth	185	2%	1%	1%	97%
Providence	1,875	11%	1%	11%	77%
Scituate	103	4%	0%	1%	95%
Smithfield	212	4%	<1%	3%	92%
South Kingstown	175	6%	0%	1%	94%
Tiverton	146	7%	1%	4%	88%
Warwick	584	6%	1%	4%	89%
West Warwick	277	8%	2%	8%	83%
Westerly	167	7%	2%	4%	87%
Woonsocket	416	11%	1%	9%	80%
Achievement First Rhode Island	*70*	*3%*	*0%*	*4%*	*93%*
Beacon Charter School	*46*	*11%*	*2%*	*4%*	*83%*
Blackstone Academy	*81*	*0%*	*1%*	*5%*	*94%*
Blackstone Valley Prep Mayoral Academy	*107*	*12%*	*0%*	*4%*	*84%*
Charette Charter School	*40*	*0%*	*0%*	*3%*	*98%*
Paul Cuffee Charter School	*65*	*0%*	*2%*	*8%*	*91%*
William M. Davies Jr. Career and Technical School	*221*	*4%*	*0%*	*5%*	*91%*
The Greene School	*44*	*9%*	*2%*	*0%*	*89%*
Highlander Charter School	*46*	*2%*	*2%*	*15%*	*80%*
Metropolitan Regional Career and Technical Center	*230*	*1%*	*1%*	*1%*	*97%*
Sheila C. "Skip" Nowell Leadership Academy	*61*	*20%*	*0%*	*39%*	*41%*
RI Nurses Institute Middle College	*114*	*9%*	*1%*	*12%*	*78%*
Trinity Academy for the Performing Arts	*26*	*0%*	*0%*	*0%*	*100%*
Village Green Virtual Public Charter School	*56*	*0%*	*2%*	*4%*	*95%*
YouthBuild Preparatory Academy	*32*	*19%*	*0%*	*53%*	*28%*
Five Core Cities	*3,305*	*13%*	*1%*	*10%*	*76%*
Remainder of State	*6,805*	*5%*	*1%*	*4%*	*90%*
Rhode Island	*11,357*	*7%*	*1%*	*6%*	*86%*

Source of Data for Table/Methodology

Rhode Island Department of Education, Class of 2025.

The 2025 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 the 2021-2022 school year, 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.

Five core cities are Central Falls, Newport, 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.

Rhode Island School for the Deaf and DCYF are not reported because there are fewer than 10 students in this cohort. These students are included in the state total.

References

[1] U.S. Department of Health and Human Services. (n.d.). *Healthy people 2030: High school graduation.* https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/high-school-graduation

[2] U.S. Census Bureau, American Community Survey. (2020-2024). *Table S2301.*

[3] U.S. Census Bureau, American Community Survey. (2020-2024). *Table S2001.*

[4] The Annie E. Casey Foundation. (n.d.). *Children by household head's educational attainment in Rhode Island.* KIDS COUNT Data Center. https://datacenter.aecf.org/data/tables/10916-child-population-by-household-type#detailed/1/any/false/1096,2545,1095,2048,1729/4290,7800,4291,4292/21213,21214

(continued on page 190)

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 2023 and 2033, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring less education.[1] Between 2020 and 2024 in Rhode Island, adults with high school diplomas were nearly three times 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 $44,395, compared to $70,290 for adults with bachelor's degrees.[2,3]

Barriers to college enrollment and success include insufficient academic preparation, difficulty navigating the application and financial aid processes, and the high cost of college. States can help address these barriers 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 to students with the greatest needs.[4]

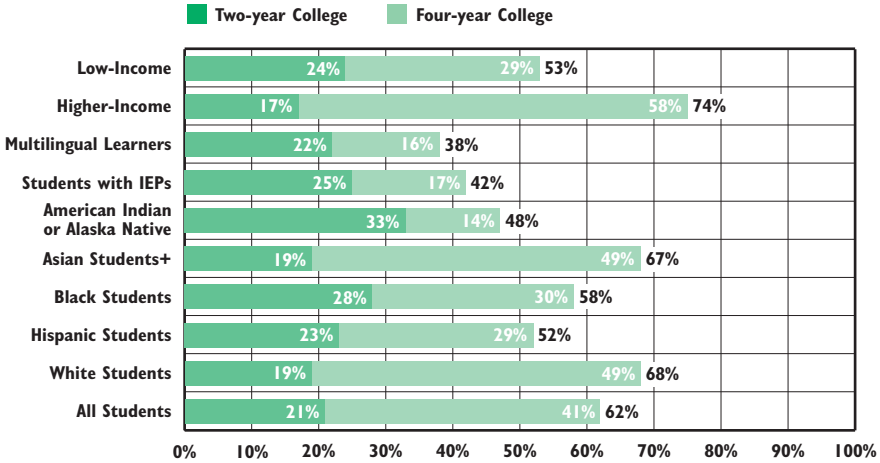
In 2022, Rhode Island's Council on Elementary and Secondary Education approved new *Secondary School Regulations* for the class of 2028, establishing college and career-ready coursework as the expectation for all students.[5] Students who participate in AP courses are more likely to attend and succeed in college.[6] In Rhode Island, more than one-third (39%) of the Class of 2025 took an AP exam. Over the past 10 years, Rhode Island has had one of the largest increases in the percentage of graduates taking an AP exam during high school in the country.[7]

Rhode Island covers the cost for all public high school students to take the SAT during the school day in 11th grade as a key strategy to increase college access.[8] In 2025, 96% of 11th graders completed the SAT.[9]

Seniors who have completed a FAFSA by May and been accepted to a four-year college are 50% more likely to enroll than those who have not completed a FAFSA.[10] In Rhode Island during the 2024-2025 cycle, 61% of high school seniors completed the FAFSA.[11]

Rhode Island's *Every Student Succeeds Act* 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, successful completion of AP tests, or Seal of Biliteracy and the Pathway Endorsement.[12]

Immediate College Enrollment by Family Income, Race, Ethnicity, and Type of College, Class of 2025, Rhode Island



Source: Rhode Island Department of Education, Class of 2025. 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.

◆ **Large gaps in college access are pervasive in Rhode Island, particularly for four-year college enrollment, between low- and higher-income students as well as by language status and disability.[13] In 2023, the Rhode Island General Assembly enacted the *Rhode Island Hope Scholarship Pilot Program Act*, which provides a two-year scholarship covering tuition and fees to eligible juniors and seniors who attended Rhode Island College during their freshman and sophomore years.[14]**

◆ **School counselors have an important role to play in setting students on a path to postsecondary success. In particular, Black students and low-income students often rely on their school counselor for navigating the college application process.[15] Rhode Island has 361 students for every school counselor, far above the recommended ratio of 250 to one.[16]**

◆ **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.[17]**

Table 53.

College Preparation and Access, Rhode Island

SCHOOL DISTRICT	TOTAL GRADE 12 ENROLLMENT OCT. 2024	% OF GRADES 9-12 STUDENTS PLANNING TO ATTEND COLLEGE, 2025	% OF STUDENTS WHO FILLED OUT THE FAFSA, 2025	% OF GRADE 11 STUDENTS TAKING THE SAT DURING THE SCHOOL DAY, 2025	% OF SAT TAKERS PROFICIENT IN ELA, 2025	% OF SAT TAKERS PROFICIENT IN MATH, 2025
Barrington	319	92%	70%	98%	86%	70%
Bristol Warren	207	78%	65%	98%	83%	39%
Burrillville	162	68%	55%	99%	57%	25%
Central Falls	212	60%	39%	94%	14%	<5%
Chariho	238	72%	67%	99%	70%	43%
Coventry	319	72%	60%	95%	56%	20%
Cranston	969	79%	62%	98%	51%	16%
Cumberland	376	79%	66%	97%	70%	34%
East Greenwich	185	92%	67%	99%	87%	70%
East Providence	388	73%	59%	97%	50%	13%
Exeter-West Greenwich	105	74%	59%	99%	75%	28%
Foster-Glocester	245	77%	65%	98%	70%	35%
Johnston	216	74%	52%	96%	41%	10%
Lincoln	256	88%	61%	97%	74%	49%
Middletown	153	80%	60%	94%	67%	30%
Narragansett	108	84%	61%	100%	83%	52%
Newport	167	62%	49%	97%	45%	10%
North Kingstown	351	86%	74%	94%	76%	50%
North Providence	287	77%	73%	98%	50%	30%
North Smithfield	149	79%	61%	100%	79%	47%
Pawtucket	607	64%	40%	91%	26%	6%
Portsmouth	193	85%	69%	98%	77%	44%
Providence	1,780	64%	52%	93%	30%	14%
Scituate	106	82%	63%	100%	70%	29%
Smithfield	215	85%	72%	97%	67%	27%
South Kingstown	190	84%	72%	97%	79%	43%
Tiverton	142	70%	65%	100%	56%	21%
Warwick	592	70%	57%	95%	52%	15%
West Warwick	306	72%	53%	98%	50%	17%
Westerly	162	78%	69%	98%	66%	42%
Woonsocket	485	68%	48%	93%	33%	10%
Achievement First Rhode Island	*68*	*76%*	*90%*	*94%*	*49%*	*15%*
Beacon Charter High School	*45*	*72%*	*60%*	*100%*	*68%*	*24%*
Blackstone Academy	*92*	*75%*	*67%*	*99%*	*36%*	*9%*
Blackstone Valley Prep Mayoral Academy	*99*	*NA*	*90%*	*100%*	*53%*	*32%*
Charette Charter	*43*	*71%*	*86%*	*100%*	*25%*	*<5%*
Paul Cuffee Charter School	*58*	*82%*	*86%*	*97%*	*40%*	*15%*
William M. Davies Jr. Career & Technical Center	*213*	*69%*	*68%*	*100%*	*59%*	*19%*
The Greene School	*39*	*75%*	*75%*	*92%*	*64%*	*21%*
Highlander Charter School	*50*	*74%*	*43%*	*97%*	*34%*	*5%*
Metropolitan Regional Career and Technical Center	*225*	*76%*	*79%*	*99%*	*38%*	*<5%*
RI Nurses Institute Middle College	*101*	*88%*	*93%*	*97%*	*27%*	*5%*
Segue Institute for Learning	*NA*	*67%*	*NA*	*NA*	*NA*	*NA*
Sheila C. "Skip" Nowell Leadership Academy	*53*	*61%*	*50%*	*<5%*	*<5%*	*<5%*
Trinity Academy for the Performing Arts	*28*	*80%*	*86%*	*100%*	*41%*	*12%*
Village Green Virtual Public Charter School	*54*	*69%*	*95%*	*96%*	*21%*	*<5%*
YouthBuild	*17*	*60%*	*<5%*	*42%*	*9%*	*<5%*
Five Core Cities	*3,251*	*64%*	*48%*	*93%*	*29%*	*10%*
Remainder of State	*6,939*	*78%*	*63%*	*97%*	*63%*	*30%*
Rhode Island	*11,396*	*74%*	*61%*	*96%*	*52%*	*23%*

Source of Data for Table/Methodology

Total 12th grade enrollment is from the Rhode Island Department of Education as of October 1, 2024.

% of 9th through 12th grade students planning to attend college is from the 2024-2025 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. The data are from the Rhode Island Department of Education. It cannot be compared to previous Factbooks that reported only the percentage of 12th grade students.

% of 12th graders completing the FAFSA is from the Rhode Island Department of Education.

% of SAT takers proficient in ELA and math and % of 11th graders taking the SAT is from the Rhode Island Department of Education.

NA indicates that data are not available either because data were not collected or reported or because the number of students was too small to report. These students are included in the remainder of the state and state totals as appropriate. RISE Prep and the Segue Institute are not included in these data because they have not had a graduating cohort yet.

New Shoreham and the Rhode Island School for the Deaf are not reported because there are fewer than 10 students in these cohorts.

Little Compton students attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

YouthBuild is the YouthBuild Preparatory Academy.

References

[1] U.S. Bureau of Labor Statistics. (2024). *Employment, wages, and projected change in employment by typical entry-level education.* https://www.bls.gov/emp/tables/education-summary.htm

[2] U.S. Census Bureau, American Community Survey. (2020-2024). *Table S2301.*

(continued on page 190)

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

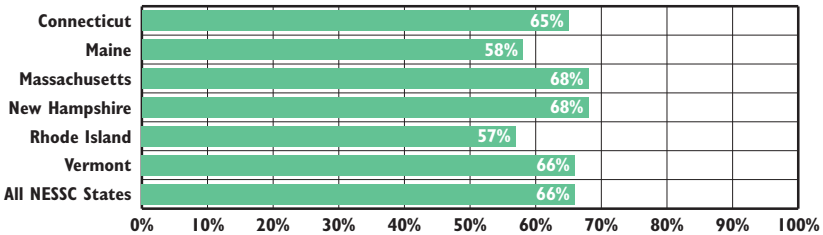
Between 2023 and 2033, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring less education, yet only 39% of Rhode Island adults ages 25 and 64 have a bachelor's degree or higher.[2,3] Between 2020 and 2024 in Rhode Island, 7.8% of adults with a high school diploma were unemployed, compared to 2.1% with a bachelor's degree or higher.[4] Students who complete college are more likely to be employed and have higher incomes. Between 2020 and 2024 in Rhode Island, the median annual income for adults with a high school diploma was $44,395, compared to $70,290 for adults with a bachelor's degree.[5]

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. In the U.S., nearly two-thirds of low-income students attend community colleges or 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.[6,7]

There are also barriers to attainment for Students of Color impacting college completion outcomes.[8–10] 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.[11–13]

A 2022 national study found that 55% of students considered temporarily withdrawing from a program due to mental and emotional factors, more than any other factor, including the cost of tuition (36%). Improving college completion will require better aligning the K-12 education system with college demands, making college affordable, and providing both mental health and academic supports.[10,14,15]

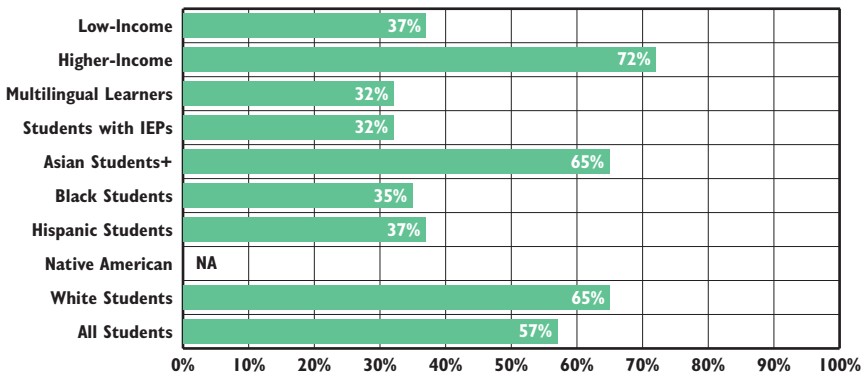
College Completion, New England Secondary School Consortium States (NESSC), 2017 Cohort



Source: New England Secondary School Consortium. (n.d.). *Common data project, annual report, 2024.* https://www.greatschoolspartnership.org/data-report/

◆ **Fifty-seven percent of Rhode Island public high school graduates who enrolled in a two- or four-year college in 2017 earned a college diploma within six years.[15]**

Six-Year College Completion by Student Subgroup, Rhode Island, 2017 Cohort



Source: New England Secondary School Consortium. (n.d.). *Common Data Project, Annual Report, 2024.* https://www.greatschoolspartnership.org/data-report/ +Data for Asian students is not disaggregated by ethnic group. National research shows large academic disparities across Asian ethnic groups.

◆ **In Rhode Island, there are large gaps in college completion between low-income and higher-income students, with 37% of low-income students completing college within six years, compared to 72% of higher-income students. There are also large disparities by race and ethnicity, language status, and disability.[15]**

Table 54.

College Enrollment and Completion, Rhode Island

SCHOOL DISTRICT	# OF STUDENTS WHO GRADUATED FROM HIGH SCHOOL IN 2025	# OF 2025 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	% OF 2025 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	# OF STUDENTS WHO ENROLLED IN COLLEGE IN 2024	# OF 2024 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)	% OF 2024 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)
Barrington	297	219	74%	264	248	94%
Bristol Warren	179	115	64%	160	136	85%
Burrillville	143	79	55%	100	80	80%
Central Falls	161	65	40%	94	65	69%
Chariho	237	151	64%	197	163	83%
Coventry	283	199	70%	219	178	81%
Cranston	801	532	66%	670	547	82%
Cumberland	340	258	76%	295	260	88%
East Greenwich	171	135	79%	170	162	95%
East Providence	356	216	61%	226	168	74%
Exeter-West Greenwich	92	57	62%	81	69	85%
Foster-Glocester	232	163	70%	170	146	86%
Johnston	175	96	55%	124	98	79%
Lincoln	223	158	71%	192	164	85%
Middletown	133	98	74%	104	87	84%
Narragansett	102	69	68%	90	72	80%
New Shoreham	*	*	*	*	*	*
Newport	127	66	52%	95	78	82%
North Kingstown	311	254	82%	280	250	89%
North Providence	252	178	71%	209	162	78%
North Smithfield	127	91	72%	84	68	81%
Pawtucket	422	189	45%	247	169	68%
Portsmouth	179	128	72%	175	149	85%
Providence	1,388	652	47%	947	658	69%
Scituate	98	65	66%	85	73	86%
Smithfield	196	137	70%	168	145	86%
South Kingstown	164	119	73%	188	156	83%
Tiverton	128	82	64%	89	75	84%
Warwick	517	363	70%	422	341	81%
West Warwick	227	131	58%	140	109	78%
Westerly	144	91	63%	122	110	90%
Woonsocket	330	133	40%	169	105	62%
Beacon Charter High School	*38*	*17*	*45%*	*32*	*22*	*69%*
Blackstone Academy	*76*	*56*	*74%*	*66*	*49*	*74%*
Blackstone Valley Prep Mayoral Academy	*88*	*73*	*83%*	*60*	*48*	*80%*
Charette Charter School	*39*	*18*	*46%*	*21*	*11*	*52%*
Paul Cuffee Charter School	*59*	*45*	*76%*	*44*	*29*	*66%*
William M. Davies Jr. Career & Technical High School	*202*	*119*	*59%*	*145*	*111*	*77%*
The Greene School	*37*	*24*	*65%*	*27*	*22*	*81%*
Highlander Charter School	*36*	*NR*	*NR*	*47*	*33*	*70%*
Metropolitan Regional Career and Technical Center	*223*	*142*	*64%*	*159*	*98*	*62%*
RI Nurses Institute Middle College	*89*	*65*	*73%*	*35*	*28*	*80%*
Sheila C. "Skip" Nowell Leadership Academy	*	*	*18%*	*16*	*	*
Trinity Academy for the Performing Arts	*26*	*19*	*73%*	*19*	*	*
Village Green Virtual Public Charter School	*52*	*26*	*50%*	*24*	*16*	*67%*
YouthBuild Preparatory Academy	*	*	*	*	*	*
Five Core Cities	*2,428*	*1,105*	*46%*	*1,552*	*1,075*	*69%*
Remainder of State	*6,116*	*4,187*	*68%*	*5,031*	*4,223*	*84%*
Rhode Island	*9,537*	*5,900*	*62%*	*7,289*	*5,784*	*79%*

Source of Data for Table/Methodology

of students who graduated from high school in 2025, of 2025 high school graduates who enrolled in college within six months, # of students who enrolled in college in 2025, and # of 2024 college enrollees who persisted (were enrolled for a third semester) are all from Rhode Island Department of Education. The # of 2024 college enrollees who persisted may include students enrolled directly after high school or afterwards. Percentages may not sum exactly due to rounding

Five core cities are Central Falls, Newport, 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.

The following districts/schools had fewer than 10 students in the cohort and are not reported separately but are included in Rhode Island totals: DCYF, Jamestown, Little Compton, Rhode Island School for the Deaf.

* Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These numbers are still counted in Rhode Island totals.

NR Data not reported due to data quality issues

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(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 barrier to success.[1–3]

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.[1,4] There is both an individual and societal 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 $1.6 trillion over their lifetimes.[4,5]

Between 2020 and 2024, an estimated 2,416 (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, 70% were male and 30% were female. Sixty-nine percent of these youth were high school graduates, and 31% had not graduated from high school.[6]

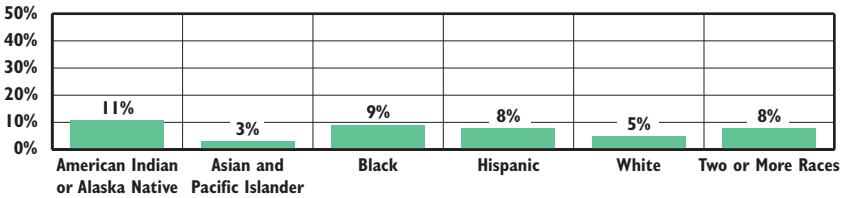
Teens Not in School and Not Working

	2024
RI	5%
US	7%
National Rank*	*6th*
New England Rank**	*3rd*

**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, 2024



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.[7] In 2024, 11% of American Indian or Alaska Native youth, 9% of Black youth, and 8% of Hispanic or Latino youth were not in school and not working, compared to 5% of white youth and 3% of Asian and Pacific Islander youth.[8]**

◆ **Rhode Island has an low overall youth disconnection rate (5%). The 2024 data on the youth disconnection rate by race and ethnicity is not available.[8]**

◆ **From 2012 to 2022, the national youth disconnection rate (i.e., percentage of youth ages 16 to 24 who were not working and not in school) fell by 22.6%. Rhode Island saw one of the largest declines during this period, with the state's youth disconnection rate falling from 10.8% to 7.3%.[9]**

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 high school diploma or equivalent. 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.[10]**

◆ **As of 2025, one state has compulsory attendance to age 19, 24 states (including Rhode Island) have compulsory attendance to age 18, nine states to age 17, and 16 states to age 16.[11]**

Connecting Youth to School and Work

◆ **Education has a positive impact on the likelihood of finding and maintaining employment. Between 2020 and 2024, the unemployment rate for Rhode Island adults ages 25 to 64 with a bachelor's degree or higher was 2.8%, compared with 7.2% for high school graduates and 9.3% for those with less than a high school diploma.[12]**

◆ **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.[3,4,13]**

◆ **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.[14]**

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.[4] Workforce development programs that outline career pathways that prepare youth for the job market beyond immediate lower wage positions not only improve their sense of self security, self-sufficiency, and belonging, but also contribute to the growth of our economy.[15]**

◆ **Summer work programs may increase college aspirations and preparation for future employment and help reduce youth violence and crime.[16]**

◆ **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 allow youth to receive school credit and/or earn money while gaining important workplace experience. In Rhode Island, the Governor's Workforce Board promotes work-based learning opportunities including internships, service-learning programs, school-based enterprise opportunities, industry projects, and apprenticeships.[17]**

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Methodology

References

Committees

Acknowledgements

Methodology

The *2026 Rhode Island KIDS COUNT Factbook* examines 67 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 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 five core cities, and the remainder of the state (non-core city communities).
- ***Five Core Cities:*** The core cities are the five Rhode Island communities with the highest concentrations of children living below the poverty threshold according to the 2020-2024 American Community Survey conducted by the U.S. Census Bureau. As of 2026, the core cities are Central Falls, Newport, Pawtucket, Providence, 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.

The core cities' definition has changed several times throughout the publication's history:

1. Starting in 1998, with the very first *Factbook*, the five core cities were Central Falls, Newport, Pawtucket, Providence, and Woonsocket, which were identified based on the child poverty rates reported in Census 1990.
2. From 2003 to 2011, the six core cities were Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket, which were identified based on the child poverty rates reported in Census 2000.
3. From 2012 to 2025, the four core cities were Central Falls, Pawtucket, Providence, and Woonsocket, which were identified based on the child poverty rates reported in the American Community Survey conducted by the U.S. Census Bureau.
4. Starting in 2026, the five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket, which were identified based on the child poverty rates reported in the most recent American Community Surveys conducted by the U.S. Census Bureau. Newport was added to the core city list because its child poverty rate was the same or higher than Pawtucket's for the past few years, showing a change in where child poverty is 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 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 2020 and 2024. 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 that 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 2020, the Current Population Survey, Population Estimates, and the American Community Survey. In all city/town tables that require population statistics, data is from the most recent decennial Census (Census 2020), unless otherwise stated. Throughout the text portions of each indicator, all these sources are used, and the relevant citations provide clarification on which source the data come from.

Whenever possible, Census data are updated using the data from the decennial Census; however, Census 2010 and Census 2020 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.

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, Median Family Income, Rhode Island, 2020-2024

CITY/TOWN	2020-2024 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18	MARGIN OF ERROR
Barrington	$178,770	$18,094
Bristol	$141,079	$34,315
Burrillville	$118,542	$18,370
Central Falls	$35,063	$13,216
Charlestown	$121,546	$17,759
Coventry	$126,759	$10,392
Cranston	$114,493	$10,468
Cumberland	$160,066	$16,461
East Greenwich	250,000+	***
East Providence	$109,130	$20,725
Exeter	$109,886	$37,817
Foster	$161,733	$31,208
Glocester	$142,019	$35,430
Hopkinton	$145,938	$44,939
Jamestown	250,000+	***
Johnston	$94,033	$20,486
Lincoln	$137,604	$24,619
Little Compton	$159,875	$42,002
Middletown	$111,250	$22,643
Narragansett	$115,795	$70,753
New Shoreham	-	**
Newport	$51,216	$30,120
North Kingstown	$168,077	$21,332
North Providence	$102,481	$17,305
North Smithfield	$118,981	$46,298
Pawtucket	$77,799	$10,433
Portsmouth	$192,926	$65,247
Providence	$69,167	$5,596
Richmond	$147,000	$21,709
Scituate	$150,441	$39,430
Smithfield	$162,315	$27,113
South Kingstown	$145,160	$25,792
Tiverton	$143,780	$25,697
Warren	$130,208	$8,269
Warwick	$108,219	$6,061
West Greenwich	$176,471	$35,382
West Warwick	$84,222	$17,619
Westerly	$138,950	$30,867
Woonsocket	$56,692	$9,890
Five Core Cities	*NA*	*NA*
Remainder of State	*NA*	*NA*
Rhode Island	*$105,770*	*$3,184*

Margins of Error, Children Living Below the Federal Poverty Threshold, Rhode Island, 2020-2024

CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2020-2024			
#	MARGIN OF ERROR	%	MARGIN OF ERROR
158	138	3.5%	3.02%
161	132	5.8%	4.68%
261	265	8.5%	8.45%
1,977	652	33.3%	9.90%
0	63	0.0%	6.01%
448	223	6.9%	3.36%
1,657	408	10.3%	2.44%
299	169	3.5%	1.95%
99	102	2.8%	2.88%
917	314	12.9%	4.18%
187	122	13.4%	8.27%
38	75	4.5%	8.83%
0	69	0.0%	3.45%
37	71	2.7%	5.11%
0	63	0.0%	8.02%
485	362	9.3%	6.84%
350	255	7.2%	5.15%
10	46	2.1%	9.52%
261	196	8.2%	6.01%
58	67	3.8%	4.18%
1	43	5.9%	250.08%
1,053	312	31.7%	8.38%
386	172	7.8%	3.40%
391	275	6.5%	4.53%
90	155	3.7%	6.37%
2,882	651	17.3%	3.72%
232	204	7.0%	6.09%
10,515	1,521	28.0%	3.81%
0	63	0.0%	3.62%
25	68	1.6%	4.42%
82	127	2.2%	3.41%
445	196	10.0%	4.26%
41	82	1.7%	3.45%
38	75	2.5%	4.94%
1,010	351	7.0%	2.40%
0	63	0.0%	4.86%
455	224	9.4%	4.45%
87	78	2.6%	2.32%
2,828	578	28.3%	5.28%
19,255	*1,152*	*26.2%*	*1.47%*
8,709	*659*	*6.7%*	*0.49%*
27,964	*2,063*	*13.7%*	*1.00%*

For source information see page 25.

Methodology

Margins of Error for Median Family Income and Children in Poverty

The 2020-2024 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.

The state's Homeless Management Information System (HMIS) does not include data on children and families who receive shelter or transitional housing through domestic violence shelters due to privacy and safety concerns. For this reason, the number of children who stayed at domestic violence shelters or transitional housing programs for domestic violence victims is reported separately. It is possible that some children are counted in both the HMIS system and the domestic violence data.

Methodology for Maternal Health

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 (SMM). Severe maternal morbidity is defined as unintended outcomes of labor and delivery that result in significant consequences to a woman's health. Data on SMM comes from the Rhode Island Department of Health. Data in the 2026 Factbook reflects an updated SMM definition and includes changes to eight indicators of SMM, including intravascular coagulation, heart failure/arrest during procedure, puerperal cerebrovascular disorders, acute heart failure, sepsis, sickle cell, air end thrombotic embolism, and hysterectomy. Due to this updated definition, data is not comparable to that reported in previous Factbooks.

Methodology for Children Affected by Lead Exposure

In 2012, the Centers for Disease Control and Prevention (CDC) lowered the threshold for which a child is considered to have an elevated blood lead level from ≤10 µg/dL to ≤5 µg/dL, and then more recently in 2021 the CDC lowered this threshold again from ≤5 µg/dL to ≤3.5 µg/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 has planned to 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 one lead test before the child is 15 months old and a second lead test at least 12 months after the first test, but before the child is 36 months of age. Children should then be screened annually through six years of age.

The guidelines indicate that if either of the blood lead tests done at ages one and two is ≥3.5 µg/dL, follow up and annual screening should continue until the age of six. For those children whose blood lead tests are ≤3.5 µg/dL, the pediatrician can use the Risk Assessment Questionnaire instead of a blood lead test until the age of six, which means that not all children receive an annual blood test after age two. For those children under age six who have not been screened at least twice prior to 36 months of age, it is recommended that a blood lead test be ordered. If the blood lead level is 3.5 µg/dL, the child should be screened annually.

Confirmed lead data at ≥3.5 µg/dL are based on venous tests and confirmed capillary tests only. The highest result (venous or capillary) is used. Complete confirmed lead exposure trend data at the ≥5 µg/dL reference level are only available since 2012, when state blood lead screening protocols were updated to reflect the new lower CDC threshold. Prior to 2012, confirmed lead data at the ≥5 µg/dL reference value are available, but is incomplete and is limited to only those children who had a venous test. Children who had an initial capillary test and screened positive for lead between 5 µg/dL and 10 µg/dL were not required to have a confirmation test prior to 2012 as their blood lead level did not exceed the old reference value of ≥10 µg/dL.

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 µg/dL to 3.5 µg/dL.

This new lower reference value was used in the city/town table for the first time in the *2025 Rhode Island KIDS COUNT Factbook*.

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 the youth they arrest.

They submit this information to the Uniform Crime Reporting (UCR) Program's National Incident-Based Report System (NIBRS).

Juvenile arrests for violent crime offenses in this indicator include aggravated assault, simple assault, intimidation, murder and non-negligent manslaughter, robbery, rape, forcible sodomy, sexual assault with an object, and forcible fondling. Weapons law violations are also reported for juvenile arrests.

Methodology for Child Deaths due to Child Neglect and Abuse

Beginning with the 2013 *Factbook*, child deaths due to child neglect and abuse 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.

Charter Schools, Collaboratives and State-Operated Schools

The charter schools, collaboratives and state-operated schools included in each table are listed in the Source/Methodology Section next to the table. Charter schools include only independently run charter networks and schools and not those affiliated with a district. The Apprenticeship Exploration School and Times2 Academy are district-affiliated charter schools, and their data are reported within district categories instead of the charter school category. State-operated schools include Davies Career & Technical High School, Metropolitan Regional Career and Technical Center, Sheila Skip Nowell Leadership Academy, and Rhode Island School for the Deaf. Collaboratives include Urban Collaborative Accelerated Program (UCAP) and YouthBuild Preparatory Academy. Charter schools, collaboratives, and state-operated schools are not included in Five 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.

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 five 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 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. 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. 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 as well as some service providers (e.g., Head Start agencies). We do not have estimates of the completeness of reporting for these systems.

Methodology and References

Family Income Levels Based on the Federal Poverty Measures

The poverty *thresholds* are the original version of the federal poverty measure.

They are updated each year by the Census Bureau. The thresholds are used mainly for statistical purposes — for instance, estimating the number of children in Rhode Island living in poor families. The poverty threshold is adjusted upward based on family size and whether household members are children, adults, or 65 years of age and over. In 2025, the federal poverty threshold was $25,938 for a family of three with two children and $32,649 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).

Family Income Levels Based on the 2026 Federal Poverty Guidelines

FEDERAL POVERTY GUIDELINES	ANNUAL INCOME FAMILY OF THREE	ANNUAL INCOME FAMILY OF FOUR
50% FPL	$13,660.00	$16,500.00
100% FPL	$27,320.00	$33,000.00
130% FPL	$35,516.00	$42,900.00
150% FPL	$40,980.00	$49,500.00
180% FPL	$49,176.00	$59,400.00
185% FPL	$50,542.00	$61,050.00
200% FPL	$54,640.00	$66,000.00
225% FPL	$61,470.00	$74,250.00
250% FPL	$68,300.00	$82,500.00

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Source of Data for Table/Methodology for Cost of Housing

*Rhode Island Housing 2025 Rhode Island Rent Survey data are not available. Average rent used for these communities is the HUD FY 2025 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 five core cities and the remainder of the state do not include communities for which data from the 2025 Rhode Island Rent Survey was not available.

**Typical monthly housing payment for Providence includes the East Side and therefore cannot be compared to data reported for Providence in Factbooks between 2013 and 2021.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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Source of Data for Children Experiencing Homelessness

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

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Source of Data for Table/Methodology for Housing and Health

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

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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Source of Data for Table/Methodology for Children Participating in School Meals

Collaboratives include Urban Collaborative Accelerated Program, West Bay Collaborative and YouthBuild Preparatory Academy.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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*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 five core cities, remainder of the state, and state total.

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"The Plan" By Trinity Allen, RISE Prep Lower Academy, Woonsocket

"They Don't Know What We Go Through" By Analiese Morse, West Warwick High School, Grade 10, West Warwick

"Americas handprint" By Jamie Brannon, student, Dean College, Woonsocket

"Between The Bell Rings" By Leah-Marie Andrews, Grade 8, RISE Prep Academy, Woonsocket

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