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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.

Additional copies of the *2025 Rhode Island KIDS COUNT Factbook* are available for \$40.00 per copy. Reduced rates are available for bulk orders. To receive copies of the Factbook, please contact:

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2025 Rhode Island KIDS COUNT Factbook
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2025 Rhode Island KIDS COUNT Factbook

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* New Indicator

Overview

Friendship

by Sofie Castonguay

Birds of a feather,

they say,

always together.

Friends aren't just regular people,

they fill your life with joy and memories,

and you treat them as equals.

Even through the ins and the outs,

you will still love them,

even through the ups and the downs.

Some might stay and some might leave.

It will take you many years to know,

who are the good people and who are the thieves.

Friends are people you can share anything with,

So remember,

Having a good friend should never be a myth.

The *2025 Rhode Island KIDS COUNT Factbook* is the thirty-first annual profile of the well-being of children in Rhode Island. The annual Factbook is an important tool for planning and action by community leaders, policymakers, advocates, and others working toward changes that will improve the quality of life for all children.

The *2025 Rhode Island KIDS COUNT Factbook* provides a statistical portrait of the status of Rhode Island's children and youth. Information is presented for the state of Rhode Island, for each city and town, and for an aggregate of the four cities with the highest concentration of children living in poverty. These four core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

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

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

The *2025 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 *2025 Rhode Island KIDS COUNT Factbook* reflects these interrelationships and builds a framework to guide policy, programs, and individual services on behalf of children and youth.



Family Economic Security

Children in poverty are most at risk of not achieving their full potential. Rhode Island's child poverty rate was 13% between 2019 and 2023 during which time 27,224 children were living in families with incomes below the federal poverty threshold. Many families with incomes above the poverty level also have a difficult time meeting the high costs of housing, utilities, food, child care, and health care. Access to affordable and high-quality early learning opportunities, Pre-K to 12 education, health insurance coverage, housing, and nutrition, along with policies that support working families, are important tools to ensure the economic well-being of Rhode Island families and to improve child outcomes.



Child Poverty is Concentrated in Four Core Cities

Poverty is linked to every KIDS COUNT indicator. Between 2019 and 2023, almost two-thirds (64%) of Rhode Island's children living in poverty lived in just four cities. These communities (Central Falls, Pawtucket, Providence, and Woonsocket) are the four core cities highlighted throughout the Factbook. Children in poverty live in every community in Rhode Island, but these four communities deserve special attention because they are where child poverty is most concentrated. While not in the traditional urban core, Newport also has a very high rate of child poverty.



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

What Family Means To Me

by Chloe Anthony

Funny moments being shared with each other.

Arguments about what to eat for dinner.

Mom's warm and caring hugs when I am sad, sick or just because.

Interesting stories being shared of when family members were young.

Loves me for being myself and supporting me through everything.

Yelling at me for not brushing my teeth

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Child Population

DEFINITION

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

SIGNIFICANCE

According to the 2020 U.S. Census, there were 1,097,379 Rhode Island residents in 2020. Children under age 18 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).^{1,2,3} 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 19.⁴

Between 2019 and 2023, there were 117,976 households with children under age 18 in Rhode Island, representing 27% of all households.⁵ In Rhode Island, between 2019 and 2023, 123,746 (59%) children under age 18 lived in married-couple households, 64,067 (31%) children lived in single-parent households, and 16,628 (8%) children lived with relatives, including grandparents. A total of 3,405 (2%) children lived with foster families or other non-relative heads of household. There were 501 (<1%) children and youth under age 18 who lived in group

quarters and 133 (<1%) youth who were householders or spouses.^{6,7,8}

Rhode Island's children are diverse in race, ethnicity, language, and country of origin. Mirroring the national trend, the Hispanic child population in Rhode Island has grown since 2000, both in numbers and as a percentage of the child population. 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.^{9,10}

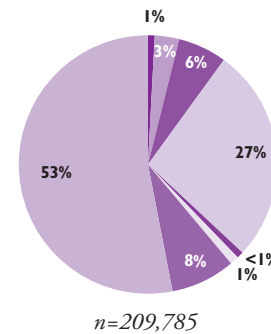
Between 2019 and 2023, there were 10,559 foreign-born children under the age of 18 living in Rhode Island, representing approximately 5% of the child population.¹¹ Of Rhode Island children ages five to 17, 77% speak only English at home, 18% speak Spanish, 4% speak other Indo-European languages, 1% speak Asian or Pacific Island languages, and 1% speak other languages at home.¹²

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.¹³

Rhode Island Children Under Age 18, 2020

By Race/Ethnicity*

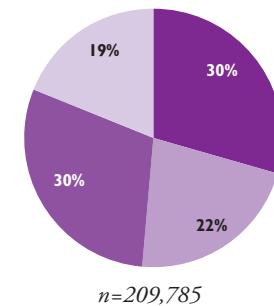
1% (814)	American Indian and Alaska Native
3% (6,955)	Asian
6% (13,462)	Black
27% (56,113)	Hispanic or Latino
<1% (65)	Native Hawaiian/Pacific Islander
1% (2,939)	Some Other Race
8% (17,822)	Two or More Races
53% (111,615)	White



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



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.^{14,15}

◆ 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.¹⁶ 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.^{17,18}

Child Population

Table 1.

Child Population, Rhode Island, 2010 and 2020

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

Source of Data for Table/Methodology

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

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

References

- ^{1,4,10,15} U.S. Census Bureau, Census 2020. Table P2 and Table P4.
- ² U.S. Census Bureau, Census 2000 Summary File 1. Table DP-1.
- ^{3,14} U.S. Census Bureau, Census 2010 Summary File 1. Table DP-1.
- ⁵ U.S. Census Bureau, American Community Survey, 2019-2023. Table DP02.
- ⁶ U.S. Census Bureau, American Community Survey, 2019-2023. Table B09002.
- ⁷ U.S. Census Bureau, American Community Survey, 2019-2023. Table B09018.
- ⁸ U.S. Census Bureau, American Community Survey, 2019-2023. Table B09001.
- ⁹ 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*. www.census.gov.
- ¹¹ U.S. Census Bureau, American Community Survey, 2019-2023. Table B05003.
- ¹² U.S. Census Bureau, American Community Survey, 2019-2023. Table B16007.
- ¹³ Rhode Island Department of Health. (2024). *2023 Youth Risk Behavior Survey*.
- ¹⁶ U.S. Census Bureau. (2018). *2020 Census: Counting everyone once, only once, and in the right place*.
- ¹⁷ U.S. Census Bureau. (2022). *Census Bureau releases estimates of undercount and overcount in the 2020 Census* [Press release].
- ¹⁸ O'Hare, W. (2022). *New Census Bureau data show young children have a high net undercount in the 2020 Census*. Count All Kids.

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. In 2023, the U.S. fertility rate was 54.4 births per 1,000 women ages 15 to 44, a 3% decline from 2022.¹

In 2022, Rhode Island had the third lowest fertility rate among states (47.5 births per 1,000 women ages 15 to 44). The general decline in the fertility rate is due to women delaying childbearing, as well as having fewer total children. 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.^{2,3,4}

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.⁵ In 2023 in Rhode Island, 46% of babies born were Babies of Color.⁶

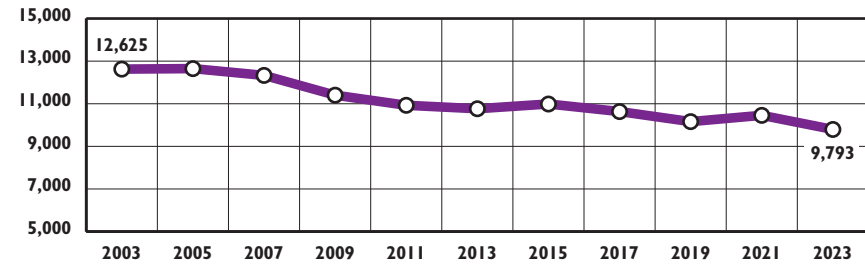
One factor that contributes to the decision to have a child is the high cost of raising a child in the U.S. A middle-class family spends an average of

\$310,000 per child from birth to age 17 on housing, child care and other costs.⁷ 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.^{8,9}

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.^{10,11}

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.^{12,13,14}

Rhode Island Births, 2003-2023



Source: Rhode Island Department of Health, Vital Records, Rivers Database 2003-2023. 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 22% between 2003 and 2023, from 12,625 babies in 2003 to 9,793 babies in 2023.¹⁵

◆ The U.S. teen birth rate reached a record low in 2023, with 13.2 births per 1,000 teens ages 15 to 19.¹⁶ Rhode Island had the seventh lowest teen birth rate in the U.S. in 2022, with 8.3 births per 1,000 teens ages 15 to 19.¹⁷

Births by Factors, Rhode Island, 2024

◆ In Rhode Island in 2024, 5,215 babies (55%) were born with private insurance, 4,112 babies (44%) were born with Medicaid/RIte Care insurance, 18 babies (<1%) had no insurance, and 112 babies (1%) had an unknown insurance status.¹⁸

◆ All babies born in Rhode Island are screened through the Rhode Island Department of Health's Newborn Risk Assessment Program. In 2024, there were 6,159 newborns (65%) 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.^{19,20}

Babies

Table 2.

Babies, Rhode Island, 2024

CITY/TOWN	# OF BABIES BY MATERNAL RACE/ETHNICITY						# OF BABIES BORN TO FAMILIES WITH MEDICAID/ RITECARE	# OF BABIES BORN TO SINGLE MOMS	TOTAL # OF BIRTHS
	AMERICAN INDIAN/ ALASKA NATIVE	ASIAN	BLACK	HISPANIC	SOME OTHER/ TWO OR MORE RACES	WHITE			
Barrington	<5	6	<5	7	5	98	10	7	112
Bristol	<5	<5	<5	6	<5	110	32	39	119
Burrillville	<5	<5	<5	7	<5	92	22	33	100
Central Falls	8	<5	39	213	129	101	252	209	310
Charlestown	<5	<5	<5	<5	<5	36	11	10	42
Coventry	<5	7	7	24	20	248	62	99	290
Cranston	<5	54	69	253	138	463	289	298	757
Cumberland	<5	39	11	32	28	224	61	81	309
East Greenwich	<5	12	<5	<5	8	111	11	21	136
East Providence	<5	15	44	55	40	305	134	144	412
Exeter	<5	<5	<5	<5	<5	43	13	13	49
Foster	<5	<5	<5	<5	<5	38	12	15	42
Glocester	<5	<5	<5	6	<5	60	11	15	65
Hopkinton	<5	<5	<5	<5	<5	57	14	22	65
Jamestown	<5	<5	<5	<5	<5	28	<5	5	29
Johnston	<5	19	26	74	47	187	102	116	287
Lincoln	<5	10	5	18	13	127	41	52	158
Little Compton	<5	<5	<5	<5	<5	7	<5	<5	7
Middletown	<5	<5	6	19	12	97	29	28	120
Narragansett	<5	<5	<5	<5	<5	61	7	19	67
New Shoreham	<5	<5	<5	<5	<5	5	<5	<5	6
Newport	<5	<5	21	46	18	152	73	77	198
North Kingstown	<5	<5	<5	17	12	157	34	33	183
North Providence	6	17	45	69	42	173	119	122	297
North Smithfield	<5	<5	<5	<5	<5	62	12	17	72
Pawtucket	6	10	231	264	161	344	514	465	814
Portsmouth	<5	5	<5	7	6	115	25	24	130
Providence	33	85	356	1,247	762	779	1,465	1,300	2,107
Richmond	<5	<5	<5	7	4	61	12	17	68
Scituate	<5	<5	<5	<5	6	70	14	17	78
Smithfield	<5	6	<5	9	11	103	27	29	125
South Kingstown	<5	10	<5	<5	9	151	29	42	179
Tiverton	<5	<5	<5	7	7	68	23	27	76
Warren	<5	<5	<5	<5	9	75	26	29	91
Warwick	<5	27	41	86	41	538	167	225	672
West Greenwich	<5	<5	<5	<5	<5	40	<5	13	43
West Warwick	<5	12	11	51	28	219	125	142	280
Westerly	<5	<5	<5	10	13	105	36	44	125
Woonsocket	<5	29	64	192	127	223	301	290	449
Four Core Cities	49	128	690	1,916	1,179	1,447	2,532	2,264	3,680
Remainder of State	30	264	319	842	544	4,486	1,592	1,877	5,789
Rhode Island	79	392	1,009	2,758	1,723	5,933	4,124	4,141	9,469

Source of Data for Table/Methodology

Rhode Island Department of Health, KIDSNET Database, 2024. Birth data from 2024 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 (274 babies had unknown maternal race information, and 20 had unknown maternal ethnicity information)

**Hispanic can be of any race

“# Babies Born to Single Moms” include single, separated, divorced, or widowed mothers.

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

References

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^{2,17} Hamilton, B. E., Martin, J. A., Osterman, M. J. K. (2023). Births: Final data for 2022. *National Vital Statistics Reports*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

⁴ Population Reference Bureau. (2021). *Why is the U.S. birth rate declining?* Retrieved March 3, 2025, from <https://www.prb.org/resources/why-is-the-u-s-birth-rate-declining/>

⁵ Frey, W. H. (2021). *New 2020 census results show increased diversity countering decades-long declines in America's white and youth populations*. Retrieved March 3, 2025, from <https://www.brookings.edu/articles/new-2020-census-results-show-increased-diversity-countering-decade-long-declines-in-americas-white-and-youth-populations>

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

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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 so that 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 37 per 1,000 women in 2022 compared to its peak of 52 per 1,000 women between 2007 and 2008.³ Babies born to cohabiting couples comprise 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.⁵

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.⁶

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.⁷ 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, improved mental and physical health, and the opportunity for parents to pursue further education or job training, all of which can improve the well-being of children.⁸

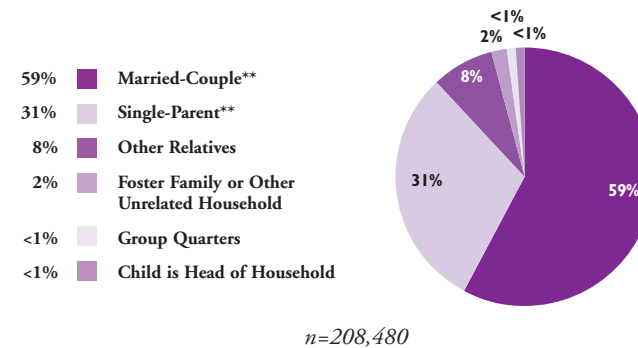
Single-Parent Families			
	2003	2013	2023
RI	32%	41%	35%
US	31%	35%	34%
National Rank*	32nd		
New England Rank**	6th		

*1st is best; 50th is worst

**1st is best; 6th is worst

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

Children Under Age 18 by Family Structure
Rhode Island, 2019-2023



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

Source: U.S. Census Bureau, American Community Survey, 2019-2023. Tables B09001, B09002, and B09018.

◆ In Rhode Island, children are almost twice as likely to live in married-couple households (59%) than in single-parent households (31%). An additional 8% of children live with a grandparent or another relative.^{9,10}

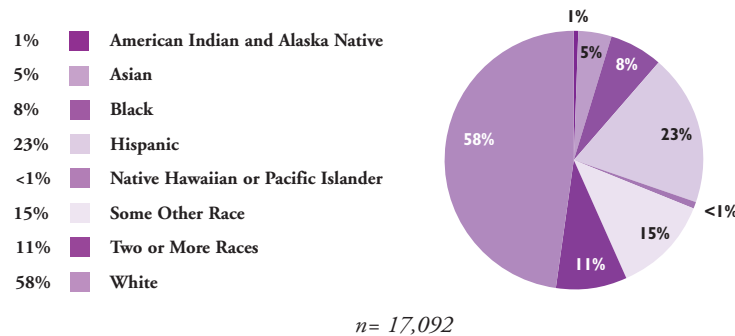
◆ Other children (2%) live in foster families or in households with other unrelated members.¹¹

◆ A small number of children (<1%) live in group quarters, which the U.S. Census defines as "places where people live or stay, in a group living arrangement, that is owned or managed by an entity or organization providing housing and/or services for the residents." These include juvenile detention facilities, psychiatric hospitals, emergency/transitional housing for individuals experiencing homelessness, and college housing.¹²

◆ Finally, some children (<1%) are heads of households, living alone or with a partner.¹³

Family Structure


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



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

◆ Between 2019 and 2023, 4% of Rhode Island families lived in multigenerational households, compared to 3% between 2009 and 2013.^{14,15}

◆ 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.^{16,17,18,19} Among major racial and ethnic groups, multigenerational families are less likely to live in poverty.²⁰

◆ Twelve percent of U.S. households say child care is a big factor in their living arrangements, with 9% of upper income adults considering it a factor, compared to 32% of lower-income adults.²¹ The lack of affordable housing can make it necessary to combine resources to attain homeownership or to afford the average cost of rent.²² In Rhode Island, the housing wage is almost double the hourly wage of the average renter.²³

References

¹ Aragao, C., Parker, K., Greenwood, S., Baronavski, C., & Mandapat, J. C. (2023). *The modern American family: Key trends in marriage and family life*. Pew Research Center.

² Pew Research Center (2018). *The changing profile of unmarried parents: A growing share are living with a partner*. <https://www.pewresearch.org/wp-content/uploads/sites/20/2018/04/Unmarried-Parents-Full-Report-PDF.pdf>.

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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 white children.²⁴

◆ A grandparent caregiver reduces the trauma of separation when a child cannot remain with their parents and provides better outcomes for children than being placed with non-relatives. Children may be in a grandparent's care because of child neglect or abuse, unemployment, parental substance use, or incarceration.^{25,26}

◆ Many grandparents have informal custody arrangements and are not involved with child welfare agencies, often receiving fewer services than traditional foster parents.²⁷ Nearly one in five grandparent caregivers lives in poverty, with 40% of grandmother-only caregivers living below the poverty line, 76% of whom receive public assistance.^{28,29} 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.³⁰

◆ Grandparents and other relative caregivers often lack information about the support services, resources, programs, and policies available to them. 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.^{31,32}

◆ 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.³³ Rhode Island regulations state that the Department of Children, Youth and Families must give priority to relatives when placing a child in out-of-home care.³⁴ On December 1, 2024, children in kinship foster care made up 31% of children in out-of-home placements in Rhode Island.³⁵

◆ 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.³⁶ 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.³⁷

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 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 2019 and 2023, babies born to mothers with a high school degree or less had a higher infant mortality rate (5.7 per 1,000) than babies born to mothers with more advanced education (3.2 per 1,000 births).⁴

Parental education levels are linked to healthy parenting practices like established routines, which are 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.^{5,6,7,8} Between 2019 and 2023, women with bachelor's degrees in Rhode Island earned almost twice as much as those with less than a high school diploma and 1.6 times more than women with a high school diploma.⁹

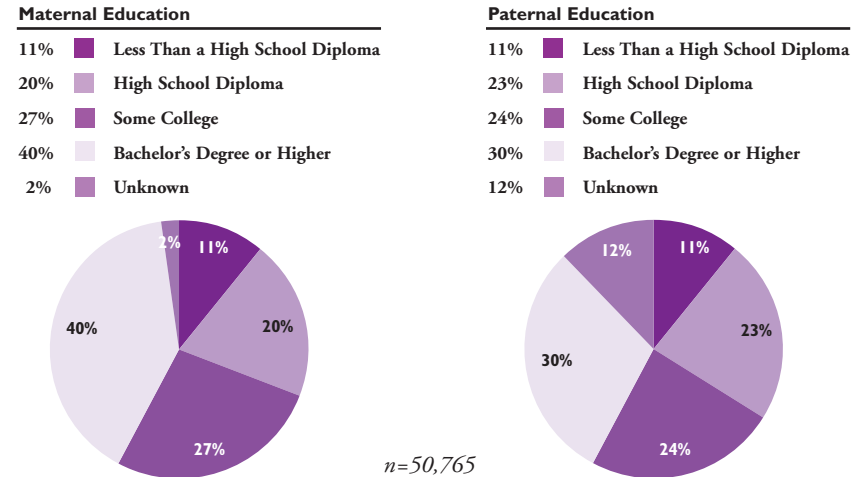
Between 2019 and 2023, 11% of Rhode Island births were to mothers with less than a high school diploma and 66% were to mothers with at least some college education.¹⁰ Nationally in 2023, 11% of children under age 18 lived in families in which the head of household had less than a high school diploma, and 48% lived in families in which the head of household had an associate degree or higher.¹¹

Births to Mothers with Less Than a High School Diploma, by Race and Ethnicity, Rhode Island, 2019-2023

RACE/ETHNICITY	% OF BIRTHS
All Races	11%
American Indian Alaskan Native	23%
Asian	6%
Black	11%
Hispanic	25%
White	7%

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2019-2023.

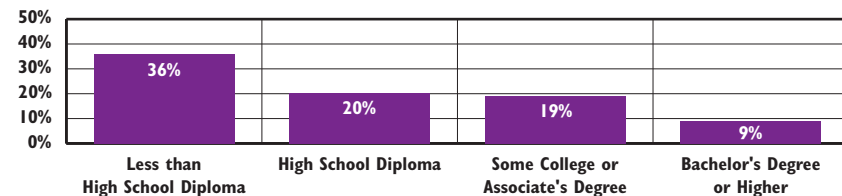
Births by Parental Education Levels, Rhode Island, 2019-2023



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2019-2023. Percentages may not sum to 100% due to rounding.

◆ In Rhode Island between 2019 and 2023, 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.¹²

Poverty Rates for Families Headed by Single Women by Educational Attainment, Rhode Island, 2019-2023



Source: U.S. Census Bureau, American Community Survey, 2019-2023. Table S1702.

◆ In Rhode Island between 2019 and 2023, 36% of families headed by single women with less than a high school diploma lived in poverty, compared with 9% of those with a bachelor's degree or higher.¹³

Mother's Education Level

Table 3.

Births by Education Level of Mother, Rhode Island, 2019-2023

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	570	483	85%	54	9%	17	3%	6	1%
Bristol	676	407	60%	158	23%	81	12%	25	4%
Burrillville	670	276	41%	236	35%	121	18%	25	4%
Central Falls	1,453	118	8%	354	24%	448	31%	493	34%
Charlestown	268	149	56%	69	26%	34	13%	8	3%
Coventry	1,471	701	48%	447	30%	243	17%	54	4%
Cranston	3,884	1,691	44%	1,155	30%	709	18%	267	7%
Cumberland	1,696	1,032	61%	372	22%	195	11%	58	3%
East Greenwich	655	532	81%	77	12%	26	4%	11	2%
East Providence	2,229	1,013	45%	641	29%	410	18%	126	6%
Exeter	225	132	59%	46	20%	33	15%	8	4%
Foster	216	104	48%	67	31%	31	14%	7	3%
Glocester	332	176	53%	109	33%	42	13%	*	*
Hopkinton	332	152	46%	97	29%	69	21%	9	3%
Jamestown	135	112	83%	15	11%	5	4%	3	2%
Johnston	1,368	555	41%	415	30%	282	21%	97	7%
Lincoln	939	525	56%	222	24%	134	14%	40	4%
Little Compton	79	55	70%	19	24%	*	*	0	0%
Middletown	724	401	55%	147	20%	115	16%	53	7%
Narragansett	274	174	64%	68	25%	24	9%	5	2%
New Shoreham	37	19	51% ^	13	35% ^	*	*	*	*
Newport	1,020	469	46%	184	18%	200	20%	153	15%
North Kingstown	1,059	684	65%	223	21%	104	10%	36	3%
North Providence	1,597	676	42%	536	34%	270	17%	87	5%
North Smithfield	490	276	56%	131	27%	62	13%	10	2%
Pawtucket	4,206	999	24%	1,344	32%	1,172	28%	590	14%
Portsmouth	611	416	68%	125	20%	53	9%	12	2%
Providence	11,491	2,678	23%	2,895	25%	3,052	27%	2,547	22%
Richmond	339	187	55%	94	28%	43	13%	10	3%
Scituate	454	270	59%	117	26%	52	11%	8	2%
Smithfield	714	435	61%	189	26%	63	9%	17	2%
South Kingstown	854	580	68%	149	17%	77	9%	25	3%
Tiverton	558	289	52%	156	28%	84	15%	16	3%
Warren	398	208	52%	118	30%	54	14%	14	4%
Warwick	3,476	1,718	49%	1,016	29%	561	16%	136	4%
West Greenwich	243	137	56%	71	29%	29	12%	5	2%
West Warwick	1,421	435	31%	487	34%	365	26%	109	8%
Westerly	823	366	44%	225	27%	166	20%	46	6%
Woonsocket	2,608	408	16%	761	29%	860	33%	521	20%
Unknown**	170	67	39%	49	29%	39	23%	**	**
Four Core Cities	19,758	4,203	21%	5,354	27%	5,532	28%	4,151	21%
Remainder of State	30,837	15,835	51%	8,248	27%	4,754	15%	1,507	5%
Rhode Island	50,765	20,105	40%	13,651	27%	10,325	20%	5,658	11%

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2019-2023. 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 2019 and 2023, maternal education levels were unknown for 1,026 births (2%).

*The data are statistically unreliable, and rates are not reported and should not be calculated or the number is suppressed because it is less than five.

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

**Unknown births have missing maternal residence data.

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

References

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- ^{2,5} Hussar, B., Zhang, J., Hein, S., Wang, K., Roberts, A., & Purcell, S. (2020). *The condition of education 2020 (NCES 2020-144)*. U.S. Department of Education, National Center for Education Statistics.
- ³ Green, T., & Hamilton, T. G. (2019). Maternal educational attainment and infant mortality in the United States: Does the gradient vary by race/ethnicity and nativity? *Demographic Research*, 41, 713-752.
- ^{4,10,12} Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2019-2023.
- ⁶ Napoli, A., Korucu, I., Lin, J., Schmitt, S., & Purpura, D. (2021). Characteristics related to parent-child literacy and numeracy practices in preschool. *Frontiers in Education*, 6:535682.

(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 2023, 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.^{6,7}

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.⁸

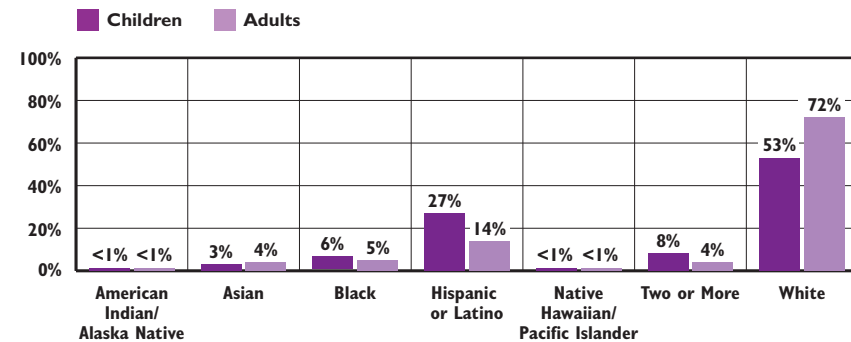
In 2020, more than half (59%) of all Children of Color in Rhode Island lived in the four core cities of Central Falls, Pawtucket, Providence, and Woonsocket. More than three-quarters (79%) of children living in the four core cities were Children of Color.⁹

Between 2019 and 2023, there were 10,559 foreign-born children living in Rhode Island, 19% of whom were naturalized U.S. citizens.¹⁰ Of Rhode Island's immigrant children, 46% were born in the Caribbean, 22% were born in Central or South America, 18% were born in Asia, 8% were born in Africa, 5% were born in Europe, and 1% were born in North America (Canada or Mexico).¹¹

Between 2019 and 2023, 23% 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.¹²

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.¹³

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.¹⁴

◆ The diversity of Rhode Island is an asset; however, there are wide, persistent, and unacceptable disparities in children's economic well-being by race and ethnicity. Between 2019 and 2023, 29% of American Indian and Alaska Native, 28% of children of Some other Race, 25% of Hispanic, 24% of Black, and 22% of children of Two or more races in Rhode Island lived in poverty, compared to 7% of Asian/Pacific Islander children and 7% of white children.¹⁵

◆ In 2022, 29% 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 (97%) have parents who have been in the U.S. for more than five years.¹⁶

◆ 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.¹⁷

Racial and Ethnic Diversity

Table 4.

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

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

Source of Data for Table/Methodology

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

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

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- ^{3,16} The Annie E. Casey Foundation KIDS COUNT Data Center, datacenter.kidscount.org
- ⁴ U.S. Census Bureau, Census 2010.
- ^{5,7,8,9,14} U.S. Census Bureau, Census 2020. Table P2 and Table P4.
- ⁶ U.S. Census Bureau, Census 2010 Redistricting Data Summary File. Table QT-PL.
- ¹⁰ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023. Table B05003.
- ¹¹ Population Reference Bureau analysis of 2019-2023 American Community Survey PUMS data.
- ¹² U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023. Table B16007.
- ¹³ Giordano, G., & Edwards, J. (2023). *Enhancing cultural responsiveness in social service agencies*, OPRE Report # 2023-338. Prepared by Insight Policy Research. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.
- ¹⁵ U.S. Census Bureau, American Community Survey, 2019-2023. Tables B17020, B17020A, B17020B, B17020C, B17020D, B17020E, B17020G, & B17020I.

(continued on page 172)

Racial and Ethnic Disparities

DEFINITION

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

SIGNIFICANCE

Rhode Island's children are diverse in racial and ethnic background. In 2020 in Rhode Island, less than 1% of children under 18 were American Indian or Native Alaskan, 3% 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 2019 and 2023, 13% of all Rhode Island children lived in poverty, 70% of whom were Children of Color.⁴

Black, Latino, and Native American children are more likely to live in neighborhoods of concentrated poverty and face challenges above and beyond the burdens of individual poverty.⁵ Between 2019 and 2023, in Rhode Island, 8% of Black children and 7% of Hispanic children lived in concentrated poverty compared to only 1% of white children.⁶ In 2020, more than half (59%) of Rhode Island's Children of Color lived in one of

the four core cities (those cities with the highest 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.⁷

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.^{8,9,10}

Long-standing racial and ethnic disparities continue to persist.¹¹ Children in immigrant families (defined as children living with at least one foreign-born parent) also face additional barriers. In 2022, 29% (60,000) of Rhode Island children were living in immigrant families. More than half (54%) 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.^{12,13,14}



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.^{15,16} 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.¹⁷

◆ **Health:** Health care only accounts for 10-20% of an individual's overall health outcomes and is just one of the social determinants of health, which is defined as the conditions and environments where people are born, live, learn, work, and play that greatly impact health outcomes.¹⁸ These social determinants 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 determinants along with pervasive racial bias and unequal treatment of Communities of Color from the medical system contribute to significant unintended outcomes and disparities.^{19,20}

◆ **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.^{21,22,23}

◆ **Education:** An increase in segregation of schools has resulted in students in schools with high concentrations of low-income students and Students of Color having inequitable educational opportunities.²⁴ 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.^{25,26}

Racial and Ethnic Disparities



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	13%	29%	7%	24%	25%	0%	7%
Births to Mothers with <12 Years Education	11%	23%	6%	11%	25%	33%	7%
Unemployment Rate	4.5%	NA	NA	3.5%	5.7%	NA	4.3%
Median Family Income	\$109,979	\$64,688	\$120,811	\$82,438	\$65,799	NA	\$120,491
Homeownership	63%	40%	54%	36%	38%	30%	69%

Sources: *Children in Poverty* data are from the U.S. Census Bureau, American Community Survey, 2019-2023. 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, 2019-2023 (race data is non-Hispanic). *Unemployment Rate* data are from the Bureau of Labor Statistics, Local Area Unemployment Statistics, 2024. *Median Family Income* data are from the U.S. Census Bureau, American Community Survey, 2019-2023, Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113E & B19113I. *Homeownership* data are from the U.S. Census Bureau, American Community Survey, 2019-2023, 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 2019 and 2023 in Rhode Island, 13% of all children, 29% of American Indian or Alaska Native children, 25% of Hispanic children, 24% of Black children, 7% of Asian/Pacific Islander children, and 7% of white children in Rhode Island lived in families with incomes below the federal poverty threshold.²⁷

◆ In 2024 in Rhode Island, the unemployment rate was 5.7% for Hispanic workers, 3.5% for Black workers, and 4.3% for white workers. Nationally, the unemployment rate was 6.0% for Black workers, 5.1% for Hispanic workers, and 3.6% for white workers.²⁸

◆ 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.²⁹

◆ In Rhode Island, white residents have a homeownership rate almost double the rate of Black and Latino residents and higher than Asian residents.³⁰ Nearly 40% of Latino homeowners in Rhode Island experience cost burdens and 19% pay more than 50% of their income to housing costs.³¹ Nationally, median Black and Latino households would require 242 and 94 years respectively to gain wealth equal to that of white families.³²



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	3.3%	NA	8.7%	3.2%	2.7%	NA	2.3%
Women with Delayed or No Prenatal Care	16.0%	26.9%	15.6%	21.7%	18.6%	*	13.0%
Low Birthweight Infants	7.7%	9.3%	8.8%	11.4%	8.3%	*	6.6%
Infant Mortality (per 1,000 live births)	4.6	0.0	*	7.2	6.4	0.0	2.9
Any Infant Breastfeeding	79%	71%	84%	73%	74%	75%	81%
Combined Overweight and Obesity	39%	NA	NA	42%	47%	NA	31%

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2019-2023 unless otherwise specified. Race and ethnicity is self-reported. Race data is non-Hispanic. *Children Without Health Insurance* data are from the U.S. Census Bureau, American Community Survey, 2023, Tables B27001, B27001A, B27001B, B27001D & B27001I. For U.S. Census Bureau data, Hispanic also may be included in any of the race categories. For *Combined Overweight and Obesity* data are from Brown University School of Public Health analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, 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 and rates are not reported and should not be calculated.

◆ Rhode Island ranks 10th in the nation for having lower rates (3.3%) of children under 19 without health insurance.³³ Asian (8.7%), Black (3.2%) and Hispanic (2.7%) children are more likely to be uninsured than white children (2.3%).³⁴ Over half (52%) of RI children under age three receive medical assistance.^{35,36}

◆ 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.^{37,38}

◆ 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.^{39,40} Between 2019-2023, Black and Hispanic children were more likely than non-Hispanic white children to visit the emergency room due to asthma.⁴¹

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)	2.2	2.7	1.1	7.9	3.3	0.8
Children of Incarcerated Parents (per 1,000 children)	10.9	26.0	3.0	50.5	12.5	7.8
Child Neglect & Abuse (per 1,000 children)	9.9	5.6	2.4	22.5	13.4	13.6

Sources: *Youth at the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, Calendar Year 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.^{42,43}

◆ During 2024 in Rhode Island, Black youth were 11 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 four times more likely to be at the Training School compared to white youth.⁴⁴ 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 2024.⁴⁵

◆ In Rhode Island on September 30, 2024, 50.5 per 1,000 Black children had an incarcerated parent compared to 7.8 per 1,000 white children. American Indian or Alaska Native children also experience higher rates of parent incarceration (26.0 per 1,000).⁴⁶



Education Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	AMERICAN INDIAN/ ALASKA NATIVE	ASIAN+	BLACK	HISPANIC	WHITE
3rd Grade Students Meeting Expectations in Reading	38%	20%	64%	25%	23%	48%
3rd Grade Students Meeting Expectations in Math	39%	20%	62%	24%	26%	49%
Four-Year High School Graduation Rates	84%	71%	89%	79%	79%	88%
Immediate College Enrollment Rates	62%	44%	77%	61%	52%	67%
% of Adults Over Age 25 With a Bachelor's Degree or Higher	39%	20%	56%	25%	17%	41%

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)*, 2024. *Four-Year High School Graduation Rates* data are from the Rhode Island Department of Education, Class of 2024. *Immediate College Enrollment Rates* data are from the Rhode Island Department of Education, Class of 2024. *Adult Educational Attainment* data are from the U.S. Census Bureau, American Community Survey, 2019-2023, 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.⁴⁷ In October 2023, 49% of Rhode Island public school students identified as Students of Color while 87% of Rhode Island public school educators identified as white.⁴⁸

◆ In Rhode Island, Black and Hispanic children are more likely to attend school in the four core cities and less likely to meet expectations in reading and mathematics in third grade than white or Asian children.^{49,50}

◆ In Rhode Island during the 2023-2024 school year, Students of Color missed more school than their peers. American Indian or Alaska Native (37%), Hispanic (33%), and Black (27%) K-12 students had higher rates of chronic absence than Asian (16%) and white (19%) students.⁵¹

◆ In Rhode Island, American Indian or Alaska Native, Hispanic, and Black students are less likely to graduate from high school within four years and are less likely to immediately enroll in college than white or Asian students. Gaps in college enrollment are particularly large for four-year college enrollment.⁵²

Racial and Ethnic Disparities



Rhode Island's Black Children and Youth

◆ Since the colonization of the state, Black Rhode Islanders were treated unequally. The historical roots lie in the reliance of Black slaves for labor and trade and were reinforced more recently through oppressive policies limiting opportunities for homeownership and inequitable education opportunities. While the state has made progress, significant social and economic disparities persist for Black Rhode Islanders.⁵³

◆ Rhode Island's Black population is linguistically and ancestrally diverse. Nearly one in three (29%) Black Rhode Islanders are foreign-born, almost 80% of whom were born in Africa and 21% born in the Caribbean.⁵⁴

◆ In 2020, there were 13,462 Black children under age 18 living in Rhode Island, a decrease from 14,830 in 2000. Black children made up 6% of Rhode Island's child population in 2020, the same percentage in 2000.^{55,56}

Economic Well-Being

◆ Between 2019 and 2023, 24% percent of Rhode Island's Black children were living in poverty, compared to 7% of white children.⁵⁷ The median family income for Black families in Rhode Island was \$82,438, compared to \$120,491 for white families in Rhode Island.⁵⁸

Health

◆ In Rhode Island, Black women are more likely than white women to receive delayed or no prenatal care and have infants with low birth weight. Black women in Rhode Island have the highest rates of severe maternal morbidity (116 per 10,000) and the infant mortality rate (7.2 per 1,000) is highest for Black babies compared to all other races.⁵⁹

Justice System

◆ During 2024 in Rhode Island, Black youth were 11 times more likely to be at the Rhode Island Training School compared to white youth and 50.5 per 1,000 Black children had an incarcerated parent compared to 7.8 per 1,000 white children.⁶⁰

Education

◆ Nationally, school segregation of Black and white students has increased by 64% since 1988.⁶¹ In Rhode Island in 2024, 64% of Black students attend schools in the urban core cities compared to only 10% of white students.⁶² Segregated schools create inequitable opportunities. In the 2023-2024 school year, only 8% of students taking Advanced Placement courses were Black, while 57% were white.⁶³

◆ In the 2023-2024 school year, Black students were twice as likely to receive an out-of-school suspension than white students.^{64,65}

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Economic Well-Being

Unbounded Dreams

by Nirva R. LaFortune

In a world where dreams are born,
Where boundless curiosity can soar,
Children dance, their hopes untamed,
Seeking truths not yet proclaimed.

Their spirits roar,
Their voices sing,
They speak with power,
They stand with grace.

In this world, fear is silenced,
Children dwell with might,
Proudly they rise,
Ready to take flight.

In this world, love endures,
Guiding us like stars above,
Sacred is this place of dreams,
Untouched by hate, unbound by pain.

In this world, infallible systems prevail,
Dreams take root and never fail,
Hope encompasses, never torn,
For in our children, our future forms.

So, we must hold true,
To this belief—
In the power of our youth,
In the possibility of their dreams,
Creating a world,
Where every child will thrive,
Where unbounded dreams will always survive.

All content is embargoed until 12:01am on Monday, May 5, 2025



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 2023, the median family income for Rhode Island families with their own children was \$104,513.¹

Between 2019 and 2023, in Rhode Island, the median family income for married two-parent families (\$138,189) was more than twice that of male-headed single-parent families (\$64,338) and more than three times that of female-headed single-parent families (\$41,026).²

In 2024, Rhode Island's unemployment rate was 4.5%, up from 3.3% in 2023. Unemployment rates in Rhode Island vary by race and ethnicity. While in 2024 the unemployment rate was 5.7% for Hispanic workers and 4.3% for white workers, Black workers had a lower rate at 3.5%.^{3,4}

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 2018, more than 22 million people in the U.S. worked in low-wage jobs (less than \$12 per hour), and job losses during the pandemic disproportionately affected low-wage workers.^{5,6,7} 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

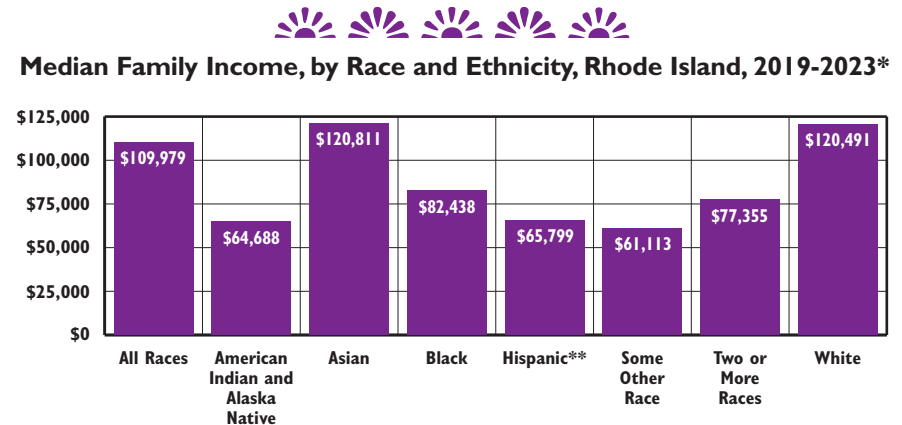
In the U.S., income inequality has grown substantially since the 1970s.⁹ In 2018 in Rhode Island, the top 1% of households held almost 18% of total income. Rhode Island has the 32nd highest income inequality of the 50 states based on the share of income held by the top 1% of households.¹⁰

Median Family Income	
	2023
RI	\$104,500
US	\$95,700
National Rank*	14th
New England Rank**	5th

*1st is best; 50th is worst

**1st is best; 6th is worst

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



Source: U.S. Census Bureau, American Community Survey, 2019-2023, Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113E, B19113G, and B19113I. *Median Family Income by race and ethnicity includes all families because data for families with “own children” are not available by race and ethnicity. **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 much as for Hispanic, American Indian and Alaska Native, and families of Some other race or Two or more races.¹¹

◆ Educational attainment is strongly associated with economic well-being. Rhode Islanders who have achieved a bachelor's degree have almost double the median earnings compared to workers who have not completed high school. In Rhode Island, more than one in four Hispanic adults, one in eight Black adults, and one in 12 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

◆ 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.¹⁴

Median Family Income

Table 5. Median Family Income, Rhode Island, 2019-2023

2019-2023 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18		
CITY/TOWN	ESTIMATES WITH HIGH MARGINS OF ERROR*	ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR
Barrington		\$177,878
Bristol		\$137,961
Burrillville		\$120,956
Central Falls		\$48,344
Charlestown		\$107,222
Coventry		\$120,310
Cranston		\$110,351
Cumberland		\$151,056
East Greenwich		\$240,833
East Providence		\$109,612
Exeter		\$118,750
Foster	\$138,125	
Glocester	\$133,558	
Hopkinton	\$101,750	
Jamestown***	\$250,000+	
Johnston	\$91,250	
Lincoln		\$143,992
Little Compton	\$158,646	
Middletown		\$105,781
Narragansett	\$143,992	
New Shoreham		**
Newport	\$105,781	
North Kingstown		\$160,242
North Providence		\$96,761
North Smithfield	\$120,625	
Pawtucket		\$72,938
Portsmouth		\$189,697
Providence		\$67,505
Richmond		\$132,143
Scituate		\$164,769
Smithfield		\$156,340
South Kingstown		\$125,574
Tiverton		\$132,699
Warren		\$124,167
Warwick		\$105,051
West Greenwich	\$175,030	
West Warwick		\$79,394
Westerly		\$117,813
Woonsocket		\$49,975
Four Core Cities		NA
Remainder of State		NA
Rhode Island		\$103,334

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 2019-2023 data come from a Population Reference Bureau analysis of 2019-2023 American Community Survey data. The American Community Survey is a sample survey, and therefore the median family income is an estimate. The reliability of estimates varies by community. In general, estimates for small communities are not as reliable as estimates for larger communities.

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

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

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

**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., Four Core Cities and Remainder of State).

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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 2024, a worker had to earn \$44.54 an hour or \$92,671 per year to be able to afford the average rent in Rhode Island (\$2,316 per month for a two-bedroom apartment) without a cost burden. This hourly wage was over three times the minimum wage of \$14.00 per hour in 2024.^{4,5} In 2024, Rhode Island required the 11th highest hourly wage of any state to afford the rent for a two-bedroom home, and the median renter in Rhode Island could

affordably rent in only one Rhode Island city or town – Burrillville.^{6,7}

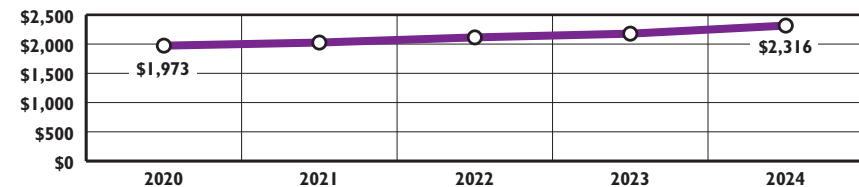
Federally-funded Section 8 Housing Choice rental vouchers can help low-income individuals and families afford the cost of rent; however, there are not enough vouchers to meet the need and long waiting periods are common.⁸ In 2021, the General Assembly enacted legislation that prohibits discrimination 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 \$81,370 would not be able to affordably buy in any of Rhode Island's cities or towns.¹⁰

Rhode Island law establishes a goal that at least 10% of every community's housing stock qualify as Low- and Moderate-Income Housing (LMIH).¹¹ Currently, only four of Rhode Island's 39 cities and towns (Central Falls, Newport, Providence, and Woonsocket) meet that goal. Rhode Island continues to heavily rely on federal funding to meet its housing needs. From FY 2022 to FY 2024, Rhode Island used \$332.2M in federal State Fiscal Recovery Funds to support the state's housing efforts, but with these funds ending, the state will need to rely more heavily on funds from housing bonds, the state's pilot low-income tax credit program, and other state sources to continue to meet the need.¹²



Average Rent, Two-Bedroom Apartment, Rhode Island, 2020-2024



Source: Rhode Island Housing, Rhode Island Rent Survey, 2020-2024. Rents are adjusted to 2024 dollars and include adjustments for the cost of gas, fuel, water, and electricity. Adjustments for utilities for each year vary according to U.S. Census American Community Survey's (ACS) annual one-year estimates. Due to a change in methodology, data cannot be compared to Factbooks prior to 2019.

◆ In 2024, the average cost of rent for a two-bedroom apartment in Rhode Island was \$2,316. Even when adjusting for 2024 dollars, rents have increased 17% from 2020 to 2024.¹³

◆ 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.^{14,15}

◆ 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.¹⁶



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 of the bond, which will provide funding for affordable housing, homeownership programs, community revitalization, site acquisition, housing-related infrastructure, and municipal planning.^{17,18}

◆ In 2024, the Rhode Island General Assembly approved a package of bills designed to address the state's housing crisis, including legislation related to zoning, permitting, planning, the sale of abandoned property, and accessory dwelling units.¹⁹

Cost of Housing

Table 6.

Cost of Housing for Very Low-Income Families, Rhode Island, 2024

CITY/TOWN	FAMILY INCOME		HOMEOWNERSHIP COSTS		RENTAL COSTS		
	2024 POVERTY LEVEL FAMILY OF THREE	2024 VERY LOW-INCOME FAMILY	TYPICAL MONTHLY HOUSING PAYMENT	% INCOME NEEDED FOR HOUSING PAYMENT, VERY LOW-INCOME FAMILY	AVERAGE RENT 2-BEDROOM APARTMENT	% INCOME NEEDED FOR RENT POVERTY LEVEL FAMILY OF THREE	% INCOME NEEDED FOR RENT VERY LOW-INCOME FAMILY
Barrington*	\$25,820	\$50,600	\$6,217	147%	\$1,693	79%	40%
Bristol	\$25,820	\$50,600	\$5,174	123%	\$2,002	93%	47%
Burrillville*	\$25,820	\$50,600	\$3,386	80%	\$1,693	79%	40%
Central Falls	\$25,820	\$50,600	\$3,011	71%	\$1,688	78%	40%
Charlestown*	\$25,820	\$50,600	\$4,225	100%	\$1,693	79%	40%
Coventry	\$25,820	\$50,600	\$3,329	79%	\$2,088	97%	50%
Cranston	\$25,820	\$50,600	\$3,579	85%	\$2,270	106%	54%
Cumberland	\$25,820	\$50,600	\$3,712	88%	\$2,615	122%	62%
East Greenwich	\$25,820	\$50,600	\$6,204	147%	\$2,002	93%	47%
East Providence	\$25,820	\$50,600	\$3,310	78%	\$2,370	110%	56%
Exeter*	\$25,820	\$50,600	\$4,042	96%	\$1,693	79%	40%
Foster*	\$25,820	\$50,600	\$4,320	102%	\$1,693	79%	40%
Glocester*	\$25,820	\$50,600	\$3,405	81%	\$1,693	79%	40%
Hopkinton*	\$25,820	\$53,050	\$4,002	91%	\$1,610	75%	36%
Jamestown*	\$25,820	\$50,600	\$7,790	185%	\$1,693	79%	40%
Johnston	\$25,820	\$50,600	\$3,409	81%	\$2,456	114%	58%
Lincoln	\$25,820	\$50,600	\$4,246	101%	\$1,911	89%	45%
Little Compton*	\$25,820	\$50,600	\$7,061	167%	\$1,693	79%	40%
Middletown	\$25,820	\$59,550	\$5,954	120%	\$2,430	113%	49%
Narragansett	\$25,820	\$50,600	\$6,059	144%	\$3,196	149%	76%
New Shoreham	\$25,820	\$53,050	\$12,339	279%	\$2,049	95%	46%
Newport*	\$25,820	\$59,550	\$7,112	143%	\$2,270	105%	46%
North Kingstown	\$25,820	\$50,600	\$4,589	109%	\$2,520	117%	60%
North Providence	\$25,820	\$50,600	\$3,327	79%	\$2,250	105%	53%
North Smithfield	\$25,820	\$50,600	\$3,820	91%	\$2,514	117%	60%
Pawtucket	\$25,820	\$50,600	\$3,094	73%	\$1,952	91%	46%
Portsmouth	\$25,820	\$59,550	\$5,685	115%	\$2,245	104%	45%
Providence**	\$25,820	\$50,600	\$3,217	76%	\$2,264	105%	54%
Richmond*	\$25,820	\$50,600	\$3,797	90%	\$1,693	79%	40%
Scituate*	\$25,820	\$50,600	\$3,755	89%	\$1,693	79%	40%
Smithfield	\$25,820	\$50,600	\$3,871	92%	\$2,053	95%	49%
South Kingstown*	\$25,820	\$50,600	\$4,517	107%	\$1,693	79%	40%
Tiverton	\$25,820	\$50,600	\$3,871	92%	\$2,101	98%	50%
Warren	\$25,820	\$50,600	\$3,946	94%	\$2,692	125%	64%
Warwick	\$25,820	\$50,600	\$3,187	76%	\$2,357	110%	56%
West Greenwich*	\$25,820	\$50,600	\$5,071	120%	\$1,693	79%	40%
West Warwick	\$25,820	\$50,600	\$3,095	73%	\$2,357	110%	56%
Westerly	\$25,820	\$53,050	\$3,994	90%	\$1,508	70%	34%
Woonsocket	\$25,820	\$50,600	\$2,978	71%	\$1,567	73%	37%
Four Core Cities	\$25,820	\$50,600	\$3,075	73%	\$1,868	87%	44%
Remainder of State	\$25,820	\$51,577	\$4,726	110%	\$2,285	106%	53%
Rhode Island	\$25,820	\$50,650	\$3,592	85%	\$2,316	108%	55%

Source of Data for Table/Methodology

Family Income: 2024 poverty level for a family of three as reported in: *Federal Register*, 89(11), January 17, 2024, pages 2961-2963.

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, (2024). *FY2024 Rhode Island income limits for low- and moderate-income households*. Retrieved February 6, 2025, from <https://www.rihousing.com/wp-content/uploads/FY-24-HUD-Income-Limits.pdf>

Homeownership costs: Data on typical monthly housing payments are from HousingWorks RI's *2024 Housing Fact Book*. They are based on the median selling price of a single-family home using year-end 2023 data and calculated based on a 30-year mortgage at a 6.81% 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, 2024. 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 2024 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 173)

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.³

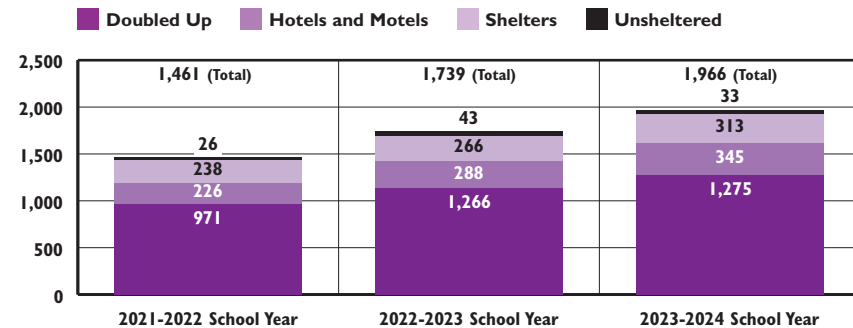
Lack of stable housing is often a

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

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

In Rhode Island in 2024, 479 families with 951 children (including 355 infants, toddlers, and children under age six) stayed at an emergency homeless shelter, domestic violence shelter, transitional housing facility, or hotel paid for by DCYF. Children made up almost one fourth (22%) of the 4,349 people who used emergency homeless shelters, domestic violence shelters, and transitional housing in 2024. As of January 21, 2025, 95 families with 100 children reported that they had slept outside for at least one night in the previous month.⁹


**Homeless Children Identified by Public Schools,
Rhode Island, 2021-2022 through 2023-2024 School Years**



Source: Rhode Island Department of Education, 2021-2022, 2022-2023, and 2023-2024 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.¹⁰
- ◆ The federal *McKinney-Vento Homeless Assistance Act (McKinney-Vento Act)* requires that states identify homeless children, allow them to enroll in school even if they lack required documents, allow them to stay in their “home school,” provide transportation when needed, and provide access to all services and programs that the child is eligible for, including preschool, before- and after-school care, school meals, and services for Multilingual Learners.¹¹
- ◆ The *McKinney-Vento Act* defines a child as homeless if he or she does not have a “fixed, regular and adequate night-time residence.”¹²
- ◆ During the 2023-2024 school year, Rhode Island public school personnel identified 1,966 children as homeless. Of these children, 65% (1,275) lived with other families (“doubled up”), 18% (345) lived in hotels or motels, 16% (313) lived in shelters, and 2% (33) were unsheltered. The number of students identified as homeless in Rhode Island has increased by 35% (505 students) from the 2021-2022 school year.^{13,14}

Children Experiencing Homelessness

Table 7. Homeless Children Identified by Public Schools, Rhode Island, 2023-2024 School Year

SCHOOL DISTRICT	TOTAL ENROLLMENT	# OF CHILDREN IDENTIFIED AS HOMELESS BY PUBLIC SCHOOL PERSONNEL
Barrington	3,309	*
Bristol Warren	2,794	19
Burrillville	2,037	51
Central Falls	2,539	126
Chariho	3,008	24
Coventry	4,133	32
Cranston	10,126	44
Cumberland	4,868	28
East Greenwich	2,521	10
East Providence	5,314	48
Exeter-West Greenwich	1,578	*
Foster	226	0
Foster-Glocester	1,331	*
Glocester	550	*
Jamestown	412	*
Johnston	3,172	32
Lincoln	3,340	36
Little Compton	211	0
Middletown	1,961	87
Narragansett	1,072	*
New Shoreham	126	0
Newport	1,856	51
North Kingstown	3,781	58
North Providence	3,543	51
North Smithfield	1,664	*
Pawtucket	7,887	140
Portsmouth	2,161	17
Providence	19,856	408
Scituate	1,175	*
Smithfield	2,402	43
South Kingstown	2,348	41
Tiverton	1,562	25
Warwick	7,914	84
West Warwick	3,562	38
Westerly	2,215	59
Woonsocket	5,574	272
Charter Schools	11,834	64
State-Operated Schools	1,757	32
Collaboratives	435	<10
Four Core Cities	35,856	946
Remainder of State	86,272	915
Rhode Island	136,154	1,966

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.¹⁷

◆ 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.¹⁸

◆ In Rhode Island, only 27.3% (about one in four) of young children experiencing homelessness are enrolled in an early childhood program.¹⁹

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in grades preschool to 12 on October 1, 2023.

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.

Collaboratives reporting include Sheila C. "Skip" Nowell Leadership Academy.

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

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

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

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.

(continued with References on page 173)

Secure Parental Employment

DEFINITION

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

SIGNIFICANCE

Secure parental employment increases family income and is linked to improved child health, education, and social-emotional development. Children with working parents are more engaged academically and less likely to repeat a grade or be suspended or expelled from school than children whose parents have lost their jobs.^{1,2}

Rhode Island's annual unemployment rate decreased slightly from 3.5% in 2022 to 3.3% in 2023. In 2024, Rhode Island's unemployment rate increased to 4.5%, higher than the U.S. unemployment rate of 4.0%.^{3,4,5}

In 2023, 4% of children in Rhode Island and in the U.S. had at least one parent who does not have a job and has been actively looking for work.⁶ Children who do not have at least one parent with full-time, year-round employment often experience economic insecurity and family stress and are at increased risk for poor health outcomes in childhood. They can experience persistent and chronic health problems, especially mental health challenges, into adulthood.⁷

Even when families have adults with secure parental employment, low wages cause many families to remain in poverty. People of Color are overrepresented among low-income working families. In 2016 in the U.S., families headed by People of Color represented 41% of all working families, while accounting for 60% of low-income working families.⁸ In Rhode Island in 2024, a single-parent family needed pre-tax earnings of \$99,418 and a two-parent family needed pre-tax earnings of \$107,126 to meet their basic needs. Ninety-one percent of Latino single-parent families and 64% of Latino two-parent families in Rhode Island earn less than the income required to meet their basic needs, compared to 70% of white single-parent families and 26% of white two-parent families.⁹

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

	2022	2023
RI	22%	28%
US	26%	25%
National Rank*		36th
New England Rank**		5th

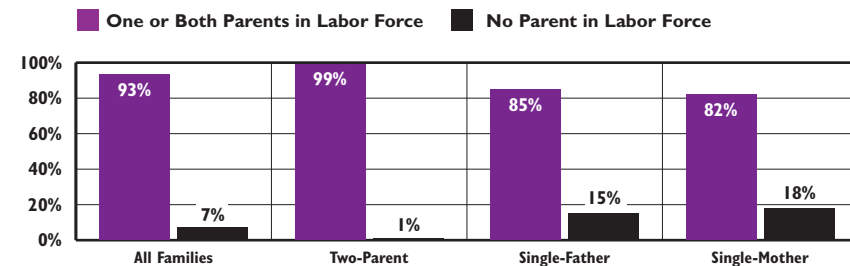
*1st is best; 50th is worst

**1st is best; 6th is worst

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



Employment Status of Parents by Family Type Rhode Island, 2019-2023



Source: U.S. Census Bureau, American Community Survey, 2019-2023. Table B23008.

- ◆ The vast majority of children living in Rhode Island between 2019 and 2023 had one or both parents in the labor force.¹⁰
- ◆ Between 2019 and 2023, 13% (2,505) of Rhode Island families with incomes below the federal poverty threshold had at least one adult with full-time, year-round employment, and 39% (7,272) of Rhode Island families living in poverty had at least one adult working part-time.¹¹
- ◆ According to the 2024 *Rhode Island Standard of Need*, 78% of Rhode Island single-parent families with two children and 34% of two-parent families with two children earn less than the income required to meet their basic needs without government programs, such as SNAP, the Earned Income Tax Credit (EITC), child care subsidies, RIte Care/Medicaid, and health insurance subsidies.¹²
- ◆ Between 2019 and 2023, 74% of children under age six and 78% of children ages six to 17 in Rhode Island had all parents in the labor force. In comparison, nationally, 68% of children under age six and 74% of children ages six to 17 had all parents in the labor force.¹³

Secure Parental Employment



Barriers to Economic Security for Low-Wage Working Families

- ◆ Many parents with children find work in low-wage jobs in the service or retail sectors. These jobs pay too little to meet basic needs and often provide no benefits and little job security or control over schedules. Some low-wage working families qualify for government-subsidized health insurance (Medicaid), food (Supplemental Nutrition Assistance Program) or housing assistance, but many do not.^{14,15}
- ◆ Low-wage workers are less likely to have paid time off when they are sick or to care for themselves or their children.¹⁶ Fifty-six percent of the U.S. workforce qualifies for the federal *Family and Medical Leave Act* (FMLA), but many who are eligible cannot afford to take it because they would not be paid.¹⁷
- ◆ In 2013, Rhode Island passed legislation that created the Temporary Caregivers Insurance (TCI) Program, which now provides up to seven weeks of partial-wage replacement for workers who need to care for a seriously ill family member or a newborn, foster, or adopted child.¹⁸
- ◆ Enacted in 2018, *Rhode Island's Healthy and Safe Families and Workplaces Act* ensures that most employees in the state have the legal right to earn time off to be used when they are sick, injured, or have a routine medical appointment. This time off can also be used to care for a sick child or other family member or to bring family members to routine medical appointments. This earned sick leave must be paid if the employer has 18 or more workers but can be unpaid if the employer has fewer than 18 workers.¹⁹

References

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

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

³ Employment status of the civilian noninstitutional population, by gender, age, race, Hispanic or Latino ethnicity, and marital status, 2022 annual averages – Rhode Island. (n.d.). U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics. Retrieved from www.bls.gov

⁴ Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, and detailed age, 2023 annual averages – Rhode Island and the United States. (n.d.). U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics. Retrieved from www.bls.gov

⁵ Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, and detailed age, 2024 annual averages – Rhode Island and the United States. (n.d.). U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics. Retrieved from www.bls.gov

(continued on page 174)



Secure Employment and Child Care

- ◆ Research shows a link between affordable, quality child care availability and sustained maternal employment.²⁰
- ◆ In 2023 in Rhode Island, a single mother earning the state median income for a single-parent family (\$39,573) would have had to spend 43% of her income to pay the average annual fee for child care for an infant in center-based care (\$16,899).²¹
- ◆ In Rhode Island, child care assistance is available to families with incomes at or below 261% of the federal poverty level (\$69,557 for a family of three in 2025) who work at least 20 hours per week or are engaged in an approved college, education, or training program. Families can continue to receive a subsidy until their income reaches 300% of the federal poverty level (\$79,950 for a family of three).^{22,23}



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

- ◆ State and federal EITCs provide refundable tax credits for low- and moderate-income working families. The federal EITC is one of the nation's most effective poverty reduction programs for children in working families.^{24,25}
- ◆ In 2021, the child poverty rate in the U.S. rate fell to a historic low of 5.2%, largely due to the *American Rescue Plan's* expansion of the federal CTC. Key to this historic reduction in child poverty was the extension of full CTC eligibility to low- and moderate-income families. 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.²⁶
- ◆ The EITC and the Child Tax Credit help families immediately and can produce lasting benefits for children and families. Recipients are more likely to work, and their children do better in school, are more likely to attend college, and earn more as adults.²⁷
- ◆ Refundable state EITCs can supplement the federal EITC to further support working families. In 2023, the Rhode Island General Assembly increased the state's refundable EITC from 15% to 16% of the federal EITC.²⁸ In 2023, approximately 68,000 Rhode Island working families and individuals received a total of \$171 million in federal EITC tax credits, and 67,000 received another \$25 million in state EITC tax credits.^{29,30}

Paid Family Leave

DEFINITION

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

SIGNIFICANCE

Rhode Island's Temporary Caregiver Insurance (TCI) program, launched in 2014, provides up to seven weeks of wage replacement benefits and will provide eight starting in 2026. 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

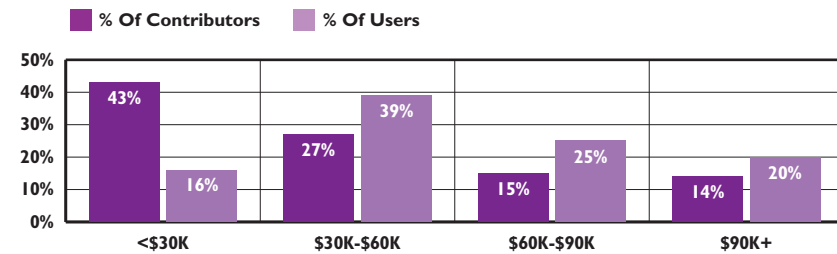
High-wage workers are much more likely to have access to paid family leave

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.^{8,9,10,11}

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.^{12,13}

Approved Temporary Caregiver Insurance Claims Compared to Contributions by Wage Range, 2024



Source: Rhode Island Department of Labor and Training, TCI Program, 2024.

- ◆ There were 9,391 approved claims for TCI during 2024 (up from 8,932 in 2023); 79% were to bond with a new child and 21% were to care for a seriously ill family member. In 2024, 43% of individuals contributing to TCI earned less than \$30,000, yet only 16% of all approved TCI claims were for individuals with wages in this category.¹⁴
- ◆ Of the 7,395 approved claims to bond with a new child, 99% (7,292) were for a newborn and 1% were for a newly adopted (28), foster (50), or other child (25). Fifty-five percent of claims to bond with a new child were filed by women and 45% were by men.¹⁵
- ◆ Of the 1,996 approved claims to care for a seriously ill family member, 39% were to care for a spouse or domestic partner, 32% were to care for a parent or parent-in-law, 28% were to care for a child, and 1% were to care for a grandparent. Sixty-seven percent of claims to care for a seriously ill family member were filed by women and 33% were filed by men.¹⁶

Temporary Disability Insurance for Pregnancy Complications & Childbirth

- ◆ In 2024, there were 3,833 approved TDI claims for disabling pre/post pregnancy conditions 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).^{17,18}

Paid Family Leave

Table 8. Approved Temporary Disability Claims for Childbirth & Temporary Caregiver Claims for Paid Family Leave, Rhode Island, 2024

CITY/TOWN	TEMPORARY DISABILITY INSURANCE (TDI) CLAIMS			TEMPORARY CAREGIVER INSURANCE (TCI) CLAIMS		
	TDI FOR CHILDBIRTH NORMAL DELIVERY	TDI FOR PREGNANCY WITH COMPLICATIONS (INCL. C-SECTION)	TOTAL TDI CLAIMS	TCI TO BOND WITH NEW CHILD	TCI TO CARE FOR FAMILY MEMBER	TOTAL TCI CLAIMS
Barrington	21	14	35	80	15	95
Bristol	32	22	54	92	32	124
Burrillville	25	14	39	64	26	90
Central Falls	21	43	64	88	27	115
Charlestown	5	15	20	27	10	37
Coventry	73	90	163	346	94	440
Cranston	146	157	303	630	171	801
Cumberland	57	65	122	242	57	299
East Greenwich	34	29	63	127	21	148
East Providence	70	101	171	353	85	438
Exeter	19	11	30	56	12	68
Foster	7	7	14	38	15	53
Glocester	15	15	30	55	9	64
Hopkinton	6	10	16	40	19	59
Jamestown	*	*	*	*	*	*
Johnston	59	50	109	225	65	290
Lincoln	25	33	58	116	41	157
Little Compton	*	*	*	*	*	*
Middletown	19	15	34	63	13	76
Narragansett	16	11	27	43	11	54
Newport	37	39	76	89	13	102
New Shoreham	*	*	*	*	*	*
North Kingstown	57	41	98	188	35	223
North Providence	49	65	114	219	82	301
North Smithfield	14	17	31	46	15	61
Pawtucket	112	122	234	434	125	559
Portsmouth	16	28	44	86	13	99
Providence	302	349	651	1096	289	1385
Richmond	17	10	27	68	11	79
Scituate	17	29	46	68	24	92
Smithfield	33	37	70	120	29	149
South Kingstown	33	31	64	130	27	157
Tiverton	16	14	30	59	13	72
Warren	12	30	42	60	19	79
Warwick	128	162	290	659	191	850
Westerly	25	32	57	90	29	119
West Greenwich	6	15	21	34	13	47
West Warwick	63	47	110	214	83	297
Woonsocket	41	55	96	192	55	247
Out-of-State	202	214	416	834	198	1032
Unknown	-	-	-	2	1	3
Four Core cities	476	569	1,045	1,810	496	2,306
Remainder of state	1,158	1,264	2,422	4,751	1,302	9,390
Rhode Island	1,634	1,833	3,467	6,561	1,798	8,359
Total Program Claims	1,836	2,047	3,883	7,395	1,996	9,391

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, 2024.

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

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

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

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

References

- ^{1,13} Rhode Island Department of Labor and Training. (2014). *Temporary Caregiver Insurance* [Brochure].
- ² Rhode Island General Assembly. [2024, June 26]. *Expanded parental, caregiving leave signed into law* [Press Release].
https://www.rilegislature.gov/pressrelease/_layouts/RI.L.PressRelease.ListStructure/Forms/DisplayForm.aspx?List=c8baae31%2D3c10%2D431c%2D8dcd%2D9dbbe21ce3e9&ID=374750&Web=2bab1515%2D0dce%2D4176%2Da2f8%2D8d4bee4f488
- 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., & Smaligan, J. (2022). *Access to paid leave is lowest among workers with the greatest needs*. The Urban Institute.
- ⁷ Andrews, E., Mehta, S., & Milli, J. (2024). *Working people need access to paid leave*. Center for Law and Social Policy.

(continued on page 174)

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 child support 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 non-custodial parents, establish paternity/parentage, get or modify a court order for child support, collect child support payments (mostly through payroll withholding), and enforce the order. Families may seek help voluntarily by paying a small fee.^{1,2}

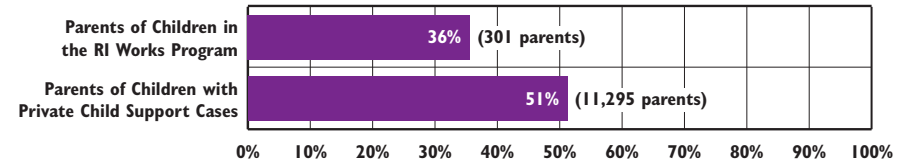
The public Child Support Enforcement program was enacted in 1975 as a federal-state program (Title IV-D of the *Social Security Act*) to recover a portion of public expenditures. Federal law requires that when parents apply for cash assistance or Medicaid coverage for their children, they must participate 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.³

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.⁴

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.^{5,6}

On-Time, In-Full Child Support Payments Collected, Rhode Island, December 1, 2024



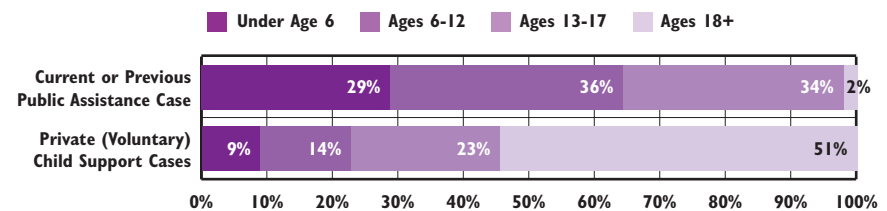
Source: Rhode Island Department of Human Services, Office of Child Support Services, 2024. The percentage does not include cases in which paternity/parentage has not been established or cases in which the non-custodial parent is not under a court order because he/she cannot be located.

◆ As of December 1, 2024, there were 33,941 children associated with past or present public assistance cases and 20,449 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.⁷

◆ 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, 2024.⁸

◆ Fifty-one 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, 2024.⁹

Active Child Support Cases by Age of Child, Rhode Island, December 1, 2024



Source: Rhode Island Department of Human Services, Office of Child Support Services, December 2024. 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 2024

	TOTAL OBLIGATIONS	TOTAL COLLECTED	TOTAL RETAINED BY STATE/FEDERAL GOVERNMENT	TOTAL DISTRIBUTED TO CUSTODIAL PARENTS
Current or Past Public Assistance Cases	\$73.0	\$48.5	\$6.9	\$41.6
Private Child Support Cases	\$88.9	\$39.8	\$0	\$37.1
Total	\$161.9	\$88.3	\$6.9	\$78.7

Source: Rhode Island Department of Human Services, Office of Child Support Services, 2024.

◆ In Calendar Year 2024, the Rhode Island Office of Child Support Services collected \$88.3 million in child support payments (excluding interstate cases), including 66% of funds owed for public assistance cases and 45% owed for private cases.¹⁰

◆ For current or past public assistance cases, 86% of funds collected were distributed to custodial parents and 14% of funds were retained as cost-recovery for public benefits. For private cases, 89% of funds were distributed to custodial parents.¹¹

◆ In Federal Fiscal Year 2023, the Rhode Island Office of Child Support Services collected \$3.90 from non-custodial parents for every \$1.00 spent on administering the program.¹²

Past Due Child Support, Rhode Island, Calendar Year 2024

	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	\$169.4 million	4,585
Private Child Support Cases	\$615.8 million	9,778
Total	\$785.2 million	14,363

Source: Rhode Island Department of Human Services, Office of Child Support Services, 2024.

◆ Almost all parents who owe substantial child support debt have very low incomes. Child support enforcement mechanisms include suspending driver's licenses, criminal prosecution, and incarceration -- actions which can make it more difficult for non-custodial parents to achieve financial stability and pay child support.¹³

◆ 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.^{14,15}

RI Public Assistance Programs and Child Support

◆ **RI Works Cash Assistance:** As of December 1, 2024, there were 4,064 children enrolled in the RI Works cash assistance program who had an active case in the RI Office of Child Support Services system. In Rhode Island, only the first \$50 of child support paid on time each month is passed through to the custodial parent. 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.^{16,17}

◆ **Medicaid and Cash Medical Child Support:** During Federal Fiscal Year 2024, there were 6,267 court orders associated with past or present public assistance, 1,599 court orders associated with private cases, and 220 court orders associated with interstate cases for cash payments to cover health insurance for children. Rhode Island collected \$8.4 million in cash medical payments, retaining \$6.6 million (79%) as cost-recovery for Medicaid/RIte Care and transferring \$1.8 million (21%) to custodial parents to help cover commercial insurance.¹⁸

◆ **Children in Foster Care/Out-of-Home Placement:** As of December 1, 2024, there were 94 children in foster care or out-of-home placement who had an active case in the RI Office of Child Support Services system. The majority did not have child support orders established. Information was not available about collection or distribution of child support funds associated with children in foster care/out-of-home placement. Research has shown that requiring parents to pay support to offset the cost of foster care delays children's reunification with a parent or other permanent placement. 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.^{19,20}

◆ **Children Enrolled in the Child Care Assistance Program:** As of December 1, 2024, there were 7,429 children with current or past participation in the RI Child Care Assistance Program who 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 quite burdensome and there is no evidence it helps families gain access to additional funds to improve their financial security.^{21,22}

(References are on page 174)

Children in Poverty

DEFINITION

Children in poverty is the percentage of children under age 18 who are living in households with incomes below the poverty threshold, as defined by the U.S. Census Bureau. Poverty is determined based on income received in the year prior to the survey.

SIGNIFICANCE

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

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

In 2024, the federal poverty

threshold was \$26,650 for a family of three with two children and \$32,150 for a family of four with two children.⁹ The official poverty measure does not reflect the effects of key government programs that support families living in poverty, and does not consider geographic variations in the cost of living. To address these limitations, the U.S. Census Bureau publishes a Supplemental Poverty Measure. This measure does not replace the official measure, but it provides policymakers with an additional way to evaluate the effects of anti-poverty policies.¹⁰

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.¹¹

Children in Poverty				
	2020 ⁺	2021	2022	2023
RI	11.5%	15.0%	11.7%	13.3%
US	15.7%	16.9%	16.3%	16.3%
National Rank*	21st			
New England Rank**	6th			

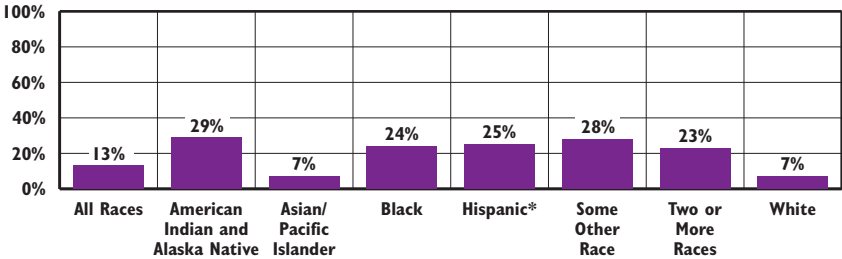
*1st is best; 50th is worst

**1st is best; 6th is worst

Source: U.S. Census Bureau, American Community Survey, 2020-2023, Tables S1701, C17024. *Use caution in interpreting this data due to the low response rate during the COVID-19 pandemic.



Children in Poverty, by Race and Ethnicity, Rhode Island, 2019-2023



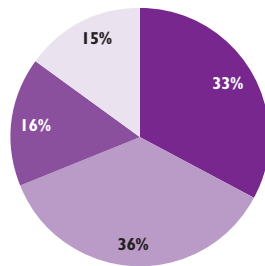
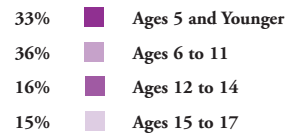
Source: U.S. Census Bureau, American Community Survey, 2019-2023. Tables B17020, B17020A, B17020B, B17020C, B17020D, B17020E, B17020F, B17020G and B17020I. *Hispanic children may be included in any race category.

- ◆ Between 2019 and 2023, 13% (27,224) of Rhode Island’s 205,307 children with known poverty status lived in households with incomes below the federal poverty threshold.¹²
- ◆ Between 2019 and 2023, 29% of American Indian and Alaska Native, 28% of children of Some other Race, 25% of Hispanic, 24% of Black, and 23% of children of Two or more races in Rhode Island lived in poverty, compared to 7% of Asian/Pacific Islander children and white children.¹³
- ◆ 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.^{14,15}
- ◆ Due to the COVID-19 pandemic, Rhode Island’s unemployment rate surged higher in the spring and summer of 2020 than its peak in the Great Recession.¹⁶ Federal COVID-relief measures, such as enhanced unemployment benefits and economic impact payments, reduced poverty rates and lessened material hardship.^{17,18} Since those programs expired, the national poverty rate increased from 12.4% in 2022 to 13.7% in 2023.¹⁹
- ◆ The federal *American Rescue Plan Act*, enacted in March 2021, included a one-year expansion of the Child Tax Credit, including distributing a portion of the credit in monthly payments from July through December 2021. These payments reduced child poverty by an estimated 29% in November 2021, with the largest impact on Children of Color.^{20,21}

Children in Poverty

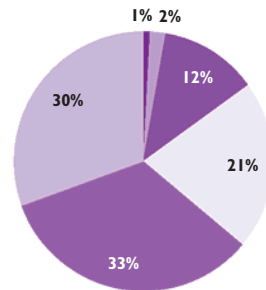
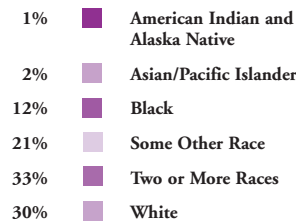
Rhode Island's Children Living in Poverty, 2019-2023

By Age



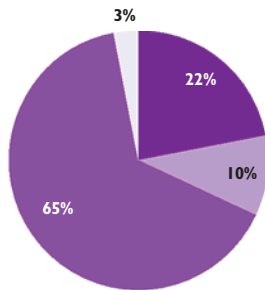
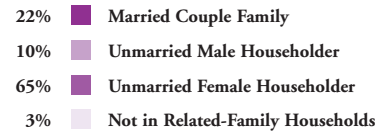
n=27,224

By Race*



n=27,224

By Family Structure



n=27,224

**Hispanic children may be included in any race category. Between 2019 and 2023, 54% of Rhode Island's 27,224 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.*

Source: U.S. Census Bureau, American Community Survey, 2019-2023. 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 Four Core Cities, Rhode Island, 2019-2023

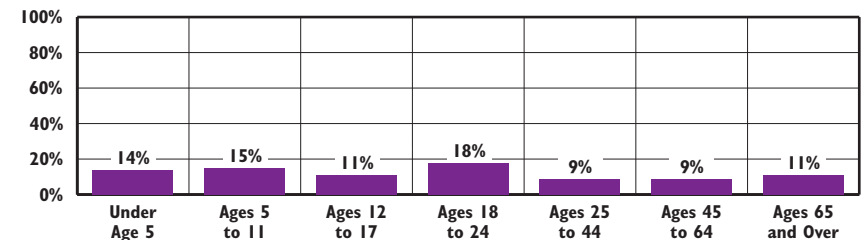
CITY/TOWN	NUMBER IN POVERTY	PERCENTAGE IN POVERTY	NUMBER IN EXTREME POVERTY	PERCENTAGE IN EXTREME POVERTY
Central Falls	1,535	26%	561	9%
Pawtucket	2,982	19%	1,600	10%
Providence	9,733	26%	5,444	15%
Woonsocket	3,211	33%	1,837	19%
Rhode Island	27,224	13%	14,397	7%

Source: Population Reference Bureau analysis of 2019-2023 American Community Survey data.

◆ Between 2019 and 2023, 64% of Rhode Island's children living in poverty lived in just four cities—Central Falls, Pawtucket, Providence, and Woonsocket. These cities, termed core cities, had a combined child poverty rate of 25% between 2019-2023. The four core cities also have substantial numbers of children living in extreme poverty.²²

◆ In Rhode Island between 2019 and 2023, Black and Hispanic children were about 12 and eight times more likely, respectively, to live in high-poverty neighborhoods than non-Hispanic white children.²³ Living in high-poverty neighborhoods (those with poverty rates of 30% or more) provides fewer opportunities for children and their families.²⁴

Poverty, by Age, Rhode Island, 2019-2023



Source: U.S. Census Bureau, American Community Survey, 2019-2023, Table B17001.

◆ Between 2019 and 2023 in Rhode Island, 18% of young adults ages 18 to 24 lived in poverty.²⁵ In Rhode Island, young adults are at a higher risk of living in poverty than any other age group. In the U.S., 3.4 million children live with parents ages 18 to 24, and 37% of them, mostly babies, toddlers, and preschoolers, live in poverty.²⁶

Children in Poverty



Financial Asset Building

- ◆ Many low-income families have limited or no access to traditional banks and instead must rely on cash transactions or alternative financial services, such as check-cashing stores, payday lenders, and rent-to-own stores. These families pay high fees for financial transactions and high interest rates on loans and often struggle to build credit histories and achieve economic security.^{27,28}
- ◆ In Rhode Island in 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.²⁹ During the pandemic, quick government financial relief payments made many families bankable. Many consumers took advantage of enhanced, safe online and mobile bank accounts, which resulted in a meaningful gain in connecting families to the banking system.³⁰
- ◆ States can protect consumers from high-cost payday lending by prohibiting these loans outright or enacting measures that make the loans more affordable, such as an annual rate cap or limiting the amount of monthly payments as a percentage of a borrower's monthly income. Rhode Island is the only New England state that does not currently protect against payday lending.^{31,32}
- ◆ Many public assistance programs have eligibility provisions that limit the amount of assets and/or the value of vehicles a family can own. Such policies discourage families from saving and building the assets they need to improve their economic security.³³
- ◆ Rhode Island currently has a \$5,000 asset limit to qualify for and retain RI Works cash assistance and is one of only eight states with such a restrictive asset limit. Under Rhode Island law, the value of one vehicle for each adult household member (not to exceed two vehicles per household) does not count toward the family's asset limit.³⁴
- ◆ Discrimination and historical racism have resulted in large and persistent disparities in wealth between different racial and ethnic groups. In 2022, the median family wealth for white families was about six times greater than the median wealth of Black families and five times greater than the median wealth of Hispanic families.³⁵



Building Blocks of Economic Security

Income Supports

- ◆ 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.³⁶ Baby bonds, government-supported savings accounts created for children, help them accumulate wealth and achieve financial stability. In 2022, Connecticut enacted baby bond legislation. Rhode Island's FY 2026 budget proposal included \$3,000 baby bonds for babies born into the RI Works program.^{37,38}

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.³⁹ In Rhode Island low-income children are eligible to enroll in RIte Care regardless of immigration status.⁴⁰

Affordable Quality Child Care

- ◆ In Rhode Island in 2024, the average annual cost of center-based childcare for one infant was \$16,770.⁴¹ 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.⁴²

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.⁴³ Forty-five percent of Rhode Islanders had a postsecondary degree in 2019-2023.⁴⁴

Affordable Housing

- ◆ In 2024, the average rent for a two-bedroom apartment in Rhode Island was \$2,316.⁴⁵ In Rhode Island, a family of three with an income at the federal poverty level would need to spend more than all their income on rent.⁴⁶ Nationally, only one in four eligible low-income families receive rental assistance to help them afford the high cost of housing.⁴⁷

Child Support

- ◆ As of December 1, 2024, there were 54,390 children in Rhode Island's Office of Child Support Services system.⁴⁸ 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.⁴⁹ Among poor custodial parents that received full child support in 2017 in the U.S., these payments represented 57% of their mean personal income.⁵⁰

Children in Poverty

Table 9. Margin of Error, Children Living Below the Federal Poverty Threshold, Rhode Island, 2019-2023

CITY/TOWN	CHILDREN UNDER AGE 18 LIVING BELOW POVERTY 2019-2023			
	ESTIMATES WITH HIGH MARGINS OF ERROR*		ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR	
	N	MARGIN OF ERROR	N	MARGIN OF ERROR
Barrington			165	3.5%
Bristol			192	6.6%
Burrillville	262	8.8%		
Central Falls	1,535	25.5%		
Charlestown	80	7.4%		
Coventry			520	8.0%
Cranston			1,211	7.4%
Cumberland			328	4.1%
East Greenwich			92	2.4%
East Providence			1,118	14.3%
Exeter	103	8.0%		
Foster	33	3.9%		
Glocester			-	-
Hopkinton			30	2.1%
Jamestown	-	-		
Johnston	563	9.9%		
Lincoln			224	4.4%
Little Compton	8	1.7%		
Middletown	449	14.1%		
Narragansett			32	1.9%
New Shoreham	4	4.5%		
Newport	917	25.1%		
North Kingstown			463	9.1%
North Providence			515	8.2%
North Smithfield	112	4.7%		
Pawtucket			2,982	19.1%
Portsmouth	173	5.1%		
Providence			9,733	26.0%
Richmond			-	-
Scituate			29	1.9%
Smithfield			17	0.5%
South Kingstown			453	9.7%
Tiverton			53	2.3%
Warren	51	3.5%		
Warwick			914	6.3%
West Greenwich	-	-		
West Warwick			502	10.3%
Westerly			150	4.9%
Woonsocket	3,211	32.8%		
Four Core Cities			17,461	25.4%
Remainder of State			9,763	7.2%
Rhode Island			27,224	13.3%

Source of Data for Table/Methodology

Data are from a Population Reference Bureau analysis of 2019-2023 American Community Survey data. The data include the poverty rate for all children for whom poverty was determined, including "related" children and "unrelated children" living in the household.

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

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

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

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

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

References

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- 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 the number of people in their families.¹

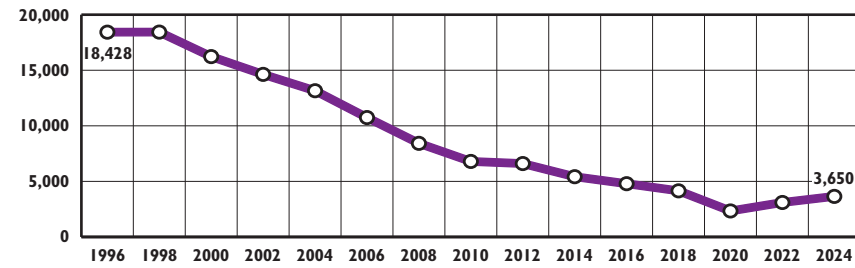
RI Works recipients must participate in an employment plan unless they qualify for an exemption. This employment plan must consider the parent's skills, education, and family responsibilities as well as place of residence and should outline a process for helping the parent meet employment goals, including opportunities to seek additional education or training to improve their employability prospects.²

RI Works 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.³ In 2024, the average hourly wage of working parents enrolled in RI Works was \$17.84 per hour.⁴

RI Works connects families to the Office of Child Support Services, which assists families in establishing paternity (when applicable), identifying and locating non-custodial parents, and obtaining child support payments from non-custodial parents.⁵ In Rhode Island, the first \$50 of child support paid on time each month on behalf of a child enrolled in RI Works goes to the custodial parent caring for the child. The rest is kept by the state and federal governments.^{6,7} 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.^{8,9} 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.¹⁰

The maximum monthly benefit for a family of three is \$865 per month.¹¹ Benefits have been raised only twice in the past 30 years and the maximum benefit is still only 41% of the federal poverty threshold.^{12,13,14}

Cash Assistance Caseload, Rhode Island, 1996–2024*



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1996–2015, and RI Bridges Database, December 2016–2024. 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 2010–2024 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 2024, the Rhode Island cash assistance caseload decreased by from 18,428 cases to 3,650 families. The number of families receiving cash assistance increased from 2020 to 2024 but is still below the 2019 pre-pandemic caseload.¹⁵

◆ 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.^{16,17}

◆ In December 2024, there were 2,969 adults and 6,388 children under age 18 enrolled in RI Works. Sixty-eight percent of RI Works beneficiaries were children, and 39% of the children enrolled in RI Works were under the age of six.¹⁸

◆ In December 2024, 63% (2,310) of RI Works cases were single-parent families, (30%) 1,111 were child-only cases, and 6% (229) were two-parent families.¹⁹

◆ 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 1996.²⁰

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.²¹

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.^{22,23}

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.²⁴

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.^{25,26} 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 \$525.²⁷

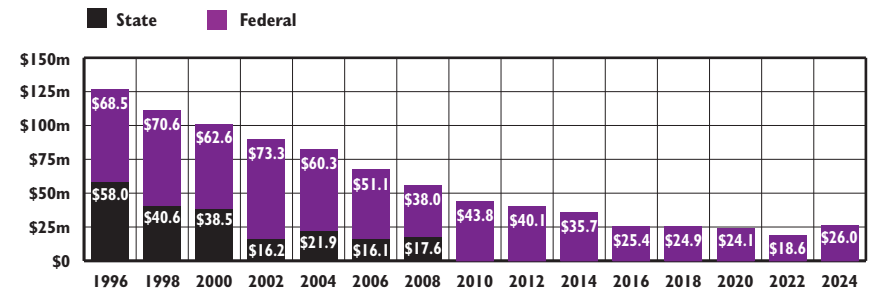
RI Works by Case Type, December 2024

	NUMBER	PERCENTAGE
Child-only cases	1,111	30%
Cases with adults with a work activity	1,843	50%
Cases with adults exempt from a work activity*	441	12%
Cases without work activity	255	7%
Total RI Works Caseload	3,650	

Source: Rhode Island Department of Human Services, RI Bridges Database, December 2024.

*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 (176), second parent is a non-participant (115), youngest child under age one (107), in third trimester of pregnancy (29), being a victim of domestic violence (<10), or multiple reasons (11).

Rhode Island Cash Assistance Expenditures, State Fiscal Years 1996-2024

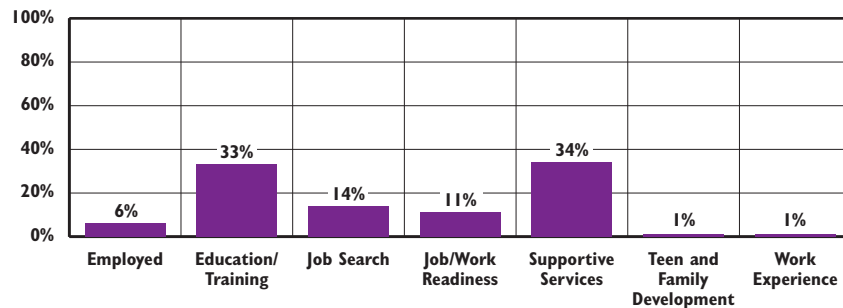


Sources: Rhode Island Department of Human Services. (2007). *Family Independence Program 2007 annual report*. (FY 1996–2001); House Fiscal Advisory Staff. (2004–2019). *Budget as enacted: Fiscal Years 2005–2019*. (FY 2002–2017); House Fiscal Advisory Staff. (2020). *FY 2020 revised budget: 2020-H 7170, 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 2025*. (FY 2022–2024). Fiscal years 1997–2023 are funds spent, and FY 2024 is final budget.

◆ In State Fiscal Year 2024, for the fifteenth year in a row, no state general revenue was allocated for cash assistance. State general revenue spending for cash assistance decreased steadily from 1996 through 2010, and the program is now entirely supported by federal Temporary Assistance for Needy Families (TANF) block grant funds. Total expenditures for cash assistance in Rhode Island (federal and state) decreased by 85% between 1996 (when the program began) and 2021, but then slightly increased from 2021 to 2024.^{28,29} In 2022, Rhode Island spent 15% of its TANF funds on cash assistance, significantly lower than the national share of 23%.³⁰

Children in Families Receiving Cash Assistance


**Families Enrolled in the RI Works Program,
by Type of Work Activity, December 2024**



Source: Rhode Island Department of Human Services, RI Bridges Database, December 2024. The total number of work activities (2,268) is larger than the number of families with a work activity (1,843) because some families (380) had multiple work activities during the month.

◆ As of December 2024, 6% 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.³¹

◆ 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.³² As of December 2024, 33% of families were participating in education or training programs.³³

◆ Fourteen percent of families with a work activity were participating in job search activities, including job search and job skills development programs delivered in partnership with the Rhode Island Department of Labor and Training and 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.^{34,35}

◆ An additional 1% of families received educational support through the Teen and Family Development Program, a program for young parents.³⁶


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.³⁷

◆ In December 2024, there were 49 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.³⁸


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.³⁹

◆ 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.⁴⁰

◆ As of December 2024, 510 families (14% of the total RI Works caseload) had hardship extensions, 22 for a physical or mental disability, 10 who were unable to work due to a domestic violence situation, 10 for caring for a family member with a disability, eight due to homelessness, and 464 because of economic hardship or another critical condition or circumstance.⁴¹ 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.^{42,43}

Children in Families Receiving Cash Assistance

Table 10. Children in Families Receiving Cash Assistance (RI Works), Rhode Island, December 2024

CITY/TOWN	# OF CHILDREN UNDER AGE 18	NUMBER RECEIVING CASH ASSISTANCE		% OF CHILDREN RECEIVING CASH ASSISTANCE
		FAMILIES	CHILDREN	
Barrington	4,489	10	20	<1%
Bristol	2,887	14	16	1%
Burrillville	3,229	26	47	1%
Central Falls	6,411	166	308	5%
Charlestown	1,161	2	4	<1%
Coventry	6,655	34	49	1%
Cranston	15,744	170	264	2%
Cumberland	7,550	39	65	1%
East Greenwich	3,465	13	19	1%
East Providence	7,886	121	189	2%
Exeter	1,175	2	5	<1%
Foster	790	6	9	1%
Glocester	1,896	5	8	<1%
Hopkinton	1,613	4	7	<1%
Jamestown	871	4	5	1%
Johnston	5,119	65	105	2%
Lincoln	4,640	32	53	1%
Little Compton	568	2	4	1%
Middletown	3,487	54	94	3%
Narragansett	1,651	5	12	1%
New Shoreham	189	0	0	<1%
Newport	3,660	132	250	7%
North Kingstown	5,496	27	45	1%
North Providence	5,802	76	117	2%
North Smithfield	2,274	10	18	1%
Pawtucket	16,455	474	777	5%
Portsmouth	3,444	14	34	1%
Providence	41,021	1,411	2,571	6%
Richmond	1,627	5	12	1%
Scituate	1,866	2	3	<1%
Smithfield	3,411	13	22	1%
South Kingstown	4,339	23	37	1%
Tiverton	2,723	18	29	1%
Warren	1,826	24	37	2%
Warwick	14,034	114	179	1%
West Greenwich	1,251	2	2	<1%
West Warwick	5,787	116	196	3%
Westerly	3,826	15	26	1%
Woonsocket	9,467	397	742	8%
Other/Unknown	NA	3	8	NA
Four Core Cities	73,354	2,448	4,398	6%
Remainder of State	136,431	1,202	1,990	1%
Rhode Island	209,785	3,650	6,388	3%



Education and Training Supporting Employment

◆ Between 2019 and 2023, an estimated 63,704 working-age adults (18 to 64) in Rhode Island did not have a high school diploma or GED.⁴⁴

◆ Nationally, between 2023 and 2033, jobs requiring a postsecondary degree or certificate are projected to grow faster than jobs requiring a high school diploma.⁴⁵ Between 2019 and 2023, the unemployment rate for Rhode Islanders without a high school diploma was 10.6%, compared to 6.4% for those with a high school degree and 2.8% for those with a bachelor's degree or higher.⁴⁶

◆ Parents enrolled in RI Works face significant barriers to success in the labor market. Thirty-two percent of parents enrolled in RI Works report not finishing high school.⁴⁷

◆ 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.⁴⁸ States should explore how to meet their work participation rate while offering beneficiaries a chance to improve job skills and long-term work preparedness.⁴⁹

Source of Data for Table/Methodology

Rhode Island Department of Human Services, RI Bridges Database, December 2024. 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.

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

References

^{1,2,3,5,21,22,23,24,32,37,40} Rhode Island Works Program rules and regulations, 218-RICR-20-00-2 (2024). Retrieved from sos.ri.gov

^{4,11,15,18,19,31,33,34,35,36,38,41,47} Rhode Island Department of Human Services, InRhodes Database and RI Bridges Database, December.

⁶ Child Support Program rules and regulations, 218-RICR-30-00-1 (2021). Retrieved March 28, 2023, from sos.ri.gov

⁷ National Conference of State Legislatures. (2020). Child support pass-through and disregard policies for public assistance recipients. Retrieved March 28, 2023, from www.ncsl.org

(continued on page 175)

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 41 states that have implemented broad-based categorical eligibility, which allowed Rhode Island to increase the gross income limit and remove the resource limit for most applicants.⁶ The gross monthly income limit for Rhode Island is 185% of the federal poverty level (\$46,768 per year

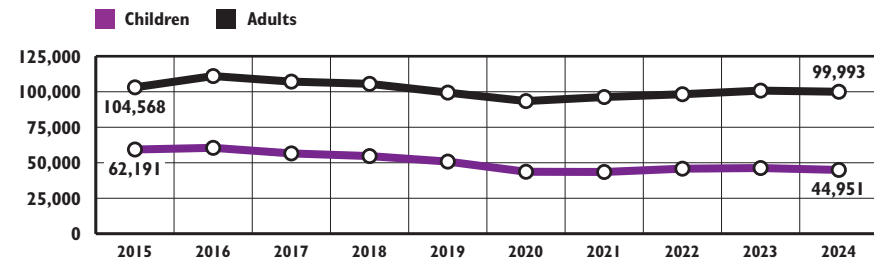
for a family of three in 2024).

Households must still meet the net monthly income limit of 100% of the federal poverty level after allowable deductions, which include deductions for housing costs and child care.^{7,8}

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.⁹ In Rhode Island during October 2024, 70% of SNAP households had gross incomes below the federal poverty level (\$25,820 for a family of three in 2024).^{10,11} In October 2024, the average monthly SNAP benefit for a family of three in Rhode Island was \$766.¹² Beginning in October 2021, maximum monthly benefits increased due to an update of the Thrifty Food Plan on which benefits are based.¹³

Participation in SNAP in early childhood is associated with improvements in short- and long-term health outcomes, improved high school graduation rates, and increases in adult earnings. In 2021, SNAP and the School Lunch Program lifted 3.2 million Americans out of poverty and was the most effective program for lifting families out of deep poverty.^{14,15,16} SNAP is also an effective form of economic stimulus because it moves money directly into the local economy.¹⁷

Participation in the Supplemental Nutrition Assistance Program, Children and Adults, Rhode Island, 2015-2024



Source: Rhode Island Department of Human Services, InRhodes Database, 2015 and RI Bridges Database, 2016-2024. Data represent children under age 18 and adults who participated in SNAP during the month of October.

◆ Of the 144,944 Rhode Islanders enrolled in SNAP in October 2024, 69% were adults and 31% were children. Of the children enrolled in SNAP, 34% were under the age of six.¹⁸

◆ The number of children and adults receiving SNAP benefits decreased from 2015 to 2020 and then increased for a few years before falling again in 2024.¹⁹

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.²⁰ From 2021 to 2023, 9.7% of Rhode Island households and 12.2% of U.S. households were food insecure. In 2023, 8.9% of all U.S. households with children and 44% of U.S. households with children living in poverty experienced food insecurity.²¹ Rhode Island launched a retail SNAP incentive pilot program which gives discounts on fruits and vegetables, improves nutrition, and reduces food insecurity in households.²²

◆ 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.²³ The Rhode Island Community Food Bank network of 147 member agencies served, on average, 84,400 people each month in 2024, up from 77,600 the previous year.²⁴

Children Receiving SNAP Benefits

Table 11. Children Under Age 18 Receiving SNAP Benefits, Rhode Island, October 2024

CITY/TOWN	NUMBER PARTICIPATING
Barrington	127
Bristol	239
Burrillville	344
Central Falls	2,038
Charlestown	105
Coventry	729
Cranston	2,674
Cumberland	600
East Greenwich	169
East Providence	1,444
Exeter	88
Foster	82
Glocester	109
Hopkinton	185
Jamestown	23
Johnston	935
Lincoln	555
Little Compton	26
Middletown	394
Narragansett	139
New Shoreham	6
Newport	942
North Kingstown	569
North Providence	1,028
North Smithfield	158
Pawtucket	5,037
Portsmouth	173
Providence	16,173
Richmond	142
Scituate	98
Smithfield	220
South Kingstown	378
Tiverton	263
Warren	252
Warwick	1,721
West Greenwich	71
West Warwick	1,336
Westerly	492
Woonsocket	4,104
Unknown	797
Four Core Cities	27,352
Remainder of State	16,802
Rhode Island	44,951

Summer EBT Program and SNAP Benefits

◆ According to 2024 survey data from the RI Life Index, 38% 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, 55% of which were not able to meet their basic food needs.²⁵

◆ Between March 2020 and February 2023, all SNAP households were eligible for a supplemental benefit of at least \$95 during the COVID-19 public health emergency. By March 2023, families no longer received these benefits as the *Consolidated Appropriations Act of 2023* passed, ending all emergency allotments due to the COVID-19 pandemic.^{26,27}

◆ SNAP participants can now select and pay for their groceries online using their EBT card at participating online retailers.²⁸

◆ 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.²⁹

Source of Data for Table/Methodology

Supplemental Nutrition Assistance Program (SNAP) data are from the Rhode Island Department of Human Services, RI Bridges Database, October 2024. *14 children changed addresses mid-month resulting in the total being greater than the total number of distinct children

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

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

References

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- ² Thomas, M. M. C., Miller, D. P., & Morrissey, T. W. (2019). Food insecurity and child health. *Pediatrics*, 144(4), 1-9.
- ^{3,15} Food Research and Action Center. (2023). *FRAC facts: SNAP strengths*. Retrieved January 31, 2025, from <https://frac.org/wp-content/uploads/FRAC-Facts-SNAP-Strengths-2023.pdf>
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- ^{5,8} U.S. Department of Agriculture, Food and Nutrition Service. (2025). *Supplemental Nutrition Assistance Program (SNAP): SNAP eligibility*. Retrieved January 31, 2025, from <https://www.fns.usda.gov/snap/recipient/eligibility>
- ⁶ U.S. Department of Agriculture, Food and Nutrition Service. (2024). *Broad-based categorical eligibility*. Retrieved January 31, 2025, from www.fns.usda.gov
- ^{7,11} U.S. Department of Health and Human Services. (2024). Annual update of the HHS poverty guidelines. *Federal Register*, 89(11), 2961-2963.

(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

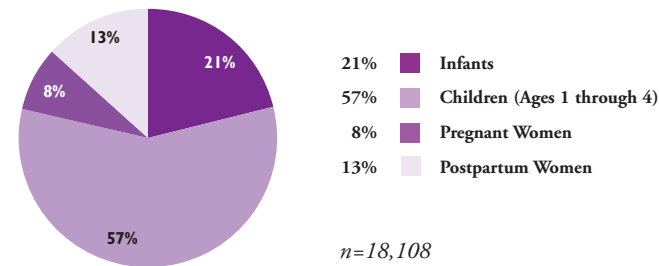
participation also may decrease household food insecurity (families that do not have regular access to enough food for an active, healthy life). Food insecurity in early childhood can lead to impaired cognitive, behavioral, and psychosocial development and can limit academic achievement. Pregnant women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

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

Revisions to the WIC food package that were implemented in 2009 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.^{8,9} In Rhode Island in Federal Fiscal Year (FFY) 2024, 36% of infants participating in WIC were breastfed, and 64% of infants were fully formula fed.¹⁰

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


**Women, Infants, and Children Enrolled in WIC,
Rhode Island, September 2024**



Source: Rhode Island Department of Health, WIC Program, September 2024.

- ◆ In September 2024, 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 13% postpartum) of the population served.¹²
- ◆ In September 2024, 4% of WIC participants in Rhode Island were American Indian or Alaska Native, 3% were Asian, 18% were Black, 63% were white, and 13% identified as another race or more than one race. Sixty-two percent of WIC participants identified as Hispanic. Hispanic women and children may be included in any race category.¹³
- ◆ In September 2024, all four of the core cities had participation rates at or exceeding the statewide participation rate of 47%: Central Falls (62%), Pawtucket (48%), Providence (57%), Woonsocket (54%).¹⁴
- ◆ 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.¹⁵ Rhode Island received \$20.8 million in federal WIC funding during FFY 2024, slightly higher than the \$20.1 million received in FFY 2023.¹⁶
- ◆ The WIC Farmers' Market Nutrition Program (FMNP) improves participants' intake of fresh fruits and vegetables by enabling participants to purchase produce at authorized local farmers' markets using WIC benefits.¹⁷ In Rhode Island, 8,004 WIC participants purchased fresh produce at 69 farmers' markets through the FMNP in FFY 2024.¹⁸

Women and Children Participating in WIC

Table 12.

Women, Infants, and Children Enrolled in WIC, September 2024

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER ENROLLED	% OF ELIGIBLE ENROLLED
Barrington	139	23	17%
Bristol	274	121	44%
Burrillville	364	116	32%
Central Falls	1,889	1,162	62%
Charlestown	122	77	63%
Coventry	663	221	33%
Cranston	2,726	1,172	43%
Cumberland	691	251	36%
East Greenwich	96	28	29%
East Providence	1,375	634	46%
Exeter	87	27	31%
Foster	99	28	28%
Glocester	145	35	24%
Hopkinton	172	67	39%
Jamestown	30	3	10%
Johnston	949	366	39%
Lincoln	484	185	38%
Little Compton	41	7	17%
Middletown	332	150	45%
Narragansett	108	42	39%
New Shoreham	23	5	22%
Newport	707	419	59%
North Kingstown	397	103	26%
North Providence	1,035	325	31%
North Smithfield	183	53	29%
Pawtucket	4,162	1,987	48%
Portsmouth	230	84	36%
Providence	12,769	7,291	57%
Richmond	153	9	6%
Scituate	146	43	30%
Smithfield	250	68	27%
South Kingstown	380	101	27%
Tiverton	251	97	39%
Warren	222	103	46%
Warwick	1,845	629	34%
West Greenwich	95	25	26%
West Warwick	1,080	440	41%
Westerly	436	151	35%
Woonsocket	2,725	1,460	54%
Unknown	339	-	-
Four Core Cities	21,545	11,900	55%
Remainder of State	16,669	6,208	37%
Rhode Island	38,214	18,108	47%



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.^{19,20}



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.²¹

Source of Data for Table/Methodology

Estimated Number Eligible: Rhode Island Executive Office of Health and Human Services, Medicaid Management Information System, September 30, 2024.

Number Enrolled: Rhode Island Department of Health, WIC Program, September 2024.

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 339 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.

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

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- ⁵ U.S. Department of Health and Human Services, Office on Women's Health. (2021). *Pregnancy: Staying healthy and safe*. Retrieved February 21, 2025, from www.womenshealth.gov
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(continued on page 176)

Health

Ocean State

by Milena Martirosyan

Hey Ocean state,
open your gate!

Brothers and sisters want to play!

Buzzing bees building and trees,

And little kids playing at the sea!

Ocean State!

All content is embargoed until 12:01am on Monday, May 5, 2025



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 CHIP has reduced racial/ethnic disparities in access and utilization, improved educational outcomes, and shielded children from poverty.^{4,5,6}

Children are more likely to be insured if their parents also have health insurance (especially continuous coverage).⁷ RItE Care, Rhode Island's Medicaid/CHIP managed care health insurance program, is available to

children and families who qualify based on family income. RItE Care also serves as the health care delivery system for specific groups of children who qualify for Medical Assistance based on a disability or because they are in foster care or receiving an adoption subsidy. RItE Share is Rhode Island's premium assistance program that helps income-qualifying families afford an employer's health insurance plan. On December 31, 2024, 71% of RItE Care members who qualified based on family income and 81% of RItE Share enrollees were children under age 19.^{8,9,10}

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.^{11,12}

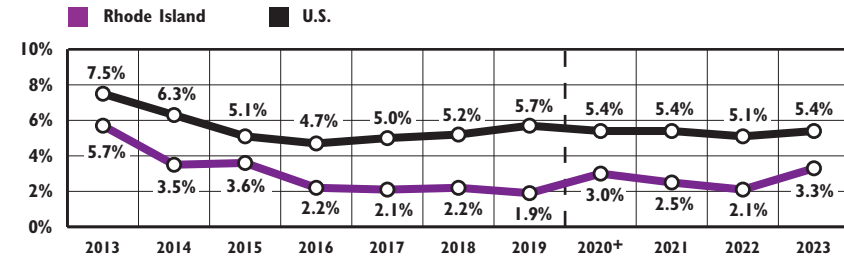
Children Under Age 19 Without Health Insurance	
	2023
RI	3.3%
US	5.4%
National Rank*	10th
New England Rank**	3rd

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: For 2023: U.S. Census Bureau, American Community Survey, 2023. Table R2702.

Children Without Health Insurance, Rhode Island, 2013-2023



Source: U.S. Census Bureau, American Community Survey, 2013-2019, 2021-2023. 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 COVID-19 pandemic.

◆ In 2023, 3.3% of Rhode Island's children under age 19 were uninsured. Rhode Island ranked 10th best state in the U.S., with 96.7% of children covered. In 2023, 59% of Rhode Island children under age 19 were covered by private health insurance, most of which was obtained through their parents' employers.^{13,14}

◆ 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).^{15,16} Approximately 52% of children under the age of three were enrolled in RItE Care/Medical Assistance in 2024.^{17,18}

◆ Approximately 54% (2,858) of the estimated 5,254 uninsured children under age 18 in Rhode Island between 2019 and 2023 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).¹⁹

◆ An estimated 2,396 uninsured children lived in families with incomes above the income limit for RItE Care eligibility, and 57% (1,363) of them may have been eligible for financial assistance through HealthSource RI (Rhode Island's health insurance marketplace) based on income.²⁰ As of December 31, 2024, 1,086 children and 253 adults (1,339 total) were enrolled in RItE Share.²¹ As of October 2024, 2,250 children were enrolled in private health coverage through HealthSource RI, 68% of whom received financial assistance through a premium tax credit or a cost sharing reduction.²²

Children's Health Insurance

Table 13.

Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 31, 2024

CITY/TOWN	RITE CARE	SSI	KATIE BECKETT PROVISION	ADOPTION SUBSIDY	FOSTER CARE	TOTAL
Barrington	654	19	32	38	<11	*
Bristol	926	27	<11	41	14	*
Burrillville	1,233	35	<11	65	20	*
Central Falls	5,717	196	<11	56	19	*
Charlestown	457	15	<11	19	12	*
Coventry	2,381	86	43	161	58	2,729
Cranston	7,756	213	68	220	67	8,324
Cumberland	2,240	80	48	86	25	2,479
East Greenwich	592	20	32	36	13	693
East Providence	4,233	137	32	145	60	4,607
Exeter	350	<11	<11	17	<11	388
Foster	328	<11	<11	25	<11	367
Glocester	460	14	<11	37	24	*
Hopkinton	503	<11	<11	26	<11	550
Jamestown	132	<11	<11	12	<11	156
Johnston	3,062	78	36	93	36	3,305
Lincoln	1,798	52	39	68	26	1,983
Little Compton	144	<11	<11	<11	<11	157
Middletown	1,129	37	16	47	<11	*
Narragansett	359	<11	<11	24	23	424
New Shoreham	81	<11	<11	<11	<11	81
Newport	2,031	93	<11	43	23	*
North Kingstown	1,494	56	26	73	18	1,667
North Providence	1,654	43	12	39	19	1,767
North Smithfield	735	24	12	48	17	836
Pawtucket	12,801	408	30	212	103	13,554
Portsmouth	760	14	14	52	27	867
Providence	40,095	1,439	53	509	475	42,571
Richmond	416	<11	<11	33	<11	464
Scituate	360	<11	<11	28	<11	406
Smithfield	896	24	28	47	<11	*
South Kingstown	1,314	38	27	72	17	1,468
Tiverton	904	30	<11	31	<11	982
Warren	845	29	<11	38	<11	929
Warwick	5,675	129	78	281	103	6,266
West Greenwich	312	<11	13	28	<11	366
West Warwick	3,443	138	17	100	52	3,750
Westerly	1,604	46	27	66	26	1,769
Woonsocket	8,016	458	13	157	90	8,734
Four Core Cities	66,629	2,501	102	934	687	70,853
Remainder of State	51,261	1,531	708	2,148	750	56,398
Rhode Island	117,890	4,032	810	3,082	1,437	127,251

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, MMIS Database, December 31, 2024.

The table includes children enrolled in Rite Care managed care as of December 31, 2024. 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 four 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, Pawtucket, Providence, and Woonsocket.

References

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(continued on page 176)

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 Advisory Committee on Immunization Practices (ACIP). In 2020, the complete series included 4 doses of diphtheria, tetanus and pertussis (DTaP); 3 doses of polio; 1 dose of measles, mumps, rubella (MMR); 3-4 doses of *Haemophilus influenzae* type b (Hib); 3 doses of hepatitis B vaccines (Hep B); 1 dose of varicella (chickenpox); and 4 doses of pneumococcal conjugate vaccine (PCV).

SIGNIFICANCE

Vaccines interact with the immune system 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, reduced health spending, and prevention of illness and death. 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

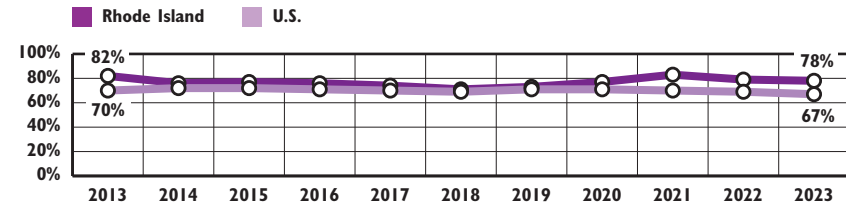
outbreaks still occur. It is important to continue to immunize against them until the diseases are completely eradicated.^{1,2,3}

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

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

Rhode Island requires vaccination against the following diseases prior to entry into child care, preschool, Head Start, or kindergarten: diphtheria, tetanus, and pertussis; *Haemophilus influenzae* 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.^{7,8}

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.

◆ In 2023, 78% of Rhode Island's children were fully immunized by age 24, above the national average of 67%.⁹

◆ 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.¹⁰

◆ 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.^{11,12} At every immunization, parents or guardians receive information about possible side effects, risks, and benefits.¹³

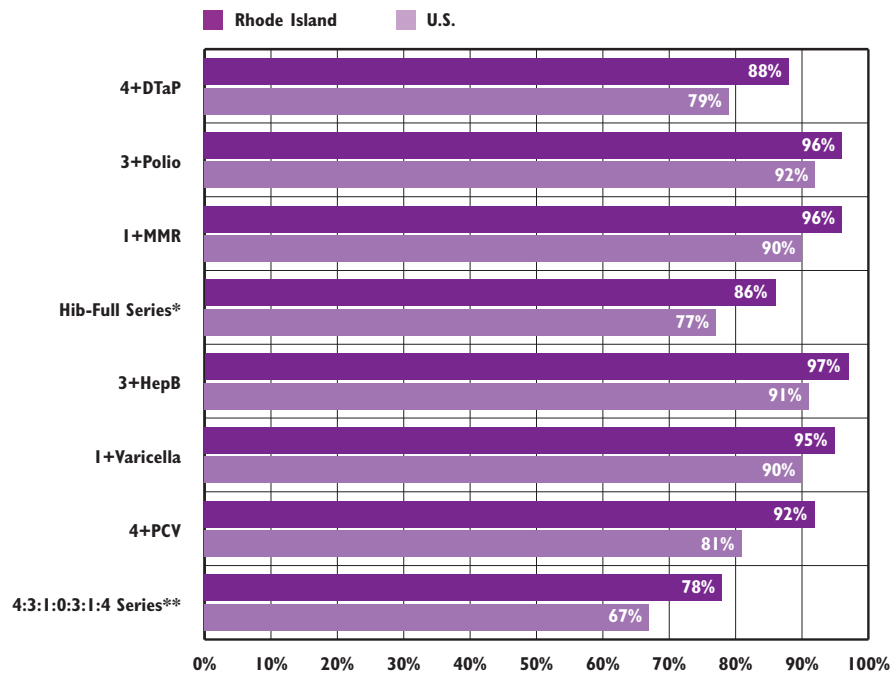
Immunizations for School Entry

◆ Of the immunizations needed for school entry in 2024 in Rhode Island, entering kindergarteners had coverage rates between 91% and 97%, while entering 7th grade students had rates between 76% and 83%.¹⁴

◆ 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.¹⁵ In the 2024-2025 school year, 185 kindergarten students and 382 seventh grade students had exemptions from vaccination requirements. Ninety percent of kindergarten exemptions and 93% of 7th grade exemptions were for religious reasons.¹⁶

Childhood Immunizations


**Vaccination Coverage Among Children, by Age 24 Months,
Rhode Island and United States, 2023**



Source: Rhode Island Department of Health analysis of data from the *National Immunization Survey-Children*, 2023.
Data is for 2020-2021 birth cohort, and 2021 birth cohort is preliminary.

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

◆ It is recommended that everyone ages six months and older get a seasonal (2024-2025) COVID-19 vaccine. The seasonal flu (influenza) vaccination is also recommended for everyone ages six months and older.^{17,18}

◆ As of January 2025, 5% of Rhode Island children under age five and 6% of Rhode Island children ages five to 17 had received the 2024-2025 COVID-19 vaccine. For 2023-2024, 72% of children in Rhode Island 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.²¹

◆ 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.²²

◆ 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.^{23,24}

◆ During the 2023-2024 school year, 90 schools participated in VBYG, up from 88 schools the year prior. In total, 4,800 vaccine doses were administered to 2,041 students; up from 3,536 vaccine doses administered to 1,535 students the year prior, returning to toward pre-pandemic numbers. Vaccines administered included seasonal flu, HPV, MCV4, hepatitis A, hepatitis B, measles, mumps, and rubella, polio, tetanus, diphtheria, pertussis, and varicella (chicken pox).^{25,26}

◆ The *School Located Vaccination (SLV)* program administered 14,387 doses of the seasonal flu vaccine to both children and adults at school-based clinics throughout Rhode Island in the 2024-2025 school year, as of January 2025. The goal of SLV is to ensure all Rhode Island children receive their seasonal flu vaccination at no out-of-pocket cost.²⁷

References

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³ Centers for Disease Control and Prevention. (2023). *Common questions about vaccines*. Retrieved February 13, 2024, from www.cdc.gov

² Centers for Disease Control and Prevention. (2021). *Immunity types*. Retrieved February 13, 2024, from www.cdc.gov

⁴ Centers for Disease Control and Prevention. (2024). *About VFC*. Retrieved January 23, 2025, from www.cdc.gov/vaccines-for-children/about/index.html

(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, 2024 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 2022 in the U.S., 35% of adults delayed or skipped dental care in the past year due to cost.^{3,4,5}

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

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

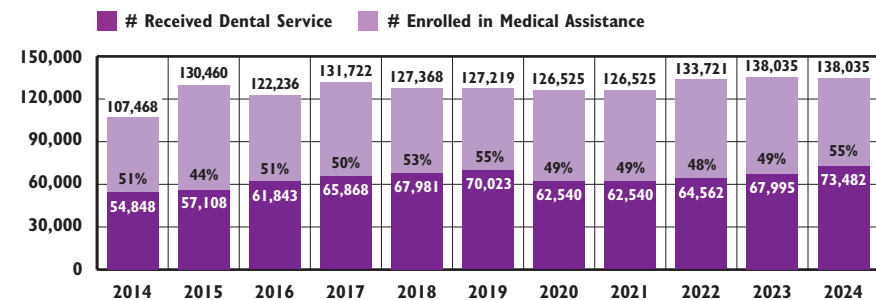
Children of Color have the highest rates of tooth decay and untreated dental problems. In Rhode Island and the U.S., higher-income, Asian, and non-Hispanic white children are less likely to have untreated tooth decay than lower income, non-Hispanic Black, or Hispanic children.^{9,10,11}

Improving children's dental health can begin with improving pregnant women's oral health, 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.^{12,13,14}

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.^{15,16}



Children Under 21 Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2014-2024



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2014-2024. *Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service.

◆ Fifty-five percent (73,482) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for service on June 30, 2024 received a dental service during State Fiscal Year 2024.¹⁷

◆ 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. The program covers children and young adults born on or after May 1, 2000.¹⁸

◆ As of December 31, 2024, there were 120,325 children and youth enrolled in RIte Smiles (compared to 127,088 the year prior). Fifty-five percent (65,425) of the children who were enrolled in RIte Smiles on June 30, 2024 received a dental service during State Fiscal Year 2024.¹⁹

◆ 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.²⁰ In Rhode Island, 47% of children under age 18 with Medicaid received a preventive dental visit in 2023, compared to 65% of children with private coverage.²¹

◆ The federal *Affordable Care Act* made pediatric dental benefits mandatory offerings in individual and small employer plans.²² 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.²³

Access to Dental Care



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.^{24,25}
- ◆ When RIte Smiles started, dental provider reimbursement rates were raised to encourage participation.²⁶ The number of Medicaid-participating dentists increased from 27 before RIte Smiles began to 453 in 2024.^{27,28}
- ◆ 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 1992.²⁹



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.³⁰
- ◆ In Rhode Island in 2023, 413 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.³¹
- ◆ In Rhode Island in 2023, 69 children and youth aged 21 or younger were hospitalized with a diagnosis that included a dental problem. That same year, 13 children and youth aged 21 or younger were hospitalized with a dental problem as the primary reason for the hospitalization. This is slightly higher than the year prior.³²



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.³³
- ◆ Children can see general dentists, as well as pediatric dentists. Pediatric dentists are dentists with specialized training to work with only children.³⁴
- ◆ 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.³⁵
- ◆ 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.³⁶



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.³⁷
- ◆ 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, as well as Black, Hispanic, Asian, and Native American populations are more likely to have dental issues and less likely to receive dental treatment.³⁸

References

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^{2,16,38} U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. (2021). *Oral health in America: Advances and challenges.*

(continued on page 177)

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, diminish family incomes, 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 2022-2023, nearly one in three (30%) 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 2022-2023, more than half (52%) of children aged three to 17 who needed mental health treatment or counseling had a problem obtaining needed care.⁶

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.^{7,8,9}

Nationally, children and youth were experiencing mental health challenges before the COVID-19 pandemic and the number of children experiencing anxiety and depression increased during of the pandemic.¹⁰ In 2022, Rhode Island pediatric and behavioral health organizations declared a Child and Adolescent Mental Health State of Emergency.¹¹ Kids' Link RI, a behavioral health triage service and referral network, saw an increase in calls during the pandemic. The number of calls peaked in FY 2021 (9,702), when there were twice as many calls received as in FY 2019, before the onset of the pandemic (4,849). In FY 2024, the number of calls to Kids' Link RI declined to 5,386 but remained above pre-pandemic levels.^{12,13}



Continuum of Mental Health Care Throughout the Life Course

◆ Mental health systems tend to be fragmented and crisis-driven with disproportionate spending on high-end care and often inadequate investments in prevention and community-based services.^{14,15,16} Increasing the availability of outpatient services could reduce the dependency on higher-end care by intervening prior to mental health crises.¹⁷ Collaboration across systems connected to youth mental health needs -- primary care/pediatrician offices, schools, community organizations and child welfare programs-- is crucial.^{18,19}

◆ In Rhode Island, Community Mental Health Organizations (CMHOs) are the primary source of public mental health treatment services for children and adults.²⁰ During 2024, 3,919 children under age 18 were treated at CMHOs.²¹ Rhode Island has six Certified Community Behavioral Health Clinics (CCBHCs) that provide a comprehensive range mental health, substance abuse and crisis support for any person in need.²²

◆ Mental health conditions and wellness must be addressed throughout all stages of life.²³ Infants who do not develop secure attachment 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.^{24,25} Children with mental health diagnoses often continue to have mental health needs and require a proper transition into the adult behavioral health system.²⁶



Disparities in Mental Health Needs and Care

◆ Children living in poverty are two to three times more likely to develop mental health conditions than their peers.²⁷ In State Fiscal Year (SFY) 2024, 30% (37,143) of children under age 19 enrolled in Medicaid/RIte Care had a mental health diagnosis.²⁸

◆ In SFY 2024, 1,294 children under age 19 enrolled in Medicaid/RIte Care were hospitalized due to a mental health related condition (up from 959 in SFY 2023), and 3,308 children had a mental health related emergency department visit (up from 2,598 in SFY 2023).²⁹

◆ In 2023, LGBTQ+ Rhode Island high school students reported higher rates of sadness and hopelessness than their peers.³⁰ 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.³¹

Children's Mental Health



Psychiatric Hospitals

Children Under Age 18 Treated at Rhode Island Psychiatric Hospitals,
October 1, 2023 – September 30, 2024 (FFY 2024)

	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	751	25 days	170	38 days	489	9 days
Residential	147	84 days**	39	3.6 years	--	--
Partial Hospitalization	860	NA	135	NA	632	5 visits
Home-Based	0	NA	22	16 visits	--	--
Outpatient**	3,611	NA	366	NA	627	NA

Source: Brown University Health, 2023-2024 and Butler Hospital, 2023-2024. 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 2024). The average length of stay is based on discharges. **Outpatient services include Bradley and Hasbro Outpatient Services.

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

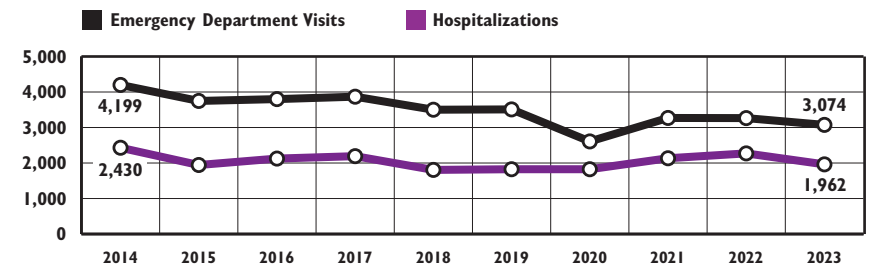
◆ The two hospitals in Rhode Island that specialize in providing intensive inpatient treatment and psychiatric care to children and youth are Bradley Hospital and Butler Hospital.³² In Federal Fiscal Year (FFY) 2024, the most common diagnoses for youth treated in an inpatient setting at Butler or Bradley Hospitals were depressive disorders, adjustment disorders, anxiety disorders, and childhood/adolescent disorders.^{33,34}

◆ In FFY 2024, there were 538 children and youth awaiting psychiatric inpatient admission (psychiatric boarding), down from 673 boarders in FFY 2023. In FFY 2024, an average of three children were ready to leave the psychiatric hospital every two days but were unable due to a lack of step-down availability or there being no other safe placement (including at home).^{35,36}

◆ Bradley Hospital has a Developmental Disabilities Program that offers highly specialized inpatient and residential services to children and adolescents who show signs of serious emotional and behavioral problems in addition to developmental disabilities. Lifespan School Solutions owns and operates six Bradley schools and five community-based classrooms/public school partnerships.³⁷ The programs had an average daily enrollment of 408 students in FFY 2024.³⁸



Emergency Care for Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2014-2023*



Source: Rhode Island Department of Health, Hospital Discharge Database, 2014-2023. *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 2023, there were 3,074 emergency department visits and 1,962 hospitalizations of Rhode Island children with a primary diagnosis of mental disorder. Of these emergency department visits, 68% were of children enrolled in RIte Care/Medicaid and 29% had commercial insurance.³⁹



Suicide Among Rhode Island Children and Youth

◆ Children and youth with mental health conditions are at increased risk for suicide.⁴⁰ 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. In 2023, 9% of Rhode Island high school students reported attempting suicide one or more times during the past year.⁴¹

◆ In Rhode Island between 2019 and 2023, there were 2,387 emergency department visits and 1,305 hospitalizations of youth ages 13 to 19 due to suicide attempts or intentional self-harm.⁴² Suicidal or self-injurious behavior accounted for 6% of the reasons for calls to Kids' Link RI during FY 2024.⁴³

◆ Thirteen children ages 15 to 19 died due to suicide in Rhode Island between 2019-2023.⁴⁴

(References are on page 177)

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 21% 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 2021, 43% of parents with young children in Rhode Island and 36% of parents nationally reported completing a developmental screening.³

In Rhode Island, 20% of CSHCN have “more complex health needs,” which is much 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 necessary 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. Families may also need help with transportation, child care, family support, and home modifications. Having children with special needs can significantly impact parents’ finances, employment, and family lives.^{7,8,9}

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



Children Enrolled in Early Intervention

- ◆ States are required by the federal *Individuals with Disabilities Education Act (IDEA) Part C* to identify and provide appropriate Early Intervention (EI) services to all infants and toddlers under age three who have developmental delays or have a diagnosed physical or mental condition that is associated with a developmental delay.¹³
- ◆ As of June 30, 2024, nine certified EI provider agencies served 2,053 children in Rhode Island. Of these children receiving EI services, 764 were female and 1,289 were male and 52% were white, 35% were Hispanic, 7% were Black, 3% were Multiracial, 2% were Asian, and 1% were American Indian or Alaska Native.¹⁴



Children Enrolled in Special Education

- ◆ Under *IDEA Part B*, local school systems are responsible for identifying, evaluating, and serving students ages three to 21 who have disabilities that might require special education and related services.¹⁵
- ◆ As of June 30, 2024, in Rhode Island, there were 3,518 children ages three to five who received preschool special education services.¹⁶
- ◆ In Rhode Island as of June 2024, 23,574 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 2024, 57% of the 1,328 children who reached age three while in EI were determined to be eligible for preschool special education, 15% were found not eligible, and 18% did not have eligibility determined when exiting EI. The remainder completed their service plan prior to reaching the maximum age for EI, moved out of state, withdrew, or were otherwise unreachable for follow-up.^{18,19}

Children with Special Needs



Medical Assistance for Children With Special Health Care Needs

- ◆ As of December 31, 2024, there were 4,032 Rhode Island children and youth under age 19 receiving Medicaid through their enrollment in the federal SSI program.²⁰
- ◆ 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.²¹ As of December 31, 2024, there were 810 Rhode Island children enrolled through the Katie Beckett provision, a decline of 54% from the peak enrollment of 1,770 in 2007.^{22,23}
- ◆ Children with special health care needs have a variety of coverage options under Medicaid. Medicaid coverage also provides access to the Early and Periodic Screening, Diagnostic, and Treatment benefit, which requires that children receive all the services they need.^{24,25}



Children With Special Needs in the Child Welfare System

- ◆ Children and youth who are in the child welfare system are more likely to have special needs, including behavioral and emotional problems, developmental delays, and serious health problems than other children. They often enter the child welfare system in poor health and face difficulties accessing services while in care.^{26,27}
- ◆ As of December 31, 2024, 1,405 children in Rhode Island were enrolled in Medicaid through the child welfare system.²⁸ Per provisions of the federal *Affordable Care Act*, all youth who turned age 18 while in foster care are eligible for Medicaid coverage in the state in which they aged out of care until they reach age 26.²⁹ In Rhode Island, estimates show that 58% of all eligible former foster youth were enrolled in Medicaid coverage as of December 31, 2024.³⁰
- ◆ 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, 2024, 3,082 children were enrolled in Medical Assistance because of special needs adoptions.^{31,32}

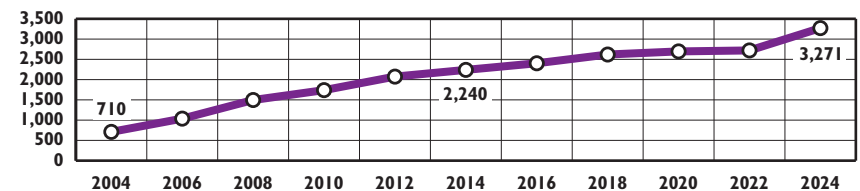


Children With Autism Spectrum Disorder (ASD)

- ◆ Autism Spectrum Disorder (ASD) is a developmental disability that can cause significant social, communication, and behavioral challenges. Children diagnosed with ASD have a variety of symptoms and experience challenges and abilities that range widely in severity. Many children with ASD face challenges in social interaction, speech/language, and communication and demonstrate repetitive behaviors and routines.³³
- ◆ The national ASD prevalence among children age eight is estimated to be 27.6 per 1,000 children. ASD prevalence is significantly higher among boys (43.0 per 1,000 boys) than girls (11.4 per 1,000 girls). ASD 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).³⁴



Children Ages Three to 21 With Autism Spectrum Disorder (ASD), Rhode Island, June 2004 – June 2024



Source: Rhode Island Department of Education, June 2004– June 2024. Numbers include parentally placed students.

- ◆ In June 2024, there were 3,271 Rhode Island children ages three to 21 with ASD who received special education services.³⁵ The increase in number of children with ASD has been attributed, in part, to improved awareness and better screening and evaluation tools, as well as the broadening of the definition of ASD. 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.^{36,37,38}

References

¹ Child and Adolescent Health Measurement Initiative. (n.d.). *2022-2023 National Survey of Children's Health: Children with special health care needs*. Retrieved February 11, 2025, from <https://www.childhealthdata.org/browse/survey/results?q=11050&tr=41>

² Health Resources & Services Administration, Maternal and Child Health Bureau. (2024). *Children and youth with special health care needs*. Retrieved March 15, 2024, from mchb.hrsa.gov

(continued on page 178)

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.² Rhode Island uses MIECHV funding to implement three of these nationally recognized models.³

1) The **Healthy Families America** model is designed to strengthen parent-child relationships and prioritizes enrollment of families prenatally or

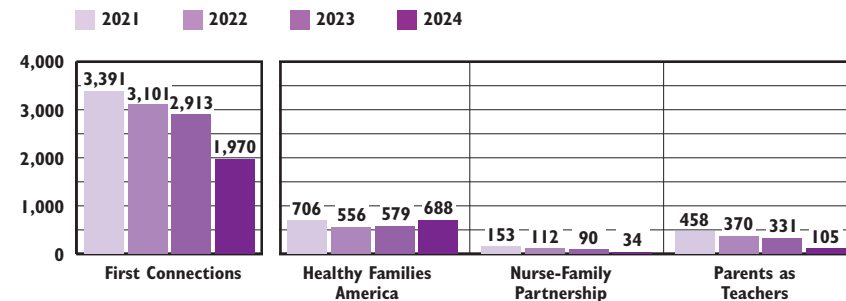
before a baby is three months old. Home visitors have a caseload of 15 to 20 families, so they develop strong, consistent, positive relationships with families through regular visits for a minimum of three years.⁴

2) The **Nurse-Family Partnership** model focuses on improving birth outcomes, parenting skills, and the life trajectories of families by helping parents develop a vision for their future, continue education, and find work. Families enroll prenatally and receive consistent home visits from their nurse partner who has a caseload of 25 families.⁵

3) 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.⁶

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.⁷

Family Home Visiting Program Participation, Rhode Island, 2021-2024



Source: Rhode Island Department of Health, Family Home Visiting, Family Visiting Database enrollment in MIECHV-funded programs on October 1, for calendar years 2021-2024, and KIDSNET, unduplicated families receiving at least one First Connections visit in Calendar Year 2024.

◆ The number of families in Rhode Island receiving rapid response and evidence-based home visiting services has continued to decline. In 2024, 1,970 families received at least one First Connections home visit, down 42% from 2021, and 827 families were participating in a long-term evidence-based home visiting program in Rhode Island, down 37% from 2021.⁸

◆ The 827 families participating in an evidence-based home visiting program had 788 children under age five and 77 were receiving services prenatally. Sixty-eight percent of the children were under age two and 32% were ages two through four.⁹

◆ 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 makes it difficult to hire and retain home visiting staff. Other challenges include working in high stress situations, having heavy workloads, and excessive paperwork.¹⁰

◆ 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.¹¹

◆ Staffing and financing challenges reduce services for families. In October 2024, both the Healthy Families America and Nurse-Family Partnership programs were significantly under-enrolled due to financing and staffing challenges. Healthy Families America had 71%, Nurse-Family Partnership had 34%, and Parents as Teachers had 95% of enrollment slots filled.¹²

Family Home Visiting

Table 14.

Family Home Visiting, Rhode Island, 2024

CITY/TOWN	COMMUNITY CONTEXT, 2024			# RECEIVED FIRST CONNECTIONS VISIT IN 2024	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2024			
	TOTAL # OF BIRTHS	# OF BABIES BORN WHO SCREENED RISK POSITIVE	# OF BIRTHS TO LOW-INCOME FAMILIES		HEALTHY FAMILIES AMERICA	NURSE-FAMILY PARTNERSHIP	PARENTS AS TEACHERS	TOTAL
Barrington	112	38	10	5	6	0	0	6
Bristol	119	63	32	16	4	0	0	4
Burrillville	100	52	23	23	0	0	0	0
Central Falls	310	269	253	85	77	4	3	84
Charlestown	42	22	11	8	4	0	1	5
Coventry	290	164	63	55	16	0	4	20
Cranston	757	455	290	167	47	0	23	70
Cumberland	309	146	61	21	6	0	1	7
East Greenwich	136	58	12	10	2	0	3	5
East Providence	412	258	134	33	13	1	0	14
Exeter	49	24	13	9	1	0	0	1
Foster	42	24	14	9	0	0	0	0
Glocester	65	28	11	8	1	0	0	1
Hopkinton	65	39	14	6	3	0	6	9
Jamestown	29	14	3	4	1	0	0	1
Johnston	287	170	102	33	6	2	0	8
Lincoln	158	90	42	11	0	0	0	0
Little Compton	7	6	1	3	2	0	0	2
Middletown	120	53	29	23	8	0	0	8
Narragansett	67	32	8	6	1	0	0	1
New Shoreham	6	4	1	1	0	0	1	1
Newport	198	117	73	43	7	0	1	8
North Kingstown	183	74	35	28	7	0	1	8
North Providence	297	192	119	28	11	0	0	11
North Smithfield	72	26	13	11	1	0	0	1
Pawtucket	814	633	515	139	77	9	3	89
Portsmouth	130	56	25	16	1	0	0	1
Providence	2,107	1,689	1,466	690	303	14	13	330
Richmond	68	29	12	10	0	0	1	1
Scituate	78	36	14	10	0	0	0	0
Smithfield	125	67	27	18	0	0	1	1
South Kingstown	179	89	29	40	3	0	6	9
Tiverton	76	43	23	13	7	0	0	7
Warren	91	49	27	16	3	0	0	3
Warwick	672	399	167	154	29	1	6	36
West Greenwich	43	18	4	8	2	0	0	2
West Warwick	280	194	127	63	17	1	3	21
Westerly	125	71	36	29	3	0	28	31
Woonsocket	449	368	303	112	19	2	0	21
Unknown	0	0	0	6	0	0	0	0
Four Core Cities	3,680	2,959	2,537	1,026	476	29	19	524
Remainder of State	5,789	3,200	1,605	944	212	5	86	303
Rhode Island	9,469	6,159	4,142	1,970	688	34	105	827

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.

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

References

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- ^{3,7} Rhode Island Department of Health. (2023). *Family visiting legislative report*.
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- ¹¹ Kaye, S., Hood, S., Cragun, D., Perry, D. F., Campos, P. C., Ajisope, O., & Schoch, A. D. (2024). Maintaining family engagement during home visitor turnover: A mixed methods study of best practices. *Prevention Science*, 25:470-480.

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 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.^{8,9}

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.¹⁰

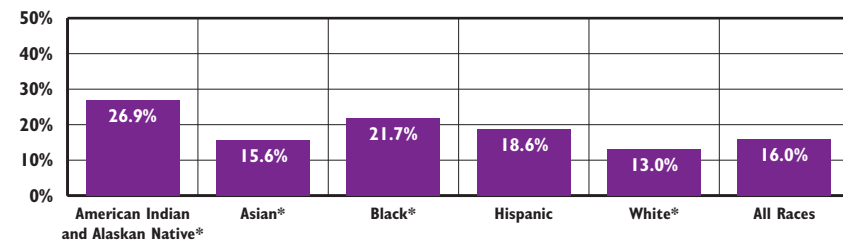
Food and economic security in pregnancy are vital for maternal health. Women living in poverty are at higher risk for poor pregnancy outcomes, and pregnancy exacerbates income disparities that have far-reaching consequences for children and families.^{11,12}

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.¹³ 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.^{14,15}

◆ 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.^{16,17}

Women With Delayed or No Prenatal Care by Race/Ethnicity, Rhode Island, 2019-2023



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2019-2023. * Race categories are non-Hispanic.

◆ In Rhode Island between 2019 and 2023, 16.0% of women who gave birth did not begin care until the second or third trimester, if at all. Between 2019 and 2023 in Rhode Island, American Indian and Alaska Native (26.9%), Black (21.7%), Hispanic (18.6%), and Asian women (15.6%) were more likely to receive delayed prenatal care than white women (13.0%).¹⁸



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.^{19,20,21}

◆ Between 2019 and 2023, women with health coverage through RItE Care (Rhode Island's Medicaid managed care program) were much less likely (20.3%) to receive delayed/no prenatal care than women who were uninsured (38.8%). Women with private insurance coverage were the least likely to receive delayed/no prenatal care (16.0%).²²



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.²³ Malnutrition during pregnancy can lead to later health problems in children, including obesity, diabetes, and heart disease.²⁴ 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.²⁵

◆ 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.²⁶ While Rhode Island recently increased the number of weeks available through the state's paid family leave program to seven weeks, beginning in January 2025, and eight weeks beginning in January 2026, it still lags behind other states that provide paid family leave.^{27,28,29}

◆ Between 2019 and 2023 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 (26.5% compared to 13.0%). Adolescent and teen mothers were more likely to receive delayed prenatal care than older mothers in Rhode Island. About one in five (19.7%) pregnant women in the four core cities received delayed prenatal care compared to 13.6% in the remainder of the state.³⁰



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.³¹ Approximately one in six Rhode Island women report experiencing depression during pregnancy.³²

◆ 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.³³

◆ In addition to the impacts on individual families, untreated perinatal mood and anxiety disorders are estimated to cost Rhode Island \$9.7 million annually.³⁴

◆ 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 healthcare professionals in identifying and managing the mental health and substance use needs of pregnant and postpartum patients. Between 2019 and 2024, RI MomsPRN has helped over 2,500 perinatal patients. Of these patients, 61.5% had public insurance, 38.1% had commercial insurance, and >1% had no insurance.³⁵



RI MomsPRN Perinatal Patients Served by Race in Rhode Island, 2019-2024

American Indian or Alaska Native	2.1%
Asian	2.1%
Black or African American	16.5%
Native Hawaiian or Other Pacific Islander	1.2%
Multiracial/ Other Race	13.6%
White	64.6%

Source: RI MomsPRN Issue Brief, September 2019-December 2024.

Maternal Health

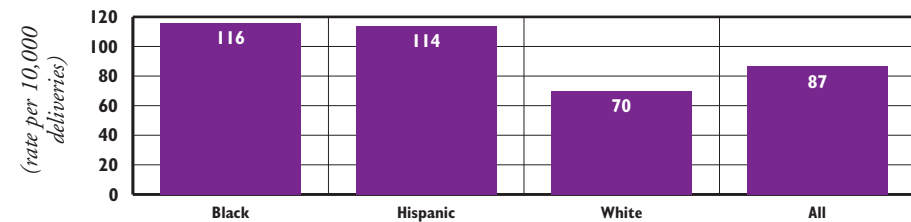


Substance Use During Pregnancy and at Birth

- ◆ 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.³⁶
- ◆ 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, THC, opioids or synthetic opioids, or misused prescription medications. This program 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 supports for caregivers.³⁷ In Rhode Island between 2019-2023, 718 Plans of Safe Care were developed for substance exposed newborns and their caregivers.³⁸
- ◆ Neonatal abstinence syndrome (NAS) refers to a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids. Neonatal opioid withdrawal syndrome, more specifically, refers to the withdrawal symptoms related to opioid exposure. Not all substance exposed newborns are diagnosed with NAS.^{39,40}
- ◆ In Rhode Island in 2023, 51 newborns were diagnosed with NAS, at a rate of 52 per 10,000 newborn hospitalizations, which represents a decrease from 2022 at a rate of 60 per 10,000 newborn hospitalizations.⁴¹
- ◆ NAS rates will not decrease until Opioid Use Disorder rates decrease in the general population. Adequate treatment options and services for those struggling with Opiate Use Disorder are needed before and during pregnancy, at birth, and throughout parenting for the whole family.⁴² 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.⁴³



Severe Maternal Morbidity Rate per 10,000 deliveries by Race/Ethnicity, Rhode Island, 2019-2023



Source: Rhode Island Department of Health, Center for Data and Analysis, 2019-2023.

- ◆ 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.^{44,45}
- ◆ Across the United States, homicide is one of the leading causes of pregnancy-associated death.⁴⁶ 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.^{47,48}
- ◆ Pervasive racial bias and unequal treatment of Black women in the health care system often result in inadequate treatment for pain.^{49,50} This, coupled with stress from racism and racial discrimination, contribute to the unacceptable health outcomes among Black women and their infants.^{51,52}
- ◆ 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.⁵³
- ◆ In 2023, the Rhode Island severe maternal morbidity rate was 76 per 10,000 delivery hospitalizations, down from 89 per 10,000 in 2021. Black women (116 per 10,000) and Hispanic women (114 per 10,000) had higher rates of maternal morbidity than white women (70 per 10,000) between 2019 and 2023.⁵⁴

Maternal Health

Table 15.

Maternal Health, Rhode Island, 2019-2023

CITY/TOWN	WOMEN WITH DELAYED PRENATAL CARE			SEVERE MATERNAL MORBIDITY RATE		
	# BIRTHS	# WITH DELAYED CARE	% WITH DELAYED CARE	# DELIVERIES	SEVERE MATERNAL MORBIDITY	SEVERE MATERNAL MORBIDITY RATE PER 10,000 DELIVERY HOSPITALIZATIONS
Barrington	654	19	32	38	<11	*
Barrington	555	84	15.1	623	<5	*
Bristol	667	100	15.0	630	<5	*
Burrillville	640	94	14.7	545	0	0.0
Central Falls	1,402	311	22.2	1,450	25	172.4
Charlestown	264	24	9.1	255	<5	*
Coventry	1,440	159	11.0	1,420	9	*
Cranston	3,812	588	15.4	3,835	40	104.3
Cumberland	1,629	225	13.8	1,419	11	*
East Greenwich	643	70	10.9	594	5	*
East Providence	2,174	316	14.5	2,124	14	65.9^
Exeter	220	19	8.6^	218	<5	*
Foster	211	24	11.4	206	0	0.0
Glocester	319	55	17.2	332	<5	*
Hopkinton	328	31	9.5	287	<5	*
Jamestown	135	8	*	127	<5	*
Johnston	1,337	211	15.8	1,310	13	99.2^
Lincoln	915	130	14.2	880	6	*
Little Compton	76	10	13.2^	53	<5	*
Middletown	710	87	12.3	713	5	*
Narragansett	266	31	11.7	274	<5	*
New Shoreham	35	6	*	37	0	0.0
Newport	1,000	165	16.5	1,030	6	*
North Kingstown	1,037	108	10.4	1,065	9	*
North Providence	1,562	259	16.6	1,529	16	104.6^
North Smithfield	461	73	15.8	410	5	*
Pawtucket	4,105	785	19.1	4,005	39	97.4
Portsmouth	601	71	11.8	576	<5	*
Providence	11,198	2,277	20.3	11,029	112	101.6
Richmond	332	27	8.1	290	<5	*
Scituate	443	61	13.8	439	6	*
Smithfield	700	99	14.1	667	<5	*
South Kingstown	838	75	8.9	789	<5	*
Tiverton	546	73	13.4	363	6	*
Warren	387	69	17.8	345	<5	*
Warwick	3,399	448	13.2	3,406	20	58.7^
West Greenwich	236	33	14.0	245	<5	*
West Warwick	1,383	174	12.6	1,390	14	100.7^
Westerly	808	83	10.3	718	<5	*
Woonsocket	2,465	413	16.8	2,344	22	93.9^
Four Core Cities	19,170	3,786	19.7	18,828	198	105.2
Remainder of State	30,278	4,114	13.6	33,449	255	76.2
Rhode Island	49,448	7,900	16.0	52,227	453	86.7

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2019-2023.

The denominator for Delayed Prenatal Care is the total number of live births to Rhode Island residents from 2019-2023 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 2019-2023 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 populations of interest.

*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/Missing: Specific city/town information unavailable

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

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

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^{2,52} White House blueprint for addressing the maternal health crisis. (2022). Office of the White House.

³ Onishi, K., Abuhamad, A., Saade, G., Grobman, W., Silver, R., [...] & Kawakita, T. (2024). *Social Determinants of Health and Disparities in Pregnancy Outcomes*. O&G Open 1(3):p 029.

(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.^{4,5,6,7}

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.^{8,9,10} 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.^{11,12,13,14} Infant birthweight is influenced by poverty, educational attainment, prenatal nutrition, and environmental hazards.^{15,16,17} 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.¹⁸ Other risk factors for preterm birth include delayed or no prenatal care and having pregnancies close together.^{19,20} Preventive interventions and treatments can improve outcomes for preterm infants.²¹

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.²² 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.^{23,24} The low birthweight related infant mortality rate remains a top cause of infant mortality in the U.S.²⁵



Education, Age, & Maternal Tobacco Use

- ◆ Between 2019 and 2023 in Rhode Island, 9.6% 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 four core cities were low birthweight compared to 7.0% in the remainder of the state; and 9.1% of infants born to women with a high school degree or less were low birthweight, compared to 7.0% of those born to women with higher education levels.²⁶
- ◆ The infant mortality rate in Rhode Island between 2019 and 2023 was 4.6 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 (3.2 per 1,000 live births). Mothers with public insurance had a higher infant mortality rate (5.5 per 1,000 live births) than mothers with private insurance (3.2 per 1,000 live births).²⁷
- ◆ Between 2019 and 2023, 13.1% of births to women who smoked during pregnancy were preterm compared to 9.2% of those who did not smoke during pregnancy. During this period, 10.6% of births to women with a high school degree or less were preterm, compared with 8.6% of those with higher education levels.²⁸
- ◆ Rhode Island women who smoked were almost twice as likely (14.4%) to deliver a low birthweight infant as those who did not (7.5%).^{29,30}

Preterm Birth, Low Birthweight, and Infant Mortality Rates in Rhode Island and the United States, 2023			
	Preterm Births	Low Birthweight	Infant Mortality Rate (Rate Per 1,000 Live Births)
RI	11%	7.7%	4.8
US	12%	8.6%	5.6
National Rank*	7 th	15 th	14 th
New England Rank**	4 th	4 th	4 th

*1st is best; 49th is worst **1st is best; 6th is worst

Rhode Island is tied for 4th in New England for Preterm Births with Maine and Massachusetts.

Vermont is not ranked for Infant Mortality Rate.

For infant Mortality New England Rank, 1st is best, 5th is worst

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

Infant Health

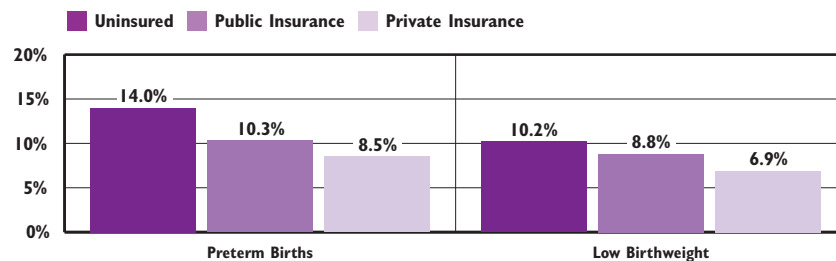


Factors Associated with Preterm Birth and Low Birthweight

- ◆ 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.³¹
- ◆ Between 2019 and 2023, 73.9% 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 2019 and 2023, 63.7% of multiple births were preterm, compared with 7.6% of singleton births.^{32,33}
- ◆ Between 2019 and 2023 in Rhode Island, 1.3% of all live births were born at very low birthweight (less than 1,500 grams or 3.3 pounds).³⁴



Preterm Birth and Low Birthweight by Mother's Insurance Status, Rhode Island, 2019-2023

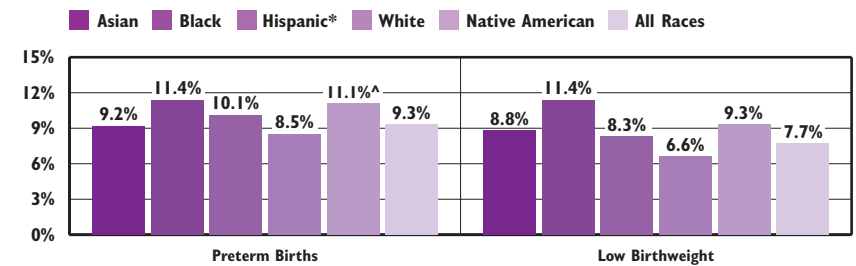


Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2019-2023.

- ◆ In Rhode Island between 2019-2023, the preterm birth rate was highest for uninsured mothers (14.0%), 10.3% of infants born to mothers on RIte Care, and lowest (8.5%) for infants born to mothers with private insurance.³⁵
- ◆ Between 2019-2023, 10.2% of babies born to uninsured mothers were low birthweight, compared to 8.8% of infants born to mothers with RIte Care and 6.9% of infants born to mothers with private insurance.³⁶



Racial and Ethnic Disparities in Preterm Birth and Low Birthweight, Rhode Island, 2019-2023



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2019-2023 *Hispanic infants can be of any race. ^Rate or percentage is unstable, interpret with caution.

- ◆ Between 2019 and 2023, 11.4% of births of non-Hispanic Black infants in Rhode Island were preterm, compared with 11.1% of births of non-Hispanic Native American infants, 10.1% of Hispanic infants, 9.2% of non-Hispanic Asian infants, and 8.5% of non-Hispanic white infants.³⁷
- ◆ In Rhode Island between 2019 and 2023, 11.4% of Black infants, 9.3% of Native American infants, 8.8% of Asian infants, and 8.3% of Hispanic infants were born at low birthweight, compared to 6.6% of white infants.³⁸ Nationally, there are racial and ethnic disparities in low birthweight including for Black, Native American, and Native Hawaiian and Other Pacific Islander Infants.³⁹
- ◆ Social determinants (factors that influence health, such as economic well-being, education access, health care, community/environment, 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.^{40,41,42,43,44}

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.⁴⁵ 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.^{46,47,48} Relative to other industrialized countries, the U.S. has higher rates of infant mortality due in part to a high number of preterm births.⁴⁹

◆ Between 2019 and 2023, 231 infants died in Rhode Island before their first birthday, a rate of 4.6 per 1,000 live births. Between 2019 and 2023, 70% of infants who died were low birthweight (less than 2,500 grams). Between 2019 and 2023, 67% of all infant deaths were preterm (born before the 37th week of pregnancy).⁵⁰

◆ Of the 231 infant deaths between 2019 and 2023 in Rhode Island, 70% (161) occurred in the neonatal period (during the first 27 days of life), while 30% (70) 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.^{51,52}

◆ The overall infant mortality rate in Rhode Island between 2019 and 2023 was 4.6 deaths per 1,000 live births. The infant mortality rate was higher in the four core cities (5.8 per 1,000 live births) than in the remainder of the state (3.7 per 1,000 live births).⁵³



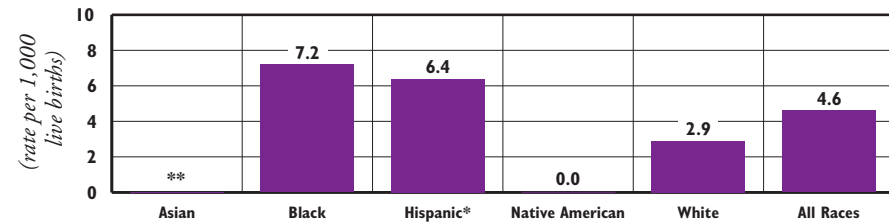
Infant Mortality by Core City Status, Rhode Island, 2019-2023

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
Four Core Cities	19,758	115	5.8
Remainder of State	31,007	116	3.7
<i>Rhode Island</i>	<i>50,765</i>	<i>231</i>	<i>4.6</i>

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2019-2023. Core cities are Central Falls, Pawtucket, Providence, and Woonsocket. Unknown and missing counts were excluded and includes 6 infant deaths that did not link to a birth certificate.



Infant Mortality by Race/Ethnicity, Rhode Island, 2019-2023



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2019-2023 *Hispanic infants can be of any race. **Rate or percentage is too unstable to report.

◆ In Rhode Island between 2019 and 2023, the Black infant mortality rate was 7.2 deaths per 1,000 live births, which is two and a half times the white infant mortality rate of 2.9 deaths per 1,000 live births.⁵⁴ 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.⁵⁵

◆ The overall 2019-2023 infant mortality rate in Rhode Island of 4.6 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 well above the target.^{56,57}

◆ 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.⁵⁸

◆ 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.⁵⁹

Infant Health

Table 16.

Infant Health: Low Birthweight and Preterm Births, 2019-2023

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT	# PRETERM BIRTHS	% PRETERM BIRTHS
Barrington	570	33	5.8	43	7.5
Bristol	676	55	8.1	60	8.9
Burrillville	670	46	6.9	59	8.8
Central Falls	1,453	106	7.3	153	10.5
Charlestown	268	13	4.9 [^]	23	8.6 [^]
Coventry	1,471	98	6.7	133	9.0
Cranston	3,884	332	8.5	377	9.7
Cumberland	1,696	118	7.0	153	9.0
East Greenwich	655	38	5.8	49	7.5
East Providence	2,229	159	7.1	189	8.5
Exeter	225	11	4.9 [^]	13	5.8 [^]
Foster	216	16	7.4 [^]	22	10.2 [^]
Glocester	332	20	6.0 [^]	25	7.5
Hopkinton	332	13	3.9 [^]	25	7.5
Jamestown	135	11	*	11	8.1 [^]
Johnston	1,368	98	7.2	120	8.8
Lincoln	939	62	6.6	72	7.7
Little Compton	79	<5	*	<5	*
Middletown	724	44	6.1	52	7.2
Narragansett	274	19	6.9 [^]	22	8.0 [^]
New Shoreham	37	<5	*	<5	*
Newport	1,020	74	7.3	85	8.3
North Kingstown	1,059	50	4.7	70	6.6
North Providence	1,597	134	8.4	151	9.5
North Smithfield	490	26	5.3	38	7.8
Pawtucket	4,206	419	10.0	447	10.6
Portsmouth	611	40	6.5	49	8.0
Providence	11,491	994	8.7	1161	10.1
Richmond	339	16	4.7 [^]	30	8.8
Scituate	454	31	6.8	41	9.0
Smithfield	714	40	5.6	55	7.7
South Kingstown	854	52	6.1	77	9.0
Tiverton	558	43	7.7	43	7.7
Warren	398	33	8.3	38	9.5
Warwick	3,476	250	7.2	315	9.1
West Greenwich	243	12	4.9 [^]	21	8.6 [^]
West Warwick	1,421	120	8.4	144	10.1
Westerly	823	57	6.9	74	9.0
Woonsocket	2,608	220	8.4	262	10.0
Unknown	170	17	10.0	16	9.4
Four Core Cities	19,758	1,739	8.8	2,023	10.2
Remainder of State	30,837	2,164	7.0	2,679	8.7
Rhode Island	50,765	3,920	7.7	4,718	9.3

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.⁶⁰
- ◆ 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.⁶¹ 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.^{62,63}
- ◆ Participation in evidence-based family home visiting programs has been shown to reduce the risk of infant death.^{64,65} As of October 2024, there were 827 families enrolled in evidence-based family home visiting programs coordinated by the Rhode Island Department of Health.⁶⁶

Sources of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2019-2023. Data from January 2025 and future reports with birth counts may change.

The denominator is the total number of live births to Rhode Island residents between 2019 and 2023.

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

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

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

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

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(continued on page 179)

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.³

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

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

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

Breastfeeding rates generally increase with higher educational attainment and higher income levels.¹⁰ 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.¹¹

Breastfeeding Rates		
	6 months [^]	12 months
RI	23%	33%
US	25%	36%
National Rank*	39 th	37 th
New England Rank**	6 th	6 th

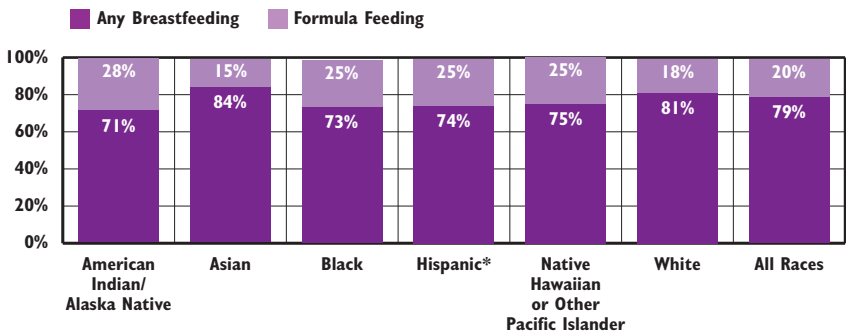
*1st is best; 50th is worst

**1st is best; 6th is worst

[^]exclusively breastfed

Source: Centers for Disease Control (2022). *Breastfeeding report card United States, 2022*. Note: Data is for infants born in 2019.


Breastfeeding and Formula Feeding at Birth by Race/Ethnicity, Rhode Island, 2019-2023



Source: Rhode Island Department of Health [RIDOH]. (2024). *KIDSNET, 2019-2023*. 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 2019 and 2023, 79% of new mothers in Rhode Island indicated that they intended to breastfeed when discharged from the hospital and 20% intended to formula feed.¹² 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.^{13,14}

◆ 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.¹⁵

Breastfeeding

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.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.^{17,18,19}

◆ All 50 states have passed legislation that provides mothers with the explicit right to breastfeed in public or private places.²⁰ 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.²¹ Other barriers to breastfeeding include accessibility and accommodations for lactation in the workplace and community.²²

◆ 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 January 2024, Rhode Island had 69 licensed IBCLCs.^{23,24} Other lactation professionals can support health equity and reduce breastfeeding barriers.²⁵

Table 17. Breastfeeding at Time of Birth, Rhode Island, 2019-2023

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER ANY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING
Barrington	538	488	91%
Bristol	624	510	82%
Burrillville	584	464	79%
Central Falls	1,418	1,016	72%
Charlestown	253	221	87%
Coventry	1,442	1,151	80%
Cranston	3,790	3,022	80%
Cumberland	1,436	1,208	84%
East Greenwich	642	574	89%
East Providence	2,117	1,682	79%
Exeter	223	189	85%
Foster	202	164	81%
Glocester	302	257	85%
Hopkinton	316	262	83%
Jamestown	130	123	95%
Johnston	1,326	1,045	79%
Lincoln	893	748	84%
Little Compton	50	42	84%
Middletown	698	604	87%
Narragansett	264	239	91%
New Shoreham	37	36	97%
Newport	983	807	82%
North Kingstown	1,032	916	89%
North Providence	1,539	1,203	78%
North Smithfield	426	368	86%
Pawtucket	3,968	2,988	75%
Portsmouth	539	492	91%
Providence	11,213	8,208	73%
Richmond	331	295	89%
Scituate	443	382	86%
Smithfield	674	561	83%
South Kingstown	833	741	89%
Tiverton	354	290	82%
Warren	357	281	79%
Warwick	3,407	2,764	81%
West Greenwich	242	208	86%
West Warwick	1,384	1,048	76%
Westerly	700	609	87%
Woonsocket	2,346	1,597	68%
Four Core Cities	18,945	13,809	73%
Remainder of State	29,111	23,994	82%
Rhode Island	48,056	37,803	79%

Sources of Data for Table/Methodology

RIDOH. (2024). KIDSNET, 2019-2023. 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.

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

References

- ¹³ Meek J,Y, Noble, L. (2022). Policy statement: Breastfeeding and the use of human milk. *Pediatrics*, 150(1), e2022057988.
- ^{2,23} Rhode Island Department of Health [RIDOH]. (2015) *Breastfeeding: 2015-2020 Rhode Island strategic plan*.
- ⁴ The Cleveland Clinic. (2023). *The benefits of breastfeeding for you & baby*. Retrieved March 8, 2024, from <https://my.clevelandclinic.org/health/articles/15274-benefits-of-breastfeeding>
- ⁵ Centers for Disease Control and Prevention. (2023). *Frequently asked questions*. Retrieved January 3, 2025, from <https://www.cdc.gov/breastfeeding/php/faq/faq.html>
- ⁶ Hauck, K., Miraldo, M., & Singh, S. (2020). Integrating motherhood and employment: A 22-year analysis investigating impacts of US workplace breastfeeding policy. *SSM – Population Health*, 11, 1-10.

(continued on page 180)

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 $\mu\text{g}/\text{dL}$) at any time prior to December 31, 2024.^{1,2} These data pertain to children eligible to enter kindergarten in the fall of 2026 (i.e., those born between September 1, 2020 and August 31, 2021).

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

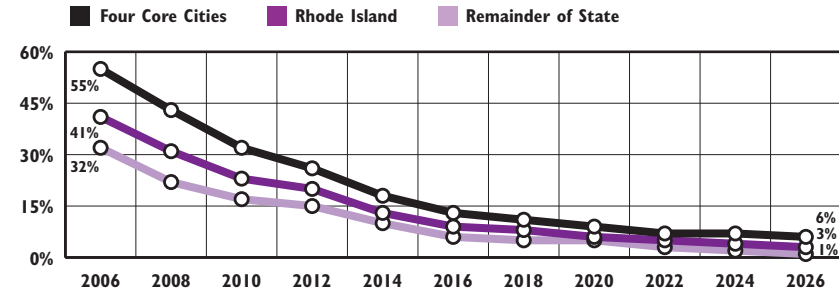
dust. Additionally, children can be exposed through lead service lines, where water pipes connect homes or buildings to public water mains. However, almost all cases in Rhode Island are a result of lead-based paint exposure.⁸

There is no safe lead level in children. In 2021, the Centers for Disease Control and Prevention lowered its blood reference value from 5 $\mu\text{g}/\text{dL}$ to 3.5 $\mu\text{g}/\text{dL}$, 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.^{9,10}

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 four core cities face higher risks due to older housing stock.^{11,12,13}

In 2024, 610 (5.5%) of the 11,028 Rhode Island children under age six who were screened had confirmed elevated blood lead levels of ≥ 3.5 $\mu\text{g}/\text{dL}$. Children living in the four core cities (9.2%) were almost three times as likely as children in the remainder of the state (3.2%) to have confirmed elevated blood lead levels of ≥ 3.5 $\mu\text{g}/\text{dL}$.¹⁴

Children Entering Kindergarten with History of Elevated* Blood Lead Level, Rhode Island, Four Core Cities, and Remainder of State, 2006-2026



Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 2006 and 2026. *Elevated blood lead level of ≥ 5 $\mu\text{g}/\text{dL}$ for children entering kindergarten before 2026.

◆ The number of children with blood lead levels ≥ 5 $\mu\text{g}/\text{dL}$ has been steadily declining in all areas of Rhode Island over the past two decades. Compared to the remainder of the state, the four core cities have over four times the rate of children with elevated blood levels.¹⁵

Lead Exposure and Academic Performance

◆ Exposure to lead can negatively impact academic performance in early childhood.¹⁶ Rhode Island children with a history of lead exposure, even at low levels, have been shown to have decreased reading readiness at kindergarten entry and diminished reading and math proficiency in the third grade. Children with lead exposure are also at increased risk for absenteeism, grade repetition, and special education services.^{17,18}

◆ 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.^{19,20}

Children Affected by Lead Exposure

Table 18. Lead Exposure in Children Entering Kindergarten in the Fall of 2026, Rhode Island

CITY/TOWN	NUMBER TESTED FOR LEAD EXPOSURE	CONFIRMED WITH BLOOD LEAD LEVEL ≥ 3.5 $\mu\text{g/dL}$	
		NUMBER	PERCENT
Barrington	201	<5	*
Bristol	169	7	4.1%
Burrillville	134	6	4.5%
Central Falls	314	32	10.2%
Charlestown	63	<5	*
Coventry	294	9	3.1%
Cranston	799	28	3.5%
Cumberland	374	10	2.7%
East Greenwich	170	<5	*
East Providence	523	17	3.3%
Exeter	53	<5	*
Foster	37	<5	*
Glocester	63	<5	*
Hopkinton	76	<5	*
Jamestown	32	<5	*
Johnston	298	6	2.0%
Lincoln	216	10	4.6%
Little Compton	28	<5	*
Middletown	167	<5	*
Narragansett	36	<5	*
New Shoreham	5	<5	*
Newport	197	14	7.1%
North Kingstown	258	5	1.9%
North Providence	329	10	3.0%
North Smithfield	113	<5	*
Pawtucket	876	67	7.6%
Portsmouth	161	<5	*
Providence	2,557	272	10.6%
Richmond	66	<5	*
Scituate	100	<5	*
Smithfield	164	<5	*
South Kingstown	186	10	5.4%
Tiverton	134	<5	*
Warren	93	8	8.6%
Warwick	717	20	2.8%
West Greenwich	66	<5	*
West Warwick	300	14	4.7%
Westerly	124	<5	*
Woonsocket	524	24	4.6%
Four Core Cities	4,271	395	9.2%
Remainder of State	6,757	213	3.2%
Rhode Island	11,028	608	5.5%

Lead Screening

◆ The new reference value of 3.5 $\mu\text{g/dL}$, will allow parents and health officials to take corrective actions sooner.^{21,22}

◆ An environmental inspection of a child's home is offered when a venous test is $\geq 5\mu\text{g/dL}$. 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 2024, 322 environmental inspections were offered, 111 were performed, 64 were refused, had no response or were unable to be contacted, and nine had moved.^{23,24}

◆ 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 2024, 70% of children received a blood lead screening test by age 18 months, and 38% received one test by age 18 months and a second by age 36 months.^{25,26,27}

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.²⁸

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 2026 reflect the number of Rhode Island children eligible to enter school in the fall of 2026 (i.e., born between 09/01/20 and 08/31/21)

Children confirmed positive for lead exposure (blood lead level ≥ 3.5 $\mu\text{g/dL}$) are counted if they screened positive with a venous test and/or had a confirmed capillary test at any time in their lives prior to the end of December 2024. The Rhode Island Healthy Homes and Childhood Lead Poisoning Prevention Program recommends that children under age six with a capillary blood lead level of ≥ 5 $\mu\text{g/dL}$ receive a confirmatory venous test.

The denominator for percent confirmed is the number of children entering kindergarten in the fall of 2026 who were tested for lead exposure. Data include both venous and confirmed capillary tests.

Of the 867 children entering kindergarten in 2026 who had an initial blood lead screen of ≥ 3.5 $\mu\text{g/dL}$, 333 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.

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

See Methodology Section for more information.

References

^{1,10,22} Centers for Disease Control and Prevention. (2025). *About the data: Blood lead surveillance*. Retrieved March 14, 2025, from <https://www.cdc.gov/lead-prevention/php/data/blood-lead-surveillance.html>

(continued on page 180)

Children with Asthma

DEFINITION

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

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.^{1,2,3,4}

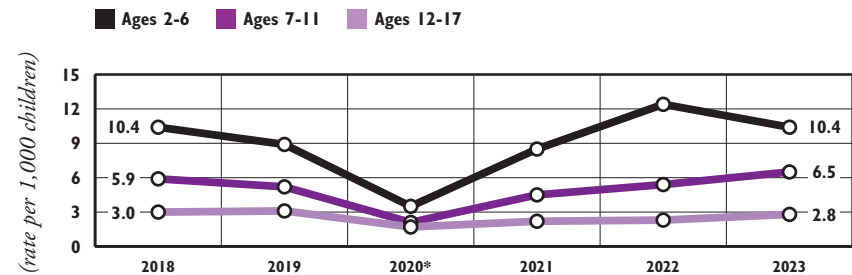
Asthma is the most common chronic condition among children and adolescents worldwide.⁵ Current asthma prevalence among U.S. children fell from 8.1% in 2016 to 6.5% in 2022.⁶ However, disparities in asthma rates persist. Puerto Rican and non-Hispanic Black children have much higher asthma rates than non-Hispanic white children. Rates of asthma are also higher among males and among children living in poverty.^{7,8} Social and environmental risk factors for asthma account for much of the disparities in asthma rates and severity.⁹

Compared with adults, children have much higher rates of emergency department visits for asthma, slightly higher hospitalization rates, and lower death rates.¹⁰ Asthma is a leading cause of emergency department visits and hospitalization for children under age 18 and school absenteeism.^{11,12} Asthma is also associated with dental disease. From 2019-2023, 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.¹³

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.^{14,15,16}

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.¹⁷


Asthma Emergency Department Visit Rates By Age, Rhode Island Children, 2018-2023*



Source: Rhode Island Department of Health, Emergency Department Visit Data, 2018-2023. *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 2023, the rate for children ages two to six was 10.4 per 1,000 children; on par with the rate in 2018. Asthma is a chronic condition with many triggers, so ED visit rates for pediatric asthma can vary from one year to the next.¹⁸

◆ In Rhode Island between 2019 and 2023, there were 703 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 four core cities (1.0 per 1,000 children) than in the remainder of the state (0.7 per 1,000 children).¹⁹

◆ There was a steep decline in pediatric asthma emergency department visits and hospitalizations in Rhode Island during the spring of 2020.²⁰ 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.²¹

Children with Asthma

Table 19. Asthma Emergency Department Visits for Children Under Age 18, Rhode Island, 2019-2023

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	51	2.3
Bristol	2,887	37	2.6
Burrillville	3,229	51	3.2
Central Falls	6,411	257	8.0
Charlestown	1,161	13	2.2 [^]
Coventry	6,655	105	3.2
Cranston	15,744	358	4.5
Cumberland	7,550	98	2.6
East Greenwich	3,465	24	1.4 [^]
East Providence	7,886	203	5.1
Exeter	1,175	9	*
Foster	790	10	*
Glocester	1,896	10	*
Hopkinton	1,613	23	2.9 [^]
Jamestown	871	7	*
Johnston	5,119	109	4.3
Lincoln	4,640	68	2.9
Little Compton	568	<5	*
Middletown	3,487	77	4.4
Narragansett	1,651	7	*
New Shoreham	189	0	0.0
Newport	3,660	104	5.7
North Kingstown	5,496	57	2.1
North Providence	5,802	109	3.8
North Smithfield	2,274	39	3.4
Pawtucket	16,455	585	7.1
Portsmouth	3,444	40	2.3
Providence	41,021	1883	9.2
Richmond	1,627	<5	*
Scituate	1,866	22	2.4 [^]
Smithfield	3,411	36	2.1
South Kingstown	4,339	35	1.6
Tiverton	2,723	21	1.5 [^]
Warren	1,826	31	3.4
Warwick	14,034	219	3.1
West Greenwich	1,251	11	*
West Warwick	5,787	133	4.6
Westerly	3,826	88	4.6
Woonsocket	9,467	416	8.8
Four Core Cities	73,354	3,141	8.6
Remainder State**	136,431	2,213	3.2
Rhode Island**	209,785	5,354	5.1

Asthma Prevalence and Support Programs

◆ In 2022, Rhode Island parents reported rates of current asthma prevalence of their children of 8.0% (down from 9.5% in 2020) 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.²²

◆ Between 2019 and 2023, 46% of emergency department visits with a primary diagnosis of asthma were for Hispanic children, 30% were for white children, and 17% were for Black children. Nearly three quarters (72%) of emergency department visits were for children with RIte Care/Medicaid.²³ 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.²⁴

◆ The Rhode Island Department of Health Asthma Control Program has a home-based, multicomponent intervention program called the Rhode Island Asthma Home Visiting Program that serves children ages two to 17 with poorly controlled asthma who have had a recent emergency department visit or hospitalization for asthma.²⁵

Source of Data for Table/Methodology

Rhode Island Department of Health, Emergency Department, and Hospital Discharge Data, 2019-2023.

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 2019-2023 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.

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

References

- Centers for Disease Control and Prevention. *About Asthma*. (2024). Retrieved March 20, 2025, from <https://www.cdc.gov/asthma/about/index.html>
- 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.

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Housing and Health

DEFINITION

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

SIGNIFICANCE

Homes that are dry, clean, pest-free, safe, contaminant-free, well-ventilated, well-maintained, and 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}

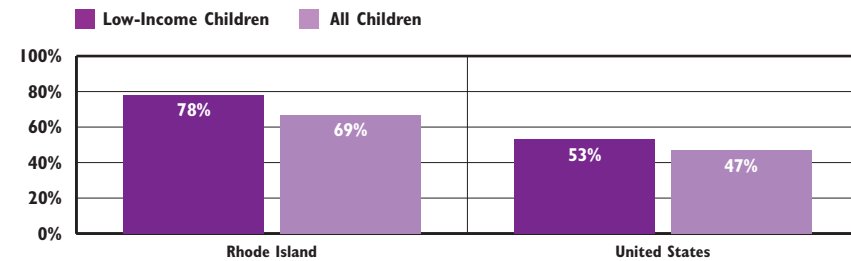
Unhealthy housing can cause or intensify many health conditions. Studies have connected poor quality construction, utility deficiencies, water intrusion, lead paint, radon, and pests to respiratory illnesses, asthma, unintentional injuries, lead exposure, and cancer. Children under age five, low-income 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.^{8,9,10,11}


**Children Living in Older Housing*, 2019-2023,
Rhode Island and the United States**



Source: Population Reference Bureau analysis of 2019-2023 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 2019 and 2023, Rhode Island had the highest percentage of low-income children (78%) and the second highest percentage of children of all incomes (69%) living in older housing in the U.S., after New York.**¹²

◆ **Lead Exposure:** Children living in homes built before 1978 are at risk for lead exposure. Even at low levels, lead exposure can negatively affect a child’s health, development, and brain.¹³ In 2024, 4% (864) of Rhode Island children under age six who were screened had a confirmed blood lead level of ≥ 3.5 $\mu\text{g}/\text{dL}$.¹⁴

◆ **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.¹⁵ Between 2019 and 2023, there were 3,118 emergency department visits of Rhode Island children ages six and under (8.4 per 1,000) for which asthma was the primary diagnosis.¹⁶

◆ **Unintentional Injuries:** Falls are the leading cause of non-fatal unintentional injuries among children in the U.S.¹⁷ In 2023, housing-related falls resulted in 1,036 emergency room visits by Rhode Island children ages six and under.¹⁸

◆ **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.^{19,20}

Housing and Health

Table 20.

Housing and Health, Rhode Island

CITY/TOWN	TOTAL # OF CHILDREN AGES 6 AND UNDER, 2020	CHILDREN <6 WITH LEAD POISONING 2024			PRIMARY ASTHMA ED VISITS* 2019-2023		HOUSING RELATED FALLS 2023	WEATHERIZATION PROJECTS 2023	% HOUSING STOCK PRE-1980
		#	TESTED	%	#	RATE PER 1,000			
Barrington	1,262	<5	350	*	29	4.6	8	4	83%
Bristol	937	6	266	2.3%	20	4.3^	10	10	69%
Burrillville	1,044	12	265	4.5%	34	6.5	13	11	64%
Central Falls	2,304	58	730	7.9%	140	12.2	29	13	73%
Charlestown	364	<5	84	*	7	*	11	9	51%
Coventry	2,267	9	589	1.5%	58	5.1	21	49	64%
Cranston	5,492	42	1,721	2.4%	234	8.5	60	170	78%
Cumberland	2,716	10	743	1.3%	57	4.2	19	24	60%
East Greenwich	996	5	308	1.6%	20	4.0^	10	2	59%
East Providence	2,907	22	1,055	2.1%	142	9.8	43	59	79%
Exeter	397	<5	71	*	7	*	*	12	41%
Foster	246	0	78	0.0%	<5	*	*	5	58%
Glocester	651	<5	131	*	<5	*	5	21	63%
Hopkinton	539	<5	122	*	13	4.8^	8	12	57%
Jamestown	223	<5	61	*	6	*	*	5	57%
Johnston	1,784	9	606	1.5%	60	6.7	33	57	68%
Lincoln	1,522	10	369	2.7%	34	4.5	18	14	66%
Little Compton	175	<5	43	*	<5	*	*	0	58%
Middletown	1,257	9	244	3.7%	49	7.8	30	4	66%
Narragansett	461	0	92	0.0%	<5	*	10	6	59%
New Shoreham	62	0	18	0.0%	0	0.0	*	0	52%
Newport	1,444	25	312	8.0%	55	7.6	19	7	85%
North Kingstown	1,831	8	463	1.7%	25	2.7	31	28	62%
North Providence	2,174	15	661	2.3%	50	4.6	25	56	64%
North Smithfield	726	<5	196	*	22	6.1^	8	9	58%
Pawtucket	6,199	75	1,780	4.2%	347	11.2	88	113	84%
Portsmouth	1,141	<5	239	*	21	3.7^	15	14	61%
Providence	15,026	415	6,174	6.7%	1,105	14.7	289	196	82%
Richmond	576	<5	121	*	<5	*	*	0	42%
Scituate	607	0	211	0.0%	15	4.9	10	5	64%
Smithfield	1,122	<5	269	*	26	4.6	11	20	54%
South Kingstown	1,339	<5	304	*	19	2.8^	18	5	54%
Tiverton	907	<5	278	*	9	*	7	43	61%
Warren	626	5	198	2.5%	24	7.7	*	15	81%
Warwick	5,228	24	1,360	1.8%	137	5.2	57	124	78%
West Greenwich	380	0	83	0.0%	7	*	*	6	32%
West Warwick	2,276	14	568	2.5%	71	6.2	32	40	67%
Westerly	1,257	11	239	4.6%	43	6.8	22	18	59%
Woonsocket	3,684	52	991	5.2%	215	11.7	58	26	83%
Four Core Cities	27,213	600	9,675	6.2%	1,807	13.3	464	348	83%
Remainder of State	46,936	264	12,718	2.1%	1,311	5.6	572	864	67%
Rhode Island	74,149	864	22,393	3.9%	3,118	8.4	1,036	1,212	72%

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, 2024. The numerator is the number of Rhode Island children with a confirmed blood lead level ≥ 3.5 $\mu\text{g/dL}$ in calendar year 2024. The denominator is the number of children who were tested in calendar year 2024. Data are for children under age six.

Children with Asthma: Rhode Island Department of Health, Hospital Discharge Database, 2019-2023. 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, 2023. 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 2024.

Housing Stock Pre-1980: Population Reference Bureau analysis of 2019-2023 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 are considered underweight, children with a BMI between the 85th and 95th percentiles are considered overweight, and children with a BMI at or above the 95th percentile are considered 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. They may also experience social and psychological problems, including depression, bullying, and social marginalization more than their peers due to weight-based stigma which can impact their school attendance and academic performance.^{2,3,4} While BMI is the most commonly used metric to assess healthy weight, it is beginning to be understood as a flawed metric that does not appropriately measure individual risk on its own.⁵

Nationally, there is a continued upward trend in obesity. During 2017-2020 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.^{6,7}

Prior to 2018, Rhode Island did not have a statewide clinical childhood BMI data set. A recent analysis of data collected in 2023 found that 15% of Rhode Island children ages two to 17 are overweight and 22% are obese.⁸

The increasing trend of child and teen overweight and obesity 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.^{9,10}

Low consumption of healthy 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.

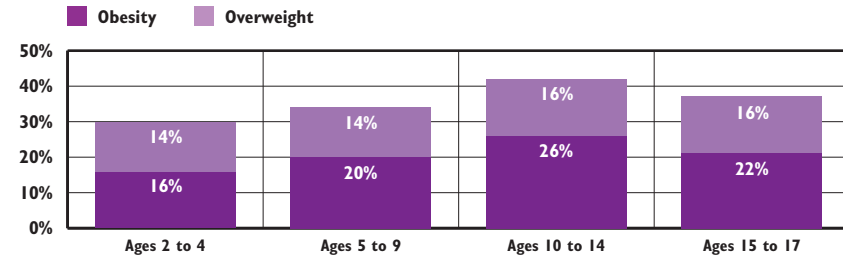
Healthy Weight Among Children Ages 6-17	
2022-2023	
RI	58%
US	59%
National Rank*	35th
New England Rank**	6th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: Data Resource Center for Child and Adolescent Health, 2022-2023 National Survey of Children's Health, childhealthdata.org.


Rhode Island Childhood Overweight and Obesity by Age, 2023

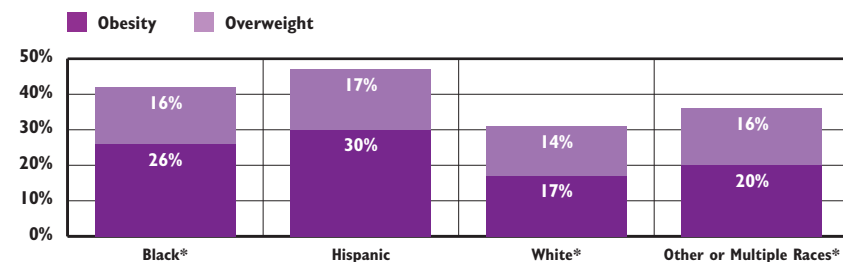


Source: Brown School of Public Health analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Cigna HealthCare, Neighborhood Health Plan of Rhode Island, United Healthcare, and Point32Health collected by the Department of Health, 2025.

◆ Fifteen percent of Rhode Island children ages two to 17 are overweight and 22% are obese. Older children are more likely to be overweight or obese. Twenty-six percent of children ages 10 to 14 and 22% of children ages 15 to 17 are obese.¹³

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


Rhode Island Childhood Overweight and Obesity by Race/Ethnicity, 2023



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 Point32Health collected by the Department of Health, 2025. *Non-Hispanic.

◆ Hispanic children (17% overweight and 30% obese) and non-Hispanic Black children (16% overweight and 26% 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.^{15,16}

Healthy Weight

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.¹⁷ In 2024, 38% of households reported being food insecure, a nine percentage point increase from 2023.¹⁸

◆ 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.¹⁹

◆ Regular physical activity has physical, social, emotional, cognitive, and health benefits.²⁰ 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.²¹

◆ A community's streets, sidewalks, parks, and housing influence physical activity access for youth.²² 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.^{23,24}

Table 21. Prevalence of Overweight and Obesity in Rhode Island Children Ages 2 to 17, 2023

CITY/TOWN	% OVERWEIGHT	% OBESE	% OVERWEIGHT AND OBESE COMBINED
Barrington	13%	9%	22%
Bristol	14%	13%	27%
Burrillville	15%	21%	36%
Central Falls	17%	36%	53%
Charlestown	14%	14%	27%
Coventry	12%	16%	28%
Cranston	16%	21%	37%
Cumberland	15%	18%	34%
East Greenwich	10%	11%	21%
East Providence	15%	22%	37%
Exeter	10%	11%	21%
Foster	12%	11%	23%
Glocester	15%	13%	28%
Hopkinton	13%	17%	30%
Jamestown	6% [^]	9%	15%
Johnston	16%	23%	39%
Lincoln	15%	20%	36%
Little Compton	*	*	17% [^]
Middletown	11%	15%	25%
Narragansett	17%	13%	30%
New Shoreham	*	*	32%
Newport	20%	17%	37%
North Kingstown	11%	10%	21%
North Providence	18%	23%	42%
North Smithfield	15%	15%	30%
Pawtucket	16%	26%	42%
Portsmouth	9%	12%	21%
Providence	17%	29%	45%
Richmond	10%	15%	25%
Scituate	14%	14%	28%
Smithfield	15%	14%	29%
South Kingstown	13%	12%	25%
Tiverton	13%	15%	29%
Warren	12%	18%	30%
Warwick	15%	18%	33%
West Greenwich	15%	20%	35%
West Warwick	13%	14%	27%
Westerly	14%	23%	37%
Woonsocket	17%	34%	51%
Four Core Cities	17%	29%	46%
Remainder of State	14%	17%	31%
Rhode Island	15%	22%	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, 2025.

* 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.

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

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(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.³ 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 19.⁴

There are disparities in teen birth rates by age, race, and ethnicity. Nationally, most teen births (75%) are to teens ages 18 or older. The teen birth rate is highest among American Indian or Alaska Native, Black, Hispanic, and Native Hawaiian or Other Pacific Islander adolescents and lowest among Asian adolescents.^{5,6}

Effective teen pregnancy prevention programs address the social determinants

of health, and work within the community to support the health of adolescents. This includes ensuring access to quality reproductive health care and education.⁷ Nationally, fewer teens are having sex and more use contraception.^{8,9}

After peaking in 1991, the U.S. teen birth rate has declined almost every year and reached a historic low in 2022. Nationally, the birth rate for teens declined 2% from 2021 to 2022 (from 13.9 per 1,000 to 13.6 per 1,000). Despite these declines, the U.S. teen birth rate remains higher than in other developed countries.^{10,11,12}

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 2021 at a rate of 7.8 births per 1,000 teen girls.^{13,14} In Rhode Island between 2019-2023, 2.3% (1,147) of babies were born to mothers under age 20.¹⁵

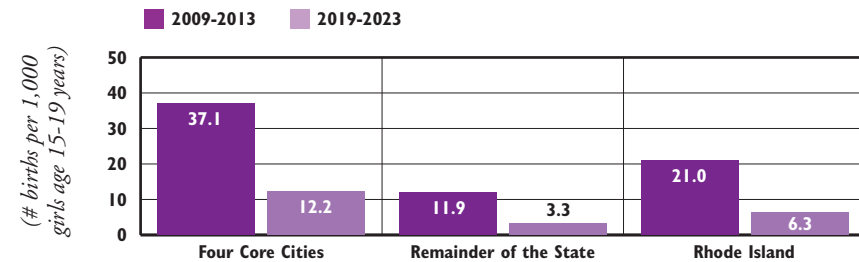
Teen Birth Rates (rate per 1,000 girls ages 15-19)		
	1991	2022
RI	44.7	8.3
US	61.8	13.6
National Rank*		7 th
New England Rank**		5 th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: For 1991: Ventura, S. J., et al. (2014). National and state patterns of teen births in the United States, 1940-2013. NVSR, 63(4), 1-33. For 2022: Osterman, M. J. K., Hamilton, B.E., Martin, J.A., Driscoll, A.K., Valenzuela, C.P. (2024). Births: Final data for 2022. *National Vital Statistics Reports*, 73(2), 1-55.

Teen Birth Rates, Rhode Island, Five-Year Average Comparisons: 2009-2013, 2019-2023



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2009-2023.

◆ In 2022, the birth rate for U.S. teens (13.6 births per 1,000 teen girls ages 15-19) was the lowest ever recorded.¹⁶

◆ In Rhode Island, the statewide five-year average teen birth rate declined 70% between 2009-2013 and 2019-2023 from 21.0 births per 1,000 teen girls to 6.3 per 1,000. The teen birth rate in the four core cities declined 67% during that time but remains more than three times higher than in the remainder of the state.¹⁷

◆ Despite declines among all racial and ethnic groups, disparities still exist in teen birth rates.¹⁸ In Rhode Island between 2019 and 2023, the teen birth rates for Hispanic (17.4 per 1,000) and Non-Hispanic Black (7.0 per 1,000) teens were higher than the rates of their Non-Hispanic white (2.4 per 1,000) and Non-Hispanic Asian (2.0 per 1,000) peers.¹⁹

Repeat Births to Teens, Rhode Island, 2019-2023

AGE	TOTAL NUMBER OF BIRTHS	NUMBER OF REPEAT BIRTHS	PERCENT REPEAT BIRTHS
15-17	240	10	4%
18-19	907	87	10%
Total 15-19	1,145	97	8%

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2019-2023.

◆ Nationally, 14% of all births to teens ages 15-19 in 2022 were repeat births.²⁰ 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.²¹

Births to Teens

Teen Birth Rates by Location

◆ In Rhode Island between 2019 and 2023, the rate of births to teens ages 15-19 in the core cities (12.2 per 1,000) was more than three times higher than the remainder of the state (3.3 per 1,000).²²

◆ 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.²³

◆ Health care providers can play a key role in reducing teen births by integrating comprehensive reproductive health counseling into health care for all people of reproductive age to help reduce unintended pregnancies.²⁴

◆ In 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.²⁵

◆ Among 15 to 19-year-olds in Rhode Island between 2019 and 2023, the rates of chlamydia have decreased by 7% (1,849 to 1,719 per 100,000) and the rates of gonorrhea have increased by 70% (193 to 328 per 100,000).²⁶

Table 22. Births to Teens, Ages 15-19, Rhode Island, 2019-2023

CITY/TOWN	# OF BIRTHS AGES 15-17	# OF BIRTHS AGES 18-19	# OF BIRTHS AGES 15-19	BIRTH RATE PER 1,000 AGES 15-19
Barrington	0	<5	<5	*
Bristol	<5	<5	5	*
Burrillville	<5	-	7	*
Central Falls	21	51	72	13.6
Charlestown	0	0	0	0.0
Coventry	<5	-	17	3.3^
Cranston	16	54	70	7.4
Cumberland	0	15	15	2.2^
East Greenwich	0	<5	<5	*
East Providence	<5	-	29	7.2
Exeter	0	<5	<5	*
Foster	0	5	5	*
Glocester	0	0	0	0.0
Hopkinton	0	<5	<5	*
Jamestown	<5	0	<5	*
Johnston	<5	-	13	4.5^
Lincoln	<5	-	17	4.5^
Little Compton	0	0	0	0.0
Middletown	0	6	6	*
Narragansett	0	<5	<5	*
New Shoreham	<5	0	<5	*
Newport	6	25	31	5.7
North Kingstown	<5	-	11	*
North Providence	<5	-	20	4.4^
North Smithfield	0	<5	<5	*
Pawtucket	25	75	100	9.1
Portsmouth	<5	-	<5	*
Providence	103	384	487	11.3
Richmond	<5	0	<5	*
Scituate	<5	-	9	*
Smithfield	<5	<5	<5	*
South Kingstown	<5	5	9	*
Tiverton	<5	-	9	*
Warren	0	<5	<5	*
Warwick	8	35	43	4.5
West Greenwich	0	<5	<5	*
West Warwick	<5	-	37	15.5
Westerly	<5	-	13	5.0^
Woonsocket	17	79	96	18.5
Unknown	-	-	-	-
Four Core Cities	166	589	755	12.2
Remainder of State	74	316	390	3.3
Rhode Island	240	907	1,147	6.3

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2019-2023.

* 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.

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

References

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- ⁷ Office of Population Affairs. (n.d.). *About the teen pregnancy prevention program*.
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(continued on page 182)

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 ranks among the states with the highest percentages of adolescents reporting use of alcohol and many types of illicit drugs.³

Key risk periods for alcohol, tobacco, and other drug abuse occur during major life transitions, including the shifts to middle school and high school, when young people experience new academic, social, and emotional challenges. Adolescents are especially vulnerable to 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.^{4,5}

Pathways for becoming a substance user involve the relationship between risk and protective factors, which vary in their effect on different people. Risk factors are associated with increased

drug use and include early aggressive behavior, poor school achievement, peer and parental substance 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.^{6,7} Rates of substance use are higher among certain racial/ethnic groups and LGBTQ youth, compared to their peers. Among youth aged 12 to 20 in 2023, there were differences in alcohol, marijuana, nicotine, and illicit substance use by demographic group.^{8,9}

Prevention and reduction in teen substance abuse can be achieved by enacting policies that support prevention, screening, early intervention, treatment, and recovery. Policy examples include preventing underage substance use and sales to minors, improving school climate and academic achievement, enacting sentencing reform, and providing adequate funding for multi-sector youth development, treatment, and recovery services.¹⁰

In Rhode Island in 2022, 12.1% of youth ages 12-17 (about 9,000) needed substance use treatment, while only 3.9% (about 3,000) actually received any substance use treatment in the past year.^{11,12}



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.¹³
- ◆ **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 or more nicotine as a pack of cigarettes.¹⁴ Nationally in 2024, 8% of high school students reported current e-cigarette use.¹⁵ In Rhode Island in 2023, 17% of high school students reported current use of e-cigarettes and 32% reported ever using e-cigarettes.¹⁶
- ◆ **Cigarettes:** Cigarette use has steadily declined among U.S. middle and high school students. Nationally, in 2024, 1% of students reported current cigarette use.¹⁷ In 2023, 3% of Rhode Island high school students reported currently smoking cigarettes.¹⁸
- ◆ **Hookah, cigars, and smokeless tobacco:** The prevalence of youth hookah, cigar, and smokeless tobacco use has declined nationally.¹⁹ In 2023, 4% of Rhode Island high school students reported currently smoking cigars, and 3% reported current use of smokeless tobacco.²⁰



Tobacco to 21

- ◆ The Centers for Disease Control and Prevention, the Institute of Medicine, and the American Academy of Pediatrics suggest that raising the minimum legal sale age for tobacco products to 21 may prevent or delay initiation of tobacco use by adolescents.^{21,22,23} Nationally, nearly 90% of adult cigarette users who smoke daily report starting by age 18.²⁴ On December 20, 2019, legislation was signed raising the federal minimum age of sale of tobacco products and electronic nicotine delivery systems from 18 to 21 years, effective immediately.²⁵ Despite this law, there is still an 11% noncompliance rate in Rhode Island with some vendors continuing to sell to underage groups.²⁶

Alcohol, Tobacco, and Substance Use



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

	ALCOHOL USE*	CANNABIS USE* (EDIBLE)	CANNABIS USE* (SMOKING)	CIGA- RETTE USE*	E-CIGA- RETTE USE*	IN- HALENTS	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.²⁷
- ◆ 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.²⁸
- ◆ 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).²⁹
- ◆ 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.³⁰
- ◆ 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.³¹



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.³² The FY 2025 budget included a 25-cent tax increase on the price of cigarettes and a tax on the purchase of Electronic Nicotine Delivery Systems (ENDS), including vapes, and codified existing regulations prohibiting ENDS flavors, other than menthol.³³



Family and Community Exposure

- ◆ Having parents or friends who use tobacco, alcohol, and other drugs, as well as living in communities where there is substance use, are risk factors for teen substance use.³⁴
- ◆ 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%).³⁵
- ◆ 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 21.³⁶

References

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- ² Nath, A., Choudhary, S. G., Dakhode, S. U., Rannaware, A., & Gaidhane, A. M. (2022). Substance abuse amongst adolescents: An issue of public health significance. *Cureus*, 14(11), e31193. <https://pubmed.ncbi.nlm.nih.gov/36505140/>
- ^{3,11} Substance Abuse and Mental Health Services Administration. (2024). *2021 National Survey on Drug Use and Health: Model-based prevalence estimates (50 states and District of Columbia)*. <https://www.samhsa.gov/data/report/2021-2022-nsduh-state-prevalence-estimates>
- ^{5,7,9,10,34} Trust for America's Health and Well Being Trust. (2019). *Addressing a Crisis: Cross-Sector Strategies to Prevent Adolescent Substance Use and Suicide*. <https://www.tfah.org/report-details/adsandadolescents/>
- ⁸ Richesson, D., Magas, I., Brown, S., Linman, S., Hoening, J.M. (2024). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health*. <https://www.samhsa.gov/data/sites/default/files/reports/rpr47095/National%20Report/National%20Report/2023-nsduh-annual-national.htm>

(continued on page 182)

Safety

Boy Pirate Ghost of Newport

by Hudson Bowley

Once there was a ghost
Who walked along the Newport coast.
He loved the sea, like me.
I see him around town
But he is nowhere to be found.
He sneaks into the Breakers
With the musical players.
This story is coming to an end so...
The end!

All content is embargoed until 12:01am on Monday, May 5, 2025



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, community issues (such as environmental toxins and exposure to violence, particularly related to firearms), access to health care, access to and use of safety devices and practices (such as bicycle helmets, seat belts, and smoke alarms), a variety of risk behaviors including distracted driving and substance use, and the level of adult supervision children and teens receive.^{1,2,3}

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 2018 and 2022, 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 child unintentional injury 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 the use of helmets during sports), laws that promote safety (such as the 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 (such as sober driving and cell-phone free driving), mental health screening and treatment, violence prevention programs, 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}

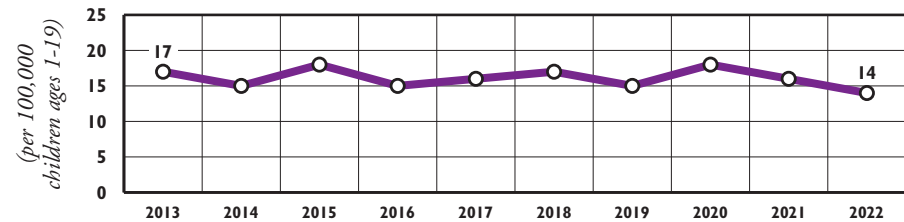
Child and Teen Death Rate (per 100,000 Children Ages 1-19)		
	2013	2022
RI	17	14
US	24	30
National Rank*	1st	
New England Rank**	1st	

*1st is best; 50th is worst

**1st is best; 6th is worst

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

Child and Teen Death Rate per 100,000 Children Ages One to 19, Rhode Island, 2013-2022



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

◆ In 2022, Rhode Island's child and teen death rate for children ages one to 19 was 14 per 100,000 children and teens, which was a decrease from 2021. Rhode Island's child and teen death rate is the lowest in the nation.¹³

Child Deaths Due to Injury, by Cause, Children Ages One to 14, Rhode Island, 2019-2023

Drowning	12
Motor Vehicle	0
Fire/Smoke Inhalation	<5
Suicide	<5
Homicide	<5
Other Injury	7

n=22

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2019-2023.

◆ Between 2019 and 2023, 22 Rhode Island children ages one to 14 died as a result of injury. Drowning was the leading cause of these child deaths in Rhode Island during this period.¹⁴

Child and Teen Deaths



Teen Deaths Due to Injury by Cause, Teens Ages 15 to 19, Rhode Island, 2019-2023

Motor Vehicle	20
Suicide	13
Traumatic Brain Injury	12
Firearm	11
Homicide	10
Poisoning	<5
Drowning	<5
Other Injury	<5

n=69

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2019-2023. 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 2019 and 2023 in Rhode Island, 29% of all teen injury deaths involved motor vehicles. Nineteen percent of the 69 teen deaths caused by injury were suicide.¹⁵

◆ Among the 26 teens ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2019 and 2023, 17 were driving, eight were passengers in vehicles driven by others, and one was a pedestrian.¹⁶

◆ Five (19%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2019 and 2023 had been drinking.¹⁷

◆ Fifteen (58%) of the teen drivers and passengers killed in automobile accidents in Rhode Island between 2019 and 2023 were not wearing a seatbelt.¹⁸

◆ 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.¹⁹



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%).²⁰

◆ Of the 13 youth ages 15 to 19 who died from suicide between 2019 and 2023 in Rhode Island, 62% were male.²¹

◆ In 2023 in Rhode Island, 479 teens ages 13 to 19 were admitted to the emergency department after a suicide attempt. Of these attempts, 76% percent of teens admitted were girls, and 24% were boys.²²

◆ In 2023 in Rhode Island, 209 teens ages 13 to 19 were hospitalized after a suicide attempt, a 37% decrease from 328 teens in 2020. Of these hospitalizations in 2023, 75% were girls, and 25% were boys.²³

◆ Nationally, even before the COVID-19 pandemic, mental health issues and suicide among adolescents had increased with sharper increases among girls and young women than males. This may be due to the rise in digital media/social media use.²⁴ Mental health problems, physical or sexual abuse, substance use, exposure to bullying or violence, experiencing partner violence, and having a family member or friend attempt suicide are associated with an increased risk of suicide or attempted suicide among youth.²⁵

References

^{1,13} The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

² Goldstick, J. E., Cunningham, R. M., Carter, P. M. (2022). Current causes of death in children and adolescents in the United States. *New England Journal of Medicine*, 386(20).

³ Villarreal, S., Kim, R., Wagner, E., Somayaji, N., Davis, A., & Crifasi, C. K. (2024). *Gun violence in the United States 2022: Examining the burden among children and teens*. Johns Hopkins Center for Gun Violence Solutions, Johns Hopkins Bloomberg School of Public Health.

⁴ Cunningham, R. M., Walton, M. A. & Carter, P. M. (2018). The Major Causes of Death in Children and Adolescents in the United States. *New England Journal of Medicine*, 379(25).

⁵ Child Trends. (2019). *Infant, child, and teen mortality*.

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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.^{3,4} The interaction of individual, family, and community factors can often put youth at risk for involvement in youth violence. Living in neighborhoods with a high concentration of poverty and less economic opportunity is a risk factor for becoming involved in youth violence, as is having a history of substance use, association with lawbreaking peers, poor academic performance, and being a victim of child maltreatment.^{5,6,7} Youth who are victims of violence are at increased risk for physical and mental health problems, academic difficulties, smoking, high-risk sexual behavior, and suicide.⁸ Nationally, 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.⁹ In 2020, less than one in 10 (8%) youth arrests were for a violent crime in the U.S., which represents a 56% decrease of violent crime arrests among youth since 2010.¹⁰ In 2023 in Rhode Island, there were 603 juvenile arrests for assault/violent offenses and 133 juvenile arrests for weapons offenses.¹¹ In 2024, violent crimes made up 2% (101) of the 4,052 juvenile offenses referred to Rhode Island Family Court.¹²



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.¹³ In Rhode Island in 2023, 12% of high school students reported not going to school due to safety concerns.¹⁴
- ◆ Bullying adversely affects all children involved, including victims, perpetrators, and witnesses of bullying behaviors. Victims of bullying are at risk of emotional, behavioral, and mental health problems. 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.¹⁵
- ◆ 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.).¹⁶ 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.¹⁷



Youth Witnessing Violence and Youth Gun Violence

- ◆ Witnessing violence (like domestic violence) can cause emotional, physical, and mental harm, even for children who are not the direct victims of violence. Early, chronic exposure to violence can damage a child’s brain development and condition them to react with fear and anxiety to a range of circumstances.¹⁸
- ◆ In 2018, for the first time in history, gun violence surpassed motor vehicle accidents as the leading cause of death for U.S. children and teens ages one to 19 and has remained the leading cause of death among children in this age group.^{19,20} In Rhode Island between 2019 and 2023, there were 131 emergency department visits, 23 hospitalizations, and 11 deaths of children and youth ages one to 19 attributed to firearms.²¹

Youth Violence

Table 23.

Youth Violence, Rhode Island

CITY/TOWN	COMMUNITY CONTEXT		VIOLENCE IN SCHOOLS, 2024		JUVENILE ARRESTS FOR VIOLENCE, 2023		
	TOTAL VIOLENT CRIME OFFENSES (ALL AGES) 2023	TOTAL POPULATION AGES 11-17 2020	% OF HIGH SCHOOL STUDENTS WHO WORRY ABOUT VIOLENCE IN SCHOOL	% OF MIDDLE SCHOOL STUDENTS WHO WORRY ABOUT VIOLENCE IN SCHOOL	# TOTAL VIOLENT CRIME OFFENSES	# FOR WEAPONS OFFENSES	TOTAL # FOR VIOLENT CRIME AND WEAPONS OFFENSES
Barrington	19	2,191	6%	3%	3	0	3
Bristol	50	1,290	15%	14%	1	0	1
Burrillville	52	1,467	13%	*	9	0	9
Central Falls	173	2,662	24%	23%	20	4	24
Charlestown	16	566	15%	14%	0	0	0
Coventry	161	2,944	17%	17%	34	6	40
Cranston	301	6,786	13%	17%	34	14	48
Cumberland	74	3,185	11%	14%	9	2	11
East Greenwich	26	1,661	8%	10%	1	0	1
East Providence	198	3,229	22%	20%	16	2	18
Exeter	NA	518	18%	17%	NA	NA	NA
Foster	5	382	13%	15%	0	0	0
Glocester	37	857	13%	15%	4	0	4
Hopkinton	22	696	15%	14%	5	0	5
Jamestown	10	420	NA	2%	0	0	0
Johnston	136	2,173	21%	23%	9	4	13
Lincoln	118	1,987	19%	14%	28	4	32
Little Compton	4	283	NA	5%	0	0	0
Middletown	53	1,426	10%	20%	7	0	7
Narragansett	34	876	7%	11%	5	0	5
New Shoreham	0	82	0%	0%	0	0	0
Newport	204	1,410	17%	40%	23	1	24
North Kingstown	84	2,506	8%	10%	18	2	20
North Providence	182	2,422	20%	14%	13	2	15
North Smithfield	46	1,018	6%	10%	5	0	5
Pawtucket	623	6,682	28%	28%	71	8	79
Portsmouth	41	1,605	9%	10%	11	0	11
Providence	782	17,093	18%	26%	46	21	67
Richmond	24	703	15%	14%	4	2	6
Scituate	24	869	8%	11%	2	2	4
Smithfield	75	1,544	14%	16%	19	1	20
South Kingstown	73	2,055	6%	10%	7	0	7
Tiverton	84	1,199	19%	13%	9	1	10
Warren	82	796	15%	14%	7	4	11
Warwick	363	5,721	27%	23%	52	6	58
West Greenwich	9	550	18%	17%	2	1	3
West Warwick	228	2,220	16%	31%	35	1	36
Westerly	122	1,762	15%	16%	11	3	14
Woonsocket	522	3,716	28%	25%	57	39	96
State Police/Other	299	NA	NA	NA	26	3	29
Four Core Cities	2,100	30,153	21%	26%	194	72	266
Remainder of State	2,957	59,399	14%	16%	383	58	441
Rhode Island	5,356	89,552	16%	19%	603	133	736

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, 2023. 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 2023-2024 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, 2023. 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.

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

References for Youth Violence

^{1,6} Interagency Working Group on Youth Programs. (2021). *Violence prevention: Risk and protective factors*. Retrieved March 5, 2025, from <https://youth.gov/youth-topics/violence-prevention/risk-and-protective-factors>

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Gun Violence

DEFINITION

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

SIGNIFICANCE

Children and youth can experience gun violence as victims of firearm assaults, self-inflicted 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.^{4,5} Of the firearm child and youth deaths

in 2022, 66% were homicide, 27% were suicide and 5% were accidental.⁶ In the U.S., there was a 49% increase in gun-related deaths among children under age 18 from 2019 to 2021.⁷

During 2022, 4,619 U.S. children and youth under age 20 were killed by firearms. Of these children and youth killed, 83% (3,835) were older teens ages 15 to 19.⁸ Nationally in 2022, males ages 15 to 19 were seven times more likely to die from a firearm than females of the same age.⁹

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.¹⁰

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.^{11,12}



Gun-Related Emergency Department (ED) Visits, Hospitalizations, and Deaths Among Children and Youth, Rhode Island, 2019-2023

AGE	# OF ED VISITS	# OF HOSPITALIZATIONS	# OF DEATHS
1 to 14	33	<5	0
15 to 17	41	<5	5
18 to 19	57	16	6
TOTAL	131	23	11

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2019-2023.

◆ Between 2019 and 2023 in Rhode Island, 16% (11) of the 69 injury deaths of children and youth under age 20 were the result of firearms. All the child deaths due to firearms were among youth over the age of 14.¹³ Between 2019 and 2023 in Rhode Island, fewer than five youth ages 15 to 19 committed suicide using a firearm.¹⁴

◆ In Rhode Island between 2019 and 2023, there were 131 emergency department visits and 23 hospitalizations of children and youth for gun-related injuries, a decrease from 2014 to 2018 when there were 153 emergency department visits and 36 hospitalizations.^{15,16}



Gun Safety Legislation

◆ During 2022, the Rhode Island General Assembly passed three significant bills aimed at preventing further firearm-related injuries and violence in our communities. These bills 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.¹⁷

◆ The American Academy of Pediatrics recommends public policies to protect children from gun injuries and violence. Among these recommended policies are bans on assault weapons and safe firearm storage. Rhode Island does not currently have a ban on assault weapons.^{18,19} During 2024, the Rhode Island General Assembly passed legislation that requires the safe storage of firearms.²⁰

References

^{1,5,10} 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>

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Youth and Young Adult Homelessness

DEFINITION

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

SIGNIFICANCE

There are three primary causes of homelessness among youth and young adults – family conflict, residential instability 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.^{3,4}

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.^{5,6}

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.^{7,8}

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



Homeless Youth and Young Adults in Rhode Island

- ◆ In 2024, 263 young adults ages 18-24 stayed at an emergency shelter, or transitional housing facility in Rhode Island, including 162 unaccompanied young adults, 56 parenting young adults, and 53 young adults who were sheltered with their parents.¹³
- ◆ In January 2025, outreach workers identified 52 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 13 parenting young adults. No youth under age 18 were identified.¹⁴
- ◆ During the 2023-2024 school year, Rhode Island public school personnel identified 46 unaccompanied homeless youth who were living in doubled up situations or shelters.¹⁵
- ◆ On December 31, 2024, there were nine 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.¹⁶
- ◆ 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.¹⁷
- ◆ 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, 2024, 90 youth were enrolled in VEC and 48% lived in their own apartment, 17% with a relative/kin, 14% in their former foster home, 17% in paid independent living, and 14% in other living arrangements (apartment with a roommate/partner/child, unfunded independent living, dormitory, or semi-independent living).^{18,19}

References

^{1,7,9} 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.

^{2,3,8,10} Fernandes-Alcantara, A. L. (2019). *Runaway and homeless youth: Demographics and programs*. Congressional Research Service.

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Youth Referred to Family Court

DEFINITION

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

SIGNIFICANCE

Individual, family, peer, school, and community risk factors (such as 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, treatment programs, and interventions can prevent involvement.¹

The Rhode Island Family Court has jurisdiction over children and youth under age 18 referred for wayward and delinquent offenses. When a police or school department refers a youth to Family Court, a petition is submitted accompanied by an incident report detailing the alleged violation of law.² During 2024, 2,254 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 2,406 youth during 2023. The number of offenses referred during 2024 (4,052) was a 12% decrease from the number of offenses prior to the

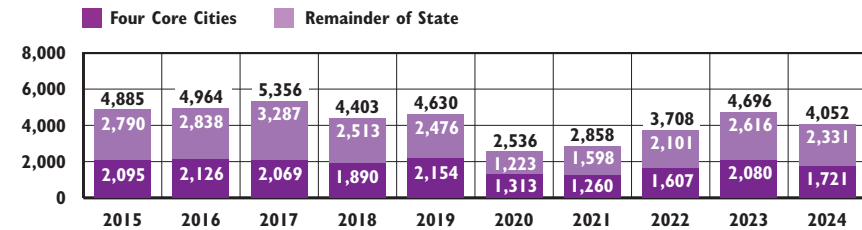
COVID-19 pandemic (4,630). Of the juvenile offenses in 2024, 101 (2%) involved violent crimes.^{3,4}

In 2024 in Rhode Island, 21% of juvenile offenses referred to Family Court involved youth from Providence, 22% involved youth from the other three core cities, and 58% involved youth living in the remainder of the state.⁵

Using risk and needs assessments can reduce racial and ethnic bias in youth justice sanctions and can often better predict a youth's likelihood of reoffending than a justice official's professional judgment alone.⁶ Of the youth referred to the Family Court in 2024, 70% were referred for the first time, 15% had been referred once before, and 15% had been referred at least twice before.⁷

Research shows that incarcerating youth is costly and leads to worse public safety outcomes and higher recidivism rates than community-based alternatives.⁸ Community-based programs that involve youth and their families and connect youth to role models, education, and resources prevent entry into the 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.⁹

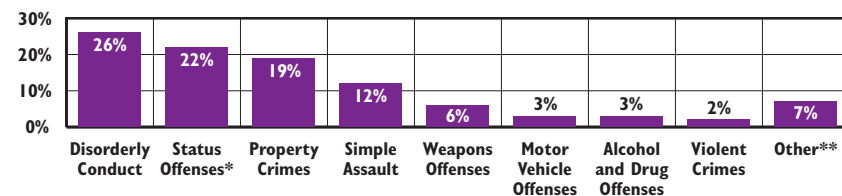
Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2015-2024



Source: Rhode Island Family Court, 2015-2024 Juvenile Offense Reports.

- ◆ The number of juvenile offenses referred to the Family Court decreased by 45% from 2019 to 2020 but then steadily increased from 2020 to 2023. In 2024, the number of juvenile offenses (4,052) declined for the first time since 2020.¹⁰
- ◆ Youth of Color are disproportionately referred to the Family Court compared to their representation in the youth population. For example, in 2024, 30% of referred offenses involved Black youth who only make up 6% of the Rhode Island child population.^{11,12}
- ◆ In 2024, 33% of offenses referred to the Family Court involved female youth and 67% male youth. In 2024, 23% of offenses referred to Family Court involved youth under the age of 14, 37% youth ages 14 to 15, 40% youth ages 16 to 17, and less than 1% youth of other ages.¹³

Juvenile Offenses, By Type of Offense, 2024



n=4,052

*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, 2024 Juvenile Offense Report.

Youth Referred to Family Court

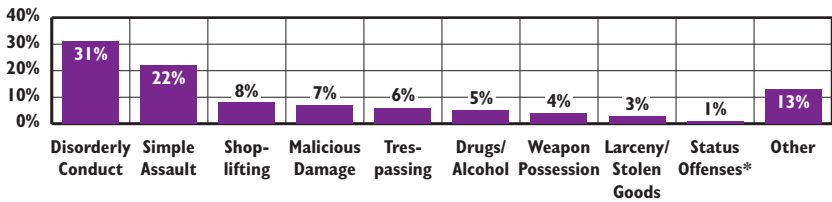


Alternatives and Community-Based Diversion in Rhode Island

- Juvenile courts have a wide range of options for handling youth offenders, including restitution, community service, revocation of driving privileges, counseling, substance abuse treatment, and probation.¹⁴ In 2024 in Rhode Island, 49% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing, up from 35% in 2023.^{15,16} The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. ~~In 2024, 870 youth were referred to the Truancy Court by schools, a 32% decrease from 2023.~~ In 2024, 97 youth who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication.^{17,18}
- 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.¹⁹ In 2024, there were 35 JHBs in Rhode Island, 27 of which were active. Five communities did not have them (Little Compton, North Kingstown, North Providence, Richmond, and South Kingstown). As of March 2025, Rhode Island JHBs reported hearing 194 cases in 2024 (This number is subject to change as other hearing board totals are compiled). In 2024, 56% of youth referred to JHBs were white, 22% Hispanic, and 20% Black.²⁰



Youth Referred to Juvenile Hearing Boards by Offense, 2024



n=215

*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, 2024. The total number of cases (194) in 2024 is smaller than the total number of offenses (215) because some youth are charged with more than one offense.



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 19.²¹
- Developmentally, young children are unable to understand court proceedings and participate meaningfully in their defense. They are also more likely to experience trauma through the court process and physical harm if sentenced to custody. Rhode Island is one of 24 states that currently has no minimum age of jurisdiction for Family Court. In New England, Connecticut, Massachusetts, New Hampshire, and Vermont have laws that set a minimum age for children to be tried in juvenile court. Research suggests that setting a minimum age of jurisdiction at age 14 would be developmentally appropriate and in the best interest of children, especially Children of Color.^{22,23}
- 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.^{24,25}
- Because the developmental needs of youth are different than adults, youth involved in the adult court and justice system are at risk for abuse, suicide, and prolonged experiences in solitary confinement. In Rhode Island, youth interact with the adult correctional system in two ways—when they are “waived” to adult court at the request of the Rhode Island Attorney General or when they are “certified” resulting in sentencing beyond age 19 and transfer from the Training School to the Adult Correctional Institutions upon reaching age 19. In 2024, three motions to waive jurisdiction to try juveniles as adults and two certification motions were filed. Two waiver motions were pending at the end of 2024, and one motion to certify was certified.^{26,27,28}

References

- ¹ Interagency Working Group on Youth Programs. (n.d.). *Youth justice: Risk and protective factors*. Retrieved March 29, 2024, from www.youth.gov
- ² Rhode Island Family Court. (n.d.). *About the Family Court*. Retrieved March 7, 2025, from <https://www.courts.ri.gov/Courts/familycourt/Documents/AbouttheFamilyCourt.pdf>

(continued on page 183)

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

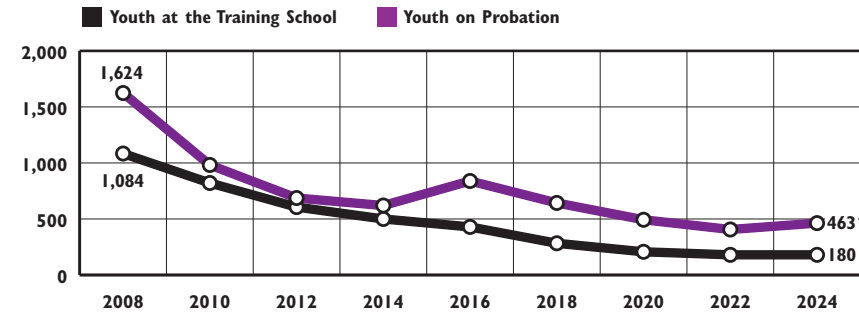
The youth justice system is responsible for ensuring community safety by promoting positive youth development, recognizing that the needs of children and adolescents in the justice system are different than adults. During adolescence, the part of the brain that controls reasoning, weighs consequences, and helps youth consider the implications of their behavior is still developing, and it can be delayed when alcohol or drug use are present. This ongoing brain development means that adolescents make decisions and solve problems differently than adults. Adolescents are more likely to be impulsive, misread social and emotional situations, get into accidents and fights, and engage in risk-taking behaviors. With guidance and support from parents and caring adults, most adolescents will grow out of these behaviors as their brain develops.^{1,2,3,4}

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.^{5,6,7,8}

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, 2024, 69 youth were in the care or custody of the Training School, 41 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).¹¹ On January 2, 2025, there were 307 youth on probation, up 5% from 293 youth on January 2, 2024.¹²


Youth in the Justice System, Calendar Years 2008-2024



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2024. Some youth may have spent time at the Training School and on probation during any calendar year.

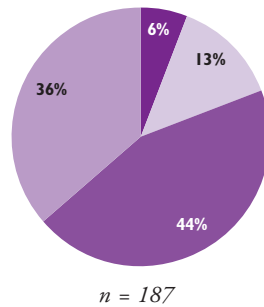
- ◆ Between 2008 and 2024, the annual total number of youth at the Training School at any point during the year declined by 83% from 1,084 to 180. The decline of youth at the Training School began after a cap of 148 boys and 12 girls on any given day was placed on the Training School population in July 2008.^{13,14}
- ◆ During 2024, a total of 180 youth were at the Training School at any point during the year, up 25% from 144 during 2021.¹⁵
- ◆ From 2008 to 2024, the annual total number of youth on probation at any point during the year declined by 71% from 1,624 to 463. A total of 463 youth were on probation during 2024, an increase of 14% from 2022 (406). Of the 463 youth on probation, 89% were on probation at home, and 11% were on probation in out-of-home placements.¹⁶
- ◆ The average age of youth at the Training School in 2024 was 16 years, however, 6% (12) of youth who passed through the Training School at any point in 2024 were under the age of 14.¹⁷ Internationally, the United Nations has advised countries to establish a minimum age of criminal responsibility of at least 14.¹⁸ 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.^{19,20}

Youth in the Justice System

Youth in the Justice System by Age

Youth at the Training School by Age, 2024

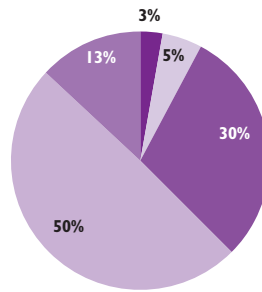
6% (12) Under Age 14
13% (24) Age 14
44% (83) Ages 15 to 16
36% (68) Ages 17 to 18



n = 187

Youth on Probation by Age, 2024

3% (12) Under Age 14
5% (24) Age 14
30% (137) Ages 15 to 16
50% (230) Ages 17 to 18
13% (60) Ages 19 to 20



n = 463

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2024. Total number of youth at the Training School by age (187) is larger than the total number of youth at the Training School (180) 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 2024, 19% of the 180 youth at the Training School were girls and 81% were boys. Similarly, 14% of the 463 youth on probation were girls and 85% were boys.²¹

◆ From 2021 to 2024, the number of girls who passed through the Training School almost doubled from 19 in 2021 to 35 in 2024. 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 2024, 3% 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.^{22,23}

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.²⁴

Racial and Ethnic Disparities in Rhode Island

	% OF TOTAL CHILD POPULATION, 2020	% OF YOUTH AT THE TRTS, 2024	% OF YOUTH ON PROBATION, 2024
American Indian and Alaska Native	<1%	1%	1%
Asian	3%	1%	<1%
Black	6%	27%	25%
Hispanic	27%	37%	35%
Multiracial	8%	12%	11%
Pacific Islander	<1%	1%	<1%
White	53%	19%	26%
Unknown	NA	2%	1%
TOTAL	209,785	180	463

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, 2024. 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 2024, non-Hispanic Black youth made up 27% 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 37% of youth at the Training School and 35% of youth on probation, while making up 27% of the total child population.^{25,26}

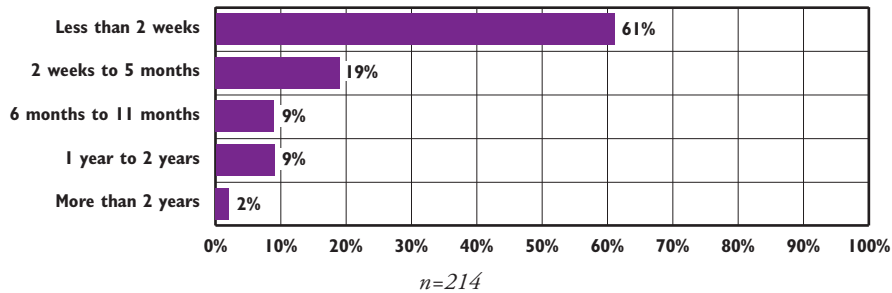
Juvenile Detention Alternatives Initiative (JDAI)

◆ 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.²⁷

Youth in the Justice System



Discharges From the Rhode Island Training School, by Length of Time in Custody, 2024



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2024. Total number of discharges (214) is larger than the total number of youth who passed through the Training School (180) due to some youth being discharged from the Training School more than once in 2024. 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.^{28,29,30} Of the 180 youth at the Training School during 2024, 79% (143) were admitted once, 16% (29) were admitted twice, and 4% (8) were admitted three or more times.³¹

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



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.³⁵ In 2024, 8% (15) of the 180 youth at the Training School had at some point in their childhood been victims of documented child neglect or abuse.³⁶

Behavioral Health Services:

◆ In 2024, more than half (63%) of the 180 youth at the Training School received mental health services at the Training School for psychiatric diagnoses other than conduct and adjustment disorders, including 37% (13) of female youth and 70% (101) of male youth. During 2024, 58% (105) of the 180 youth at the Training School received substance use treatment services, including 37% (13) of female youth and 63% (92) of male youth. Of these, 50 youth received residential substance abuse treatment.³⁷

Educational Services:

◆ While the average age of youth at the Training School in 2024 was 16 years, students' math and reading skills were on average at a fifth-grade level at entry to the Training School. Average grade levels for math and reading increased by about one year at the time of departure.^{38,39}

Special Educational Services:

◆ Of the 114 youth ages 13 to 18 who received educational services at the Training School during the 2023-2024 academic year, 40% (46) received special education services based on Individualized Education Programs (IEPs).⁴⁰

Educational Achievements:

◆ During 2023-2024, seven youth completed their High School Diplomas, and nine youth received their GED. Youth also completed learning/skills development opportunities including driver's education (10), culinary (61), barbering (30), landscape design (30), CPR and First Aid (25), CCAP (8), ServSafe Food handling certifications (13) and peer mediation and conflict resolution (25). Youth may participate in more than one development opportunity.⁴¹

Youth in the Justice System

Table 24.

Youth in the Justice System, Rhode Island, 2024

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	<6	0	0	0
Burrillville	1,283	12	<6	<6	<6
Central Falls	2,211	12	<6	<6	9
Charlestown	489	<6	0	0	0
Coventry	2,544	11	<6	<6	<6
Cranston	5,813	13	<6	<6	<6
Cumberland	2,757	6	<6	0	<6
East Greenwich	1,482	0	0	0	0
East Providence	2,723	8	<6	<6	<6
Exeter	450	0	0	0	0
Foster	320	0	0	0	0
Glocester	756	<6	<6	<6	<6
Hopkinton	584	<6	<6	<6	<6
Jamestown	367	<6	<6	0	<6
Johnston	1,886	9	<6	<6	<6
Lincoln	1,700	<6	<6	0	<6
Little Compton	259	0	0	0	0
Middletown	1,199	6	<6	<6	<6
Narragansett	785	6	<6	0	<6
New Shoreham	78	0	0	0	0
Newport	1,637	7	<6	<6	6
North Kingstown	2,183	<6	<6	<6	<6
North Providence	2,151	<6	<6	0	<6
North Smithfield	870	<6	0	0	0
Pawtucket	5,549	77	18	15	25
Portsmouth	1,478	<6	0	0	0
Providence	16,873	121	47	28	58
Richmond	602	0	0	0	0
Scituate	783	<6	<6	0	<6
Smithfield	1,347	<6	0	0	0
South Kingstown	3,100	8	<6	0	<6
Tiverton	1,009	0	<6	0	<6
Warren	694	<6	<6	<6	<6
Warwick	4,902	8	<6	<6	7
West Greenwich	496	<6	0	0	0
West Warwick	1,889	10	<6	<6	<6
Westerly	1,512	<6	<6	<6	<6
Woonsocket	3,108	50	13	13	17
Out-of-State	NA	31	12	<6	14
Four Core Cities	27,741	260	83	59	109
Remainder of State	53,732	150	46	23	58
Rhode Island	81,473	410	129	82	167



Youth in Detention in Rhode Island

◆ In Rhode Island, the term “detention” is used to describe the temporary custody of a youth, who is accused of a wayward or delinquent offense, at the Training School pending a hearing in Family Court. The only two legal reasons for pre-trial detention include cases where a youth poses a threat to public safety or is at risk of not attending his or her next court hearing.^{42,43}

◆ Some youth are detained for short periods of time and released at their first court appearance (usually the following business day). Of the 214 discharges from the Training School during 2024, 28% had stays of two days or less, 33% had stays of three days to two weeks, and 39% had stays of more than two weeks.⁴⁴

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RIChist), 2024; and the U.S. Census Bureau, Census 2020.

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

Total number of youth includes adjudicated and pre-adjudicated youth who were at the Rhode Island Training School during calendar year 2024 (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, four core cities, or remainder of state totals. The total number of youth at the Training School may not equal the sum of adjudicated and pre-adjudicated youth because some youth may have spent time at the Training School both before and after sentencing.

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.

References

^{1,5} Decker, T. (2019). *A roadmap to the Ideal Juvenile Justice System*. Juvenile Justice Leadership Network. Retrieved from <https://youthrex.com/wp-content/uploads/2020/03/A-Roadmap-to-the-Ideal-Juvenile-Justice-System-Digital-Release.pdf>

² Cavanagh, C. (2022). Healthy adolescent development and the juvenile justice system: Challenges and solutions. *Child Development Perspectives*, 16, 141–147.

^{3,30} Mendel, R. A. (2022). *Why youth incarceration fails: An updated review of the evidence*. The Sentencing Project, Research and Advocacy for Reform.

(continued on page 184)

Children of Incarcerated Parents

DEFINITION

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

SIGNIFICANCE

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

Nationally, most children of incarcerated parents live with their other parent, a grandparent, or other relatives.⁶ Of the 1,586 parents incarcerated in Rhode Island on September 30, 2024 (including those awaiting trial), 94% (1,486) were fathers and 6% (100) were mothers.⁷

Parents of minor children represent over half of the U.S. prison population.⁸

Children of incarcerated parents are more likely than other children to be involved with the child welfare system. In the U.S., 40% of children in foster care experienced parental incarceration at some point.⁹ Although these children may present complex cases for child welfare agencies, caseworkers are required to pursue reunification and regular visitation as they would for other nonincarcerated, child-welfare-involved parents.¹⁰

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.^{11,12}

Nationally and in Rhode Island, the criminal justice system disproportionately affects People of Color. In the U.S., 24% of Black children and 11% of Hispanic children will experience parental incarceration at some point in their childhood compared to 4% of white children.¹³ Of the 1,586 parents incarcerated in Rhode Island on September 30, 2024 (including those awaiting trial), 35% were white, 31% were Black, 30% were Hispanic, and 4% were another race.¹⁴



Parents at the Rhode Island Adult Correctional Institutions (ACI),
September 30, 2024

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	800	589	74%	1,531
Serving a Sentence	1,581	997	63%	2,463
TOTAL	2,381	1,586	67%	3,994

Source: Rhode Island Department of Corrections, September 30, 2024. **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 2,381 inmates awaiting trial or serving a sentence at the ACI on September 30, 2024 who answered the question on the number of children they had, 1,586 inmates reported having 3,994 children. Thirty-five percent of sentenced mothers and 9% of sentenced fathers had sentences that were six months or less.¹⁵
- ◆ Of the 46 sentenced mothers on September 30, 2024, 54% were serving sentences for a nonviolent offense, 35% for a violent offense, 9% for a drug-related offense, and 2% for a sex-related offense. Of the 951 sentenced fathers, 46% were serving sentences for a violent offense, 20% for a nonviolent offense, 16% for a sex-related offense, 14% for a drug-related offense, and 4% for breaking and entering.¹⁶
- ◆ Thirty-eight percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2024 had less than a high school diploma, 48% had a high school diploma or a GED, and 14% had at least some college education.¹⁷
- ◆ A supportive family, safe and secure housing, assistance obtaining employment, medical and mental health services, and substance abuse treatment are critical to parents’ successful transition to the community after incarceration and to support the well-being of their children.^{18,19}
- ◆ Families with parents with a criminal record can experience significant challenges even if the parent has never been incarcerated. A parent’s criminal record is often a barrier to housing eligibility, employment opportunities, maintaining parental rights, and access to public benefits. For immigrants, a conviction, even for a low-level crime, can lead to deportation.²⁰

Children of Incarcerated Parents

Table 25.

Children of Incarcerated Parents, Rhode Island, September 30, 2024

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2020 POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	0	0	4,489	0.0
Bristol	8	23	2,887	8.0
Burrillville	5	11	3,229	3.4
Central Falls	33	83	6,411	12.9
Charlestown	1	1	1,161	0.9
Coventry	14	37	6,655	5.6
Cranston	46	105	15,744	6.7
Cumberland	7	18	7,550	2.4
East Greenwich	6	11	3,465	3.2
East Providence	11	23	7,886	2.9
Exeter	1	2	1,175	1.7
Foster	2	2	790	2.5
Glocester	3	10	1,896	5.3
Hopkinton	2	3	1,613	1.9
Jamestown	0	0	871	0.0
Johnston	10	23	5,119	4.5
Lincoln	5	12	4,640	2.6
Little Compton	1	4	568	7.0
Middletown	7	12	3,487	3.4
Narragansett	2	6	1,651	3.6
New Shoreham	0	0	189	0.0
Newport	27	77	3,660	21.0
North Kingstown	5	6	5,496	1.1
North Providence	16	38	5,802	6.5
North Smithfield	2	10	2,274	4.4
Pawtucket	73	167	16,455	10.1
Portsmouth	2	2	3,444	0.6
Providence	304	751	41,021	18.3
Richmond	1	1	1,627	0.6
Scituate	5	6	1,866	3.2
Smithfield	5	11	3,411	3.2
South Kingstown	6	16	4,339	3.7
Tiverton	3	9	2,723	3.3
Warren	2	3	1,826	1.6
Warwick	31	78	14,034	5.6
West Greenwich	0	0	1,251	0.0
West Warwick	23	54	5,787	9.3
Westerly	9	29	3,826	7.6
Woonsocket	55	156	9,467	16.5
Unknown Residence	193	516	NA	NA
Out-of-State Residence**	71	147	NA	NA
Four Core Cities	465	1,157	73,354	15.8
Remainder of State	268	643	136,431	4.7
Rhode Island	733	1,800	209,785	8.6

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2024. 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, four core cities, or remainder of state rates, nor are those with an unknown residence.

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

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Children Witnessing Domestic Violence

DEFINITION

Children witnessing domestic violence is the percentage of reported domestic violence incidents resulting in an arrest in which children under age 18 were present in the home. The data are based on police reports of domestic violence. Domestic violence is the use of physical force, or threat of force, against a current or former partner in an intimate relationship, resulting in fear and emotional and/or physical suffering.

SIGNIFICANCE

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 2023 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.^{4,5,6} Children who are exposed to domestic violence are often victims of physical

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

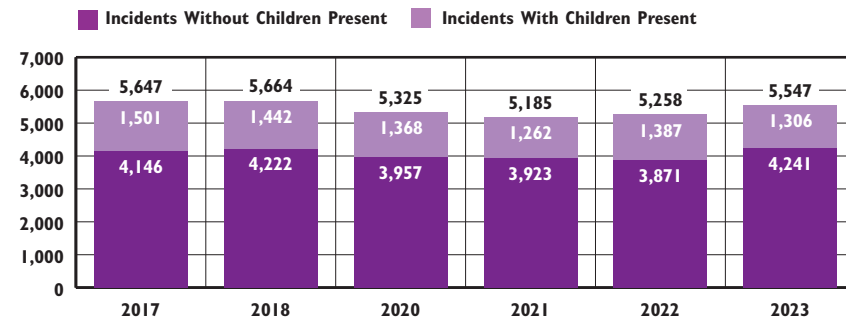
Exposure to domestic violence is distressing to children and can lead to mental health problems, including post-traumatic stress, depression, and anxiety in childhood and later in life. Children who witness domestic violence are more likely to experience physical, emotional, health, and learning challenges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

While many children who have witnessed domestic violence show resilience, exposure to violence may impair a child's capacity for partnering and parenting later in life. This cycle can be broken through honest conversations with — and positive coping strategies taught by — supportive adults.^{12,13}

Children can be injured or killed in domestic violence, especially when their parent is planning to leave an abusive relationship.¹⁴ It is, therefore, important to put supports in place to ensure the safety of all children living in households experiencing domestic violence.



Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2017-2018, 2020-2023



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2017, 2018, 2020-2023.

Includes domestic violence reports resulting in an arrest by local police and Rhode Island State Police.

◆ In Rhode Island in 2023, there were 5,547 domestic violence incidents that resulted in arrests, up 5% from 5,258 incidents in 2022. Children were reported present in 24% (1,306) of incidents in 2023.¹⁵ Rhode Island police officers document children's exposure to violence on reporting forms by noting the number and ages of minor children living in the home, how many were present during the incident, how many saw the incident, and how many heard it.¹⁶

◆ In Rhode Island in 2023, police reported that children saw the domestic violence incident in 961 arrests and children heard the incident in 1,051 arrests. These incidents were not mutually exclusive, and more than one child may have witnessed each incident.¹⁷

◆ Rhode Island's domestic violence shelters and advocacy programs provide emergency and support services to victims of domestic violence, dating violence, sexual violence, and stalking.¹⁸ During 2024, Rhode Island's domestic violence shelters provided services to 11,451 individuals, including 455 children. In 2024, 161 children and 208 adults spent a total of 23,076 nights in domestic violence shelters, 61 children and 63 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence). Forty-seven children and adults moved into permanent supportive housing, and 257 accessed Rapid Re-housing.^{19,20}

Children Witnessing Domestic Violence

Table 26. Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2023

CITY/TOWN	TOTAL # OF INCIDENTS RESULTING IN ARREST	TOTAL # OF INCIDENTS RESULTING IN ARREST WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	26	11	42%
Bristol	58	10	17%
Burrillville	81	24	30%
Central Falls	114	39	34%
Charlestown	26	5	19%
Coventry	151	32	21%
Cranston	356	84	24%
Cumberland	102	33	32%
East Greenwich	29	10	34%
East Providence	255	67	26%
Exeter*	NA	NA	NA
Foster	8	5	63%
Glocester	22	6	27%
Hopkinton	17	7	41%
Jamestown	7	2	29%
Johnston	178	25	14%
Lincoln	57	20	35%
Little Compton	4	0	0%
Middletown	54	6	11%
Narragansett	32	8	25%
New Shoreham	123	21	17%
Newport	3	0	0%
North Kingstown	77	19	25%
North Providence	200	39	20%
North Smithfield	68	8	12%
Pawtucket	743	155	21%
Portsmouth	71	19	27%
Providence	1,119	285	25%
Richmond	13	5	38%
Scituate	19	7	37%
Smithfield	64	18	28%
South Kingstown	73	23	32%
Tiverton	57	18	32%
Warren	74	17	23%
Warwick	421	98	23%
West Greenwich	128	30	23%
West Warwick	4	3	75%
Westerly	255	60	24%
Woonsocket	405	73	18%
Rhode Island State Police	53	14	26%
Four Core Cities	2,381	552	23%
Remainder of State	3,166	754	24%
Rhode Island	5,547	1,306	24%

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.²¹

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.²²

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

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, 2023 and December 31, 2023.

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.

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

References

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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. Prioritizing prevention is equally critical and cost-effective. In Rhode Island, if an investigation does not reveal

maltreatment but family stressors and risk factors are identified, the Department of Children, Youth and Families (DCYF) refers families to community-based support services to reduce the risk of future involvement with DCYF. When maltreatment has occurred, a determination may be made that it is safe for the children to remain at home with support services provided to their family. 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).^{4,5}

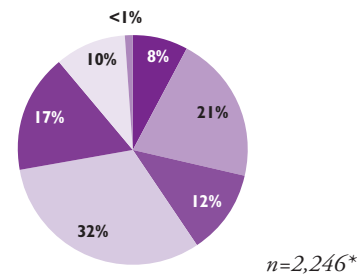
In 2024, 2,176 calls were made to the family referral line (1-888-RI-FAMILY), where families can call to access services previously available only through DCYF involvement. Over half of calls (62%) resulted in a service referral or general information response.⁶

In 2024 in Rhode Island, there were 1,818 indicated investigations of child neglect and abuse involving 2,293 children. The rate of child neglect and abuse per 1,000 children under age 18 was greater in the four core cities (14.7 victims per 1,000 children) than in the remainder of the state (8.9 victims per 1,000 children). Forty-two percent of the victims of child neglect and abuse were young children ages five and under and 29% were ages three and younger.⁷

Child Neglect and Abuse, Rhode Island, 2024

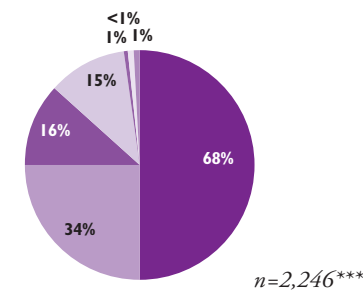
By Age of Victim*

8% (179)	Under Age 1
21% (480)	Ages 1 to 3
12% (279)	Ages 4 to 5
32% (712)	Ages 6 to 11
17% (375)	Ages 12 to 15
10% (220)	Ages 16 and Older
<1% (<6)	Unknown



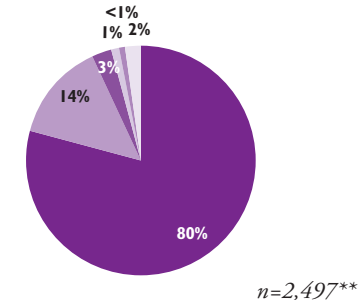
By Race/Ethnicity of Victim***

68% (1,517)	White
34% (753)	Hispanic
16% (355)	Black
15% (327)	Two or More Races
1% (18)	Asian/Native Hawaiian/Other Pacific Islander
<1% (11)	American Indian/Alaska Native
1% (18)	Unknown



By Type of Neglect/Abuse**

80% (1,989)	Neglect
14% (341)	Physical Abuse
3% (87)	Sexual Abuse
1% (19)	Medical Neglect
<1% (8)	Emotional Abuse
2% (53)	Other



Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST), 2024. 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.

Child Neglect and Abuse



DCYF Child Protective Services (CPS) Hotline Calls for Reports of Neglect and/or Abuse, Investigations,* and Indicated Investigations, Rhode Island, 2015-2024

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
2015	14,402	45% (6,470)	2,227
2016	14,942	40% (5,935)	2,074
2017	15,945	42% (6,628)	2,404
2018	21,837	38% (8,296)	2,430
2019	19,401	37% (7,240)	2,249
2020	16,195	35% (5,661)	1,861
2021	14,876	34% (4,978)	1,704
2022	14,417	33% (4,742)	1,749
2023	15,670	30% (4,752)	1,700
2024	17,191	23% (3,951)	1,592

Source: Rhode Island Department of Children, Youth and Families, RIC HIST, 2015-2024.

*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 2024 in Rhode Island, the number of unduplicated child maltreatment reports decreased by 21%, the number of completed investigations decreased by 52%, and the number of indicated investigations decreased by 34%. In 2024, 40% of the 3,951 completed investigations were indicated investigations in which there is a “preponderance of evidence” that a child has been abused and/or neglected. Targeted, ongoing prevention efforts by DCYF focused on ways to help families before a CPS call is warranted is likely the reason for declines in reporting in recent years. Although the number of reports increased from 2023, the number of indicated investigations continues to steadily decrease.^{8,9,10}

◆ Of the 17,191 maltreatment reports in 2024, 71% (12,250) were classified as “information/ referrals”.¹¹ Information/referrals are reports made to the CPS Hotline that contain a concern about the well-being of a child but do not meet the criteria for an investigation. Criteria for investigation include that the victim is a minor, the alleged perpetrator is responsible for the child’s welfare, there is reasonable cause to believe that neglect or abuse exist, and there is a specific incident or pattern of incidents suggesting that harm can be identified. In 2019, DCYF began using a standardized screening tool to determine whether Hotline reports that do not meet the criteria for investigation should be referred for family assessment, which may lead to the development of a safety plan with the family, including referral and delivery of other services.¹²



Emergency Department Visits, Hospitalizations, and Deaths Due to Child Neglect and/or Abuse, Rhode Island, 2019-2023

YEAR	# OF EMERGENCY DEPARTMENT VISITS*	# OF HOSPITALIZATIONS*	# OF DEATHS**
2019	85	38	–
2020	100	98	–
2021	82	106	–
2022	104	102	–
2023	95	115	–
TOTAL	466	459	<5

Source: Rhode Island Department of Health, 2019-2023.

*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 2019 and 2023, there were 466 emergency department visits, 459 hospitalizations, and <5 deaths of Rhode Island children under age 18 due to child neglect and/or abuse.¹³ Nationally in 2023, 78% of child maltreatment deaths involved neglect and 42% involved physical abuse (because a victim may have suffered more than one type of maltreatment, these categories are not mutually exclusive).¹⁴



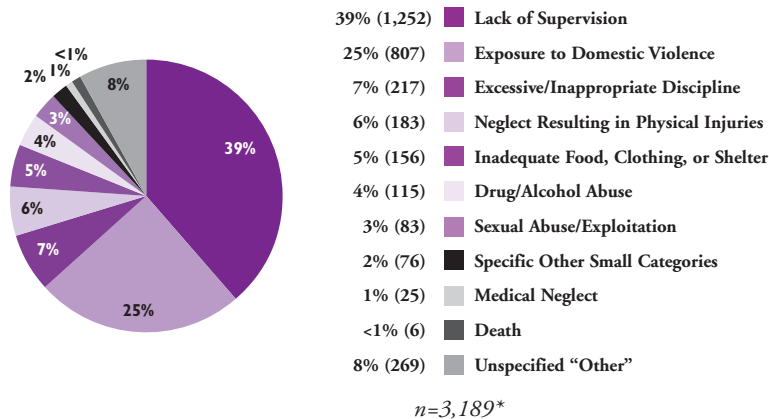
Child Neglect and Abuse in Rhode Island Communities

◆ Many parents at risk of child neglect and abuse 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 lower the risk of child maltreatment.^{15,16}

◆ In Rhode Island in 2024, 95% (2,288) of child neglect and abuse cases were perpetrated by parents of the victim.¹⁷ Rhode Island had 10.9 child victims of neglect and abuse per 1,000 children. Woonsocket (24.4 victims per 1,000 children), had the highest rate of child victims of neglect and abuse in the state.¹⁸

Child Neglect and Abuse

Indicated Allegations of Child Neglect,
by Nature of Neglect, Rhode Island, 2024



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2024.

*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 3,189 indicated allegations (confirmed claims) of neglect of children under age 18 in Rhode Island in 2024, 39% involved lack of supervision. This highlights the importance of access to high-quality, affordable, child care, preschool, and after-school programs.¹⁹

◆ The second largest category of neglect (25%) is “exposure to domestic violence.” These are instances where neglect is related to the child witnessing domestic violence in the home.²⁰

◆ The “specific other small categories” include educational neglect (37), corporal punishment (12), emotional neglect (7), tying/close confinement (6), inappropriate restraint (<6), abandonment (<6), failure to thrive (<6), and emotional abuse (<6).²¹

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2024

◆ In Rhode Island in 2024, there were 83 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 70 (84%) female victims and 13 (16%) male victims with confirmed allegations. Thirty-six percent of all victims were under age 12.²²

◆ 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.²³

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.²⁴

◆ 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.²⁵

◆ In Rhode Island in State Fiscal Year 2024, there were 561 children under age three who were victims of child neglect or abuse or involved with an indicated case. Of these, 499 (89%) were referred to First Connections or Early Intervention for screening/evaluation. Of the 184 infants and toddlers referred to EI for evaluation, 135 (73%) were determined eligible for EI. Of all 561 victims, 24% were determined eligible for EI.²⁶

Child Neglect and Abuse

Table 27.

Indicated Investigations of Child Neglect and Abuse, Rhode Island, 2024

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	<6	0.9	9	2.0
Bristol	2,887	15	5.2	22	7.6
Burrillville	3,229	22	6.8	32	9.9
Central Falls	6,411	63	9.8	83	12.9
Charlestown	1,161	7	6.0	7	6.0
Coventry	6,655	44	6.6	73	11.0
Cranston	15,744	92	5.8	92	5.8
Cumberland	7,550	33	4.4	47	6.2
East Greenwich	3,465	13	3.8	18	5.2
East Providence	7,886	76	9.6	95	12.0
Exeter	1,175	7	6.0	9	7.7
Foster	790	14	17.7	14	17.7
Glocester	1,896	19	10.0	11	5.8
Hopkinton	1,613	14	8.7	9	5.6
Jamestown	871	0	0.0	0	0.0
Johnston	5,119	27	5.3	46	9.0
Lincoln	4,640	38	8.2	47	10.1
Little Compton	568	0	0.0	0	0.0
Middletown	3,487	20	5.7	22	6.3
Narragansett	1,651	7	4.2	11	6.7
New Shoreham	189	<6	0.0	6	31.7
Newport	3,660	30	8.2	52	14.2
North Kingstown	5,496	37	6.7	42	7.6
North Providence	5,802	64	11.0	72	12.4
North Smithfield	2,274	10	4.4	13	5.7
Pawtucket	16,455	176	10.7	239	14.5
Portsmouth	3,444	11	3.2	22	6.4
Providence	41,021	441	10.8	527	12.8
Richmond	1,627	8	4.9	14	8.6
Scituate	1,866	8	4.3	11	5.9
Smithfield	3,411	19	5.6	19	5.6
South Kingstown	4,339	21	4.8	26	6.0
Tiverton	2,723	18	6.6	18	6.6
Warren	1,826	24	13.1	29	15.9
Warwick	14,034	125	8.9	169	12.0
West Greenwich	1,251	<6	3.2	<6	2.4
West Warwick	5,787	84	14.5	91	15.7
Westerly	3,826	43	11.2	62	16.2
Woonsocket	9,467	177	18.7	231	24.4
Unknown Residence	NA	20	NA	<6	NA
Out of State	NA	33	NA	NA	NA
Four Core Cities	73,354	857	11.7	1,080	14.7
Remainder of State	136,431	961	7.0	1,213	8.9
Rhode Island	209,785	1,818	8.7	2,293	10.9

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), Calendar Year 2024. 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.

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

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(continued on page 184)

Children in Out-of-Home Placement

DEFINITION

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

SIGNIFICANCE

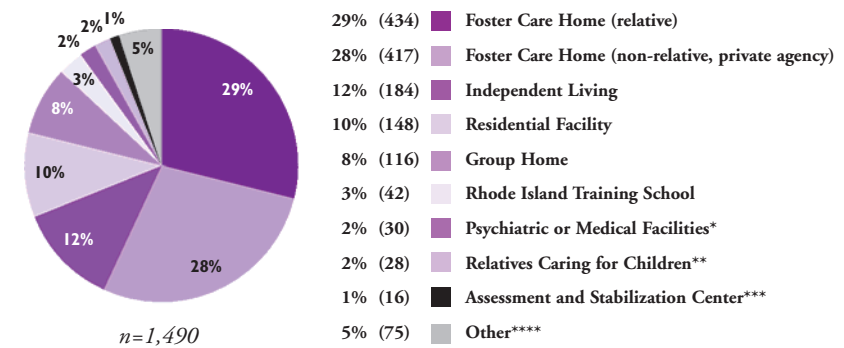
Children need stability, permanency, and safety for healthy development. Whenever possible, it is best for children and families to remain together. Removal from the home may be necessary for the child's safety and well-being; however, critical connections and a sense of permanency may be lost when a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

Children in out-of-home care can experience multiple placements, lose contact with family members and

siblings, and may have overlooked educational, physical, and mental health needs.⁴ 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.^{5,6} Long-term stays in care can cause emotional, behavioral, or educational problems that can negatively impact children's long-term well-being and success.⁷ Children in foster care are about twice as likely as their peers to be absent from school or to be suspended and are nearly three times more likely than their peers to be expelled. 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 1, 2024



*Medical facilities data include medical hospitals (13) and psychiatric hospitals (17).

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

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

****The placement category "Other" includes out-of-state/other agency (59), runaway youth in DCYF care or those with unauthorized absences (<6), Job Corps (<6), prison (<6), and other (6).

Source: RI Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2024.

Percentages may not sum to 100% due to rounding.

◆ As of December 1, 2024, there were 1,490 children under age 21 in the care of DCYF who were in out-of-home placements.¹¹

◆ The total DCYF caseload on December 1, 2024 was 5,887, including 1,990 children living in their homes under DCYF supervision, a decrease from 2023 (2,102), and 2,407 children living in adoption settings.¹²

◆ The total DCYF caseload on December 1, 2024 also included 59 children in out-of-state placements/other agency custody compared to 70 children in out-of-state placements/other agency custody the previous year.¹³

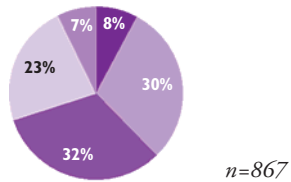
◆ On December 1, 2024, 264 children were living in a residential facility or group home, a decrease from 282 children on December 31, 2023. The percentage of children in out-of-home placement who were in a relative foster care home decreased slightly from 30% (491) on December 31, 2023 to 29% (434) on December 1, 2024.^{14,15}

Children in Out-of-Home Placement

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

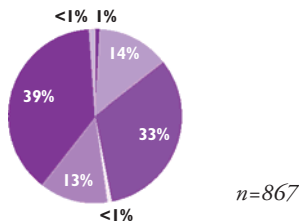
In Foster Care Homes
by Age

8% (66)	Under Age 1
30% (265)	Ages 1 to 5
32% (275)	Ages 6 to 13
23% (202)	Ages 14 to 17
7% (59)	Ages 18 and Over



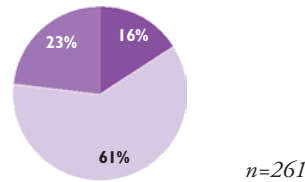
In Foster Care Homes
by Race and Ethnicity

1% (<6)	Asian
14% (121)	Black
33% (286)	Hispanic*
<1% (<6)	American Indian and Alaska Native
13% (113)	Multiracial
39% (337)	White
<1% (<6)	Other or Unknown**



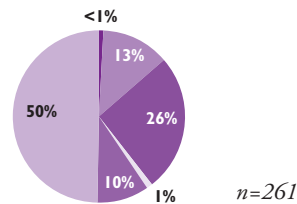
In Group Homes and Residential Facilities
by Age

0% (0)	Under Age 1
0% (0)	Ages 1 to 5
16% (41)	Ages 6 to 13
61% (159)	Ages 14 to 17
23% (61)	Ages 18 and Over



In Group Homes and Residential Facilities
by Race and Ethnicity

<1% (<6)	Asian
13% (34)	Black
26% (67)	Hispanic*
1% (<6)	American Indian and Alaska Native
10% (25)	Multiracial
50% (131)	White
0% (0)	Other or Unknown**



*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), 2024-2025. Pie charts show data for a single point-in-time: Foster Care Homes on January 2, 2025 and Group Homes and Residential Facilities on December 31, 2024. 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, and expand access to legal representation.^{16,17}

◆ 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.¹⁸ 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.¹⁹ Rhode Island defines kin broadly and includes any adult who has a close and caring relationship with the child.²⁰ On December 31, 2024, of the 867 children in foster care placements in Rhode Island, 51% (441) were in kinship foster families.²¹

◆ Children in foster families experience better outcomes related to placement stability, education, and delinquency compared to children in congregate care settings.²² 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.²³

◆ Adolescents are more likely to be placed in group homes and residential facilities than younger children. In Rhode Island on December 31, 2024, of the 261 children placed in groups homes and residential facilities, 84% (220) were ages 14 and older.²⁴

◆ In Rhode Island, Black children are three times as likely to be in foster care as white children. Multiracial children and Hispanic children are two times as likely to be in foster care as white children.^{25,26}

(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

Children who are removed from their families suffer trauma leading up to and including removal. This trauma compounds when children remain in foster care for years and experience multiple placements.¹ Multiple, prolonged, and unstable placements can negatively affect children’s academic achievement, mental health, ability to develop healthy connections, and future earnings.^{2,3,4} Many of these factors can also affect these children’s likelihood of reaching permanency.⁵

Planning for permanency begins with increasing placement stability so children live in safe, caring foster families that support them in exiting to permanency. Strategies to improve permanency include prioritizing kinship care, placement matching so first placements are successful, improving supports for children and

foster families, and meaningfully involving youth in their case planning.⁶

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

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

Older youth who age out of foster care without permanency are at risk for low educational attainment, homelessness, and unemployment. The *Families First Prevention Services Act* allows states to extend eligibility for services up to age 23 to help youth transition to independent living with better outcomes into adulthood.^{12,13}



Among Rhode Island FFY 2023 Entry Cohort, Children Who Achieved Permanency Within 12 Months, by Discharge Reason

DISCHARGE REASON	NUMBER	PERCENTAGE	MEDIAN DAYS IN PLACEMENT
Reunification with Parents	124	79%	286
Guardianship	18	12%	248
Adoption (including direct consent)	10	6%	301
Living with Relative(s)	<6	*	106
Total Number	*	100%	276

Source: *Permanency analytic report FFY23 Entry Cohort* Rhode Island Department of Children, Youth and Families. Since the 2024 Factbook, cohorts are reported in Federal Fiscal Years (FFY). *Percentage cannot be calculated due to suppressed numbers.

- ◆ Of the 735 Rhode Island children in the FFY 2023 entry cohort, 21% 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.¹⁴
- ◆ Among children in the FFY 2023 entry cohort who achieved permanency within 12 months, 49% were under age six, 21% were ages six to 11, and 30% were ages 12 to 17. Ten percent of these children were Black, 34% of children were Hispanic (of any race), 14% were Multiracial or other, 41% were white, and <1% were of unknown race.¹⁵
- ◆ Among the Rhode Island children in the FFY 2023 cohort who achieved permanency within 12 months, 79% 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, active case management, and reunification and post-reunification services tailored to the family’s needs.^{16,17}
- ◆ Children in kinship care are more likely to achieve permanency through guardianship with their relative caregivers and maintain family and community 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 2023 cohort who achieved permanency within 12 months, 12% achieved permanency through guardianship.^{18,19,20}
- ◆ Among children in the FFY 2023 entry cohort who achieved permanency within 12 months, 8% (12) have a diagnosed disability.²¹

Outcomes for Children in DCYF Care

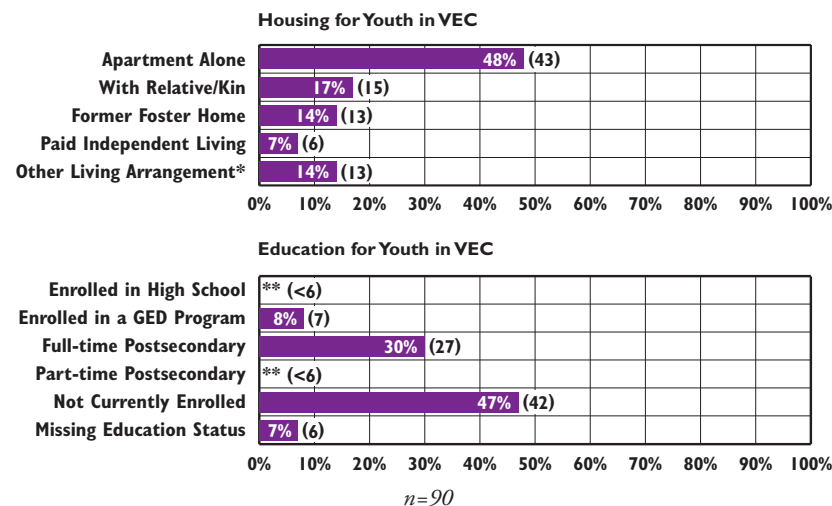


Voluntary Extension of Care (VEC)

◆ 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 helps older youth in care transition to adulthood by supporting them 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.²²

◆ On December 31, 2024, 90 youth ages 18 to 21 were enrolled in VEC with approved court petitions. Of these 90 youth, 62% were female and 38% were male. Eight percent were age 18, 40% were age 19, 48% were age 20, and <5% were age 21. Nineteen percent were Black, 33% were Hispanic (of any race), 10% were Multiracial/Other, and 38% were white. An additional nine youth were in VEC case management and nine were in transition to VEC.²³

◆ Of the 90 youth in VEC on December 31, 2024, 47% were continuing their education. Additionally, 62% had some form of employment, including 30 youth who were employed full time and 20 who were employed part time. Twenty-nine percent were not employed.²⁴



Source: Rhode Island Department of Children, Youth and Families, December 31, 2024. *Other Living Arrangements include apartment with roommates or a partner, unfunded independent living, dormitory, apartment as a single parent with children, semi-independent living. ** 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 safe to do so. Families who receive reunification services frequently have complex needs. There are several factors that impact reunification, including addressing the safety concern that prompted the initial removal and healing from the trauma experienced by both the child and their family. Using trauma-informed and culturally responsive assessments to identify strengths and needs of the child and family that engage them as experts in their lives lead to successful permanency through reunification. Additionally, wrap-around services that increase family stability, parent support and peer mentoring, and enhanced visitation are essential supports that promote reunification. After families exit care, post-reunification services are recommended to meet the ongoing needs of families.^{25,26,27}



Adoptions for Children in DCYF Care

◆ During calendar year 2024, 118 children in the care of DCYF were adopted in Rhode Island, down 21% from 2023. Of these children, 48% were under age six, 38% were ages six to 13, and 10% were age 14 or older. Nine percent were Black, 28% were Hispanic (of any race), 20% were Multiracial, and 42% were white.²⁸

◆ On January 1, 2025, there were 95 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these children, 24% were under age six, 27% were ages six to 10, 31% were ages 11 to 15, and 18% were ages 16 and older. Five percent were Black, 36% were Hispanic (of any race), 17% were Multiracial or other, and 42% were white.²⁹

◆ Of the 95 children waiting to be adopted, 29% (28) were children of parents whose parental rights had been legally terminated.³⁰

◆ Of the 103 children in the FFY 2023 entry cohort who were removed from home at age three or older and achieved permanency within 12 months of entry, 6% (6) were adopted within 12 months of entry.³¹

References

^{1,3,5} Casey Family Programs. (2023). *Strong families strategy brief: What impacts placement stability?* Retrieved February 19, 2025, from <https://www.casey.org/placement-stability-impacts/>

(continued on page 185)

Education

Petete en América

by Luisa C. Murillo

Sombras negras, black shadow hand puppets dance
on canary yellow basement walls.

My English learning tools, my true best friends
in Kindergarten, en América.

El secretó bilingüe-they spoke en español.
Especially the dulce de leche,
fading puppet dog named Pe-te-te,
after my puppy shot and buried en Bolivia.

“One, two, three.” I slowly repeat in English.
The language of struggle for my immigrant parents.
“Four, five, six.” My mind runs away
to mi barrio, Distrito Alto Següencoma en La Paz.

“Seven, eight, nine, ten. Child, are you listening?”
The ancient flight of condors passing over adobe homes
filled with the smell of papas, tomates con rinoñitos fritos,
and neverending abuelos, besos y abrazos.

“Child, our lesson is done.” The voice ends mis recuerdos.
But as the classroom door closes, my spirit awakens.
Español is the language of all that I mourn, of all that I love.
Is English the language of who I have yet to become?

All content is embargoed until 12:01am on Monday, May 5, 2025



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.²

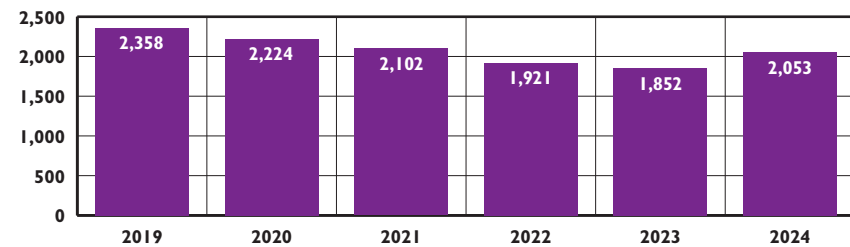
In Rhode Island, children under age three are eligible for EI if they have a “single established condition” known to lead to developmental delay (very low birth weight, Down Syndrome, etc.) or if they have a significant developmental delay in one or more areas of

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.³

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.^{4,5,6}

Routine developmental and Autism Spectrum Disorder screenings using standardized tools at pediatric well-child visits help to identify children who may benefit from EI services.⁷ In Rhode Island in Calendar Year 2023, 70% of children under age one, 70% of children age one, and 66% of children age two (69% of all children under age three) with RIte Care insurance received developmental screenings.⁸

Infants & Toddlers Receiving Early Intervention Services
as of June 30, 2019-2024, Rhode Island



Source: Rhode Island Executive Office of Health and Human Services, Children Enrolled in Early Intervention as of June 30, 2019-2024.

◆ As of June 30, 2024, there were 2,053 infants and toddlers receiving EI services, 7% of the population under age three. The number of children enrolled was up 11% from the previous year but down 13% overall from June 2019.⁹

◆ In State Fiscal Year 2024, 3,129 children were referred to EI. Most referrals came from parents/guardians (35%) or pediatric primary health care providers (29%). Of those referred, 63% were evaluated and enrolled, 13% were evaluated and determined not eligible, 19% were not evaluated and were referred to other services, and 5% were still in process.¹⁰

◆ In State Fiscal Year 2024, 2,011 children were discharged from EI. Of these, 335 (17%) met their developmental goals and no longer needed EI services, 1,286 (64%) reached the age to transition out of EI and were referred to school districts for evaluation, and 390 (19%) exited for other reasons. Of those who reached the age to transition out of EI, 797 (62%) were determined eligible for preschool special education, 224 (17%) were determined not eligible, and 265 (21%) did not have eligibility determined when they exited EI.¹¹

◆ As of June 30, 2024, in Rhode Island, EI services for 1,171 children (57%) were paid for by public insurance (RIte Care and Medicaid), 844 children (41%) were paid for by private health insurance providers, and 38 children (2%) were uninsured with services covered by federal *IDEA Part C* funding.¹²

◆ Since November 2021, infants and toddlers referred to EI in Rhode Island have had to wait for services due to a staffing crisis. In January 2025, 283 infants and toddlers in Rhode Island had been waiting for EI for more than 45 days.^{13,14}

Children Enrolled in Early Intervention

Table 28. Infants and Toddlers Enrolled in Early Intervention (EI) by Eligibility Type, Rhode Island, 2024

SCHOOL DISTRICT	# OF CHILDREN UNDER AGE 3	STATE FISCAL YEAR 2023-2024 REFERRALS		JUNE 30, 2024 ENROLLMENT BY ELIGIBILITY					% OF CHILDREN UNDER AGE 3 ENROLLED IN EI
		# OF CHILDREN REFERRED TO EARLY INTERVENTION		SINGLE ESTABLISHED CONDITION	MEASURED DEVELOPMENTAL DELAY	SIGNIFICANT CIRCUMSTANCES IMPACTING CHILD/FAMILY FUNCTION	NO INFORMATION	# OF CHILDREN ENROLLED IN EI	
Barrington	412	29		5	9	10	0	24	6%
Bristol Warren	618	75		9	18	9	0	36	6%
Burrillville	388	41		4	12	10	0	26	7%
Central Falls	937	110		3	47	12	0	62	7%
Chariho	587	53		9	15	10	0	34	6%
Coventry	893	77		6	43	17	1	67	8%
Cranston	2,271	201		19	74	51	5	149	7%
Cumberland	1,097	103		11	35	22	2	70	6%
East Greenwich	353	39		2	12	10	0	24	7%
East Providence	1,237	103		14	56	17	0	87	7%
Exeter-West Greenwich	317	31		4	8	8	0	20	6%
Foster-Glocester	363	29		2	8	9	0	19	5%
Jamestown	90	9		0	1	2	0	3	3%
Johnston	703	88		5	31	17	1	54	8%
Lincoln	531	46		5	17	13	0	35	7%
Little Compton	73	6		0	1	2	0	3	4%
Middletown	520	43		6	21	9	0	36	7%
Narragansett	175	13		1	5	2	0	8	5%
New Shoreham	14	0		1	1	0	0	2	14%
Newport	606	71		5	30	2	0	37	6%
North Kingstown	729	58		4	21	20	0	45	6%
North Providence	914	73		6	39	16	2	63	7%
North Smithfield	286	13		2	10	4	0	16	6%
Pawtucket	2,652	234		16	103	33	0	152	6%
Portsmouth	441	36		6	6	11	0	23	5%
Providence	6,323	870		63	363	102	19	547	9%
Scituate	244	32		1	14	4	0	19	8%
Smithfield	445	39		2	11	13	0	26	6%
South Kingstown	501	46		5	14	8	0	27	5%
Tiverton	351	47		6	16	13	0	35	10%
Warwick	2,146	191		5	79	30	2	116	5%
West Warwick	900	104		6	37	17	0	60	7%
Westerly	496	29		4	12	5	0	21	4%
Woonsocket	1,469	174		16	67	21	3	107	7%
Unknown	NA	16		0	0	0	0	NA	NA
Four Core Cities	11,381	1,388		98	580	168	22	868	8%
Remainder of State	18,701	1,725		155	656	361	13	1,185	6%
Rhode Island	30,082	3,129		253	1,236	529	35	2,053	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 2024 (July 1, 2023 – June 30, 2024) and enrollment as of June 30, 2024 (point-in-time). As of 2024, 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.

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

References

- ^{1,2} Ullrich, R., Cole, P., Gebhard, B., & Schmit, S. (2017). *Early Intervention: A critical support for infants, toddlers, and families*. Zero to Three and CLASP.
- ³ Rhode Island Executive Office of Health and Human Services. (2018). *Rhode Island Early Intervention certification standards policies and procedures: IV. Eligibility determination*.
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- ⁵ Zubler, J. M., Wiggins, L.D., Macias, M.M., Whitaker, T.M., Shaw, J.S.,...Lipkin, P.H. (2022). Evidence-informed milestones for developmental surveillance tools. *Pediatrics*, 149(3): e2021052138.
- ⁶ McManus, B. M., Richardson, Z., Schenkman, M., Murphy, N.J., Everhart, R.M.,...Morrato, E., (2020). Child characteristics and early intervention referral and receipt of services: A retrospective cohort study. *BMC Pediatrics*, 20:84.
- ⁷ Lipkin, P. H., Macias, M. M., & AAP Council on children with disabilities, section on developmental and behavioral pediatrics. (2020). Promoting optimal development: Identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*, 145(1): e20193449.

(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.^{1,2,3}

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

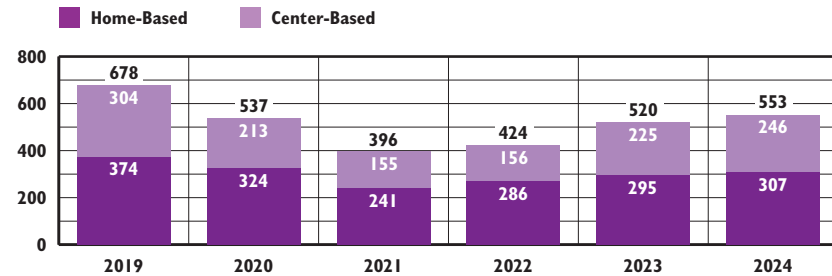
group sizes, low child-to-adult ratios, and qualified teachers.⁴

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.⁵

In Rhode Island in 2024, 90% 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 22% of infants and toddlers enrolled in the Child Care Assistance Program were in a high-quality program.^{6,7}

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.^{8,9}

Early Head Start Enrollment, 2019-2024, Rhode Island



Source: Rhode Island Early Head Start program reports to Rhode Island KIDS COUNT, October 2019 – October 2024.

◆ As of October 2024 in Rhode Island, there were 553 individuals (540 infants and toddlers and 13 pregnant women) enrolled in Early Head Start, up 6% from 2023 but down 18% from 2019. An estimated 3% of the infants and toddlers in low-income families in Rhode Island were enrolled. Statewide there were 152 children on a waiting list for Early Head Start.^{10,11}

◆ Two percent of Early Head Start clients were pregnant women, 19% were infants under age one, 29% were age one, 46% were age two, and 3% were age three.¹²

◆ In 2024, Rhode Island Early Head Start programs served 93 infants and toddlers with developmental delays or disabilities (17% of all children enrolled), 41 children who were in foster care, and 27 children who were homeless.¹³

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 18%.¹⁴

◆ 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.^{15,16}

Children Enrolled in Early Head Start

Table 29.

Children Ages Birth to Three and Pregnant Women Enrolled in Early Head Start, Rhode Island, 2024

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	0	0	0%
Bristol	375	40%	151	0	2	2	1%
Burrillville	388	42%	162	4	8	12	7%
Central Falls	937	93%	874	29	13	42	5%
Charlestown	157	31%	49	0	1	1	2%
Coventry	893	38%	342	6	8	14	4%
Cranston	2,271	55%	1,256	0	25	25	2%
Cumberland	1,097	27%	293	2	3	5	2%
East Greenwich	353	12%	42	0	0	0	0%
East Providence	1,237	54%	663	4	23	27	4%
Exeter	158	22%	36	0	0	0	0%
Foster	113	25%	29	0	0	0	0%
Glocester	250	25%	62	0	0	0	0%
Hopkinton	196	31%	61	0	0	0	0%
Jamestown	90	10%	9	0	0	0	0%
Johnston	703	56%	393	4	5	9	2%
Lincoln	531	34%	183	0	0	0	0%
Little Compton	73	18%	13	0	0	0	0%
Middletown	520	36%	187	3	5	8	4%
Narragansett	175	27%	47	0	0	0	0%
New Shoreham	14	40%	6	0	0	0	0%
Newport	606	74%	448	12	19	31	7%
North Kingstown	729	26%	192	0	4	4	2%
North Providence	914	53%	485	3	7	10	2%
North Smithfield	286	25%	73	0	1	1	1%
Pawtucket	2,652	76%	2,023	52	21	73	4%
Portsmouth	441	20%	89	2	1	3	3%
Providence	6,323	83%	5,259	151	39	190	4%
Richmond	234	31%	72	0	0	0	0%
Scituate	244	24%	57	1	0	1	2%
Smithfield	445	20%	89	0	1	1	1%
South Kingstown	501	28%	142	0	2	2	1%
Tiverton	351	34%	121	4	0	4	3%
Warren	243	40%	98	2	1	3	3%
Warwick	2,146	48%	1,023	15	22	37	4%
West Greenwich	159	22%	36	0	0	0	0%
West Warwick	900	60%	542	13	23	36	7%
Westerly	496	44%	217	0	0	0	0%
Woonsocket	1,469	68%	995	0	12	12	1%
Four Core Cities	11,381	80%	9,109	232	85	317	3%
Remainder of State	18,701	39%	7,326	75	161	236	3%
Rhode Island	30,082	54%	16,327	307	246	553	3%

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled as of October 2024. 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, 2024-2025 school year.

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

References

- ^{1,4} Prenatal to 3 Policy Impact Center. *What is Early Head Start and why is it important?* Retrieved March 16, 2025, from www.pn3policy.org/pn-3-state-policy-roadmap-2024/us/early-head-start/
- ² U.S. Department of Health and Human Services, Administration for Children and Families. *Eligibility: Determining need and meeting expectations*. Retrieved March 16, 2025, from www.headstart.gov/ersea/ersea-insights/eligibility-determining-need-meeting-expectations
- ^{3,8} Shaffner, M. & Cole, P. (2021). *Early Head Start: An essential support for pregnant women, infants, and toddlers*. Zero to Three.
- ⁵ Schumacher, R., Bernhard, K., Wallen, M., Reidt-Parker, J., & Kohler, C. (2020). *Expanding high-quality child care for infants and toddlers: Lessons learned from implementation of Early Head Start – Child Care Partnerships in states*. The Ounce of Prevention Fund.
- ^{6,10,12,13,14} Rhode Island Early Head Start program reports to Rhode Island KIDS COUNT, October 2019 - October 2024.
- ⁷ Rhode Island Department of Human Services, children participating in the Child Care Assistance Program, December 2024.
- ⁹ Zero to Three. (2017). *Early Head Start works*. Retrieved March 16, 2025, from <https://www.zerotothree.org/resource/early-head-start-works/>

(continued on page 186)

Licensed Capacity of Early Learning Programs

DEFINITION

Licensed capacity of early learning programs is the number of child care and early learning programs and slots licensed by the Rhode Island Department of Human Services for children under age six. 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

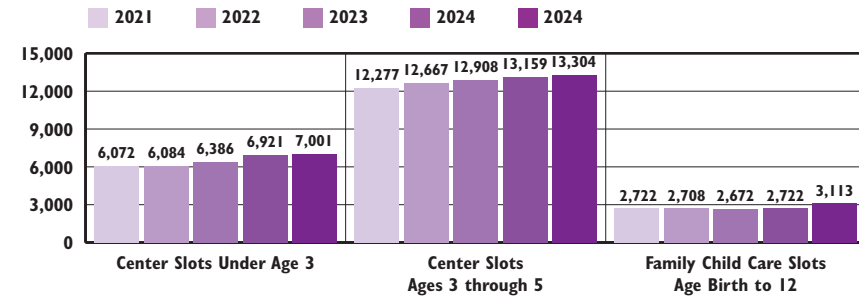
Access to stable, affordable, quality child care is a basic need for many working families and is critical for Rhode Island's economy. When parents

have difficulty finding and keeping child care, they are more likely to be absent from work and to leave their jobs.³ Between 2019 and 2023, 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.⁵ In 2023 in Rhode Island, the median wage was \$16.91/hour for a child care educator and \$25.87/hour for a child care or preschool director.⁶

The federal *Child Care and Development Block Grant Act* requires states to establish and enforce clear health and safety standards for child care programs. States must conduct at least one unannounced inspection of all licensed providers each year and must maintain a public website with a searchable list of child care providers with information on the quality of each child care program and the findings from at least three years of licensing inspections. States must also publicly report data on serious injuries, substantiated child maltreatment, and deaths in child care programs.⁷ Between 2021 and 2023, there were nine children who were seriously injured, 23 children who were maltreated, and zero children who died in a licensed child care program in Rhode Island.⁸

Early Learning Program Licensed Capacity, Rhode Island, 2021-2025



Source: Rhode Island Department of Human Services, 2021-2025.

◆ In January 2025, there were 7,001 slots for infants and toddlers and 13,304 slots for preschoolers (ages 3 through 5) in 322 licensed centers. The number of licensed infant/toddler slots is up 15% and the number of preschool slots is up 8% from 2021.⁹

◆ In January 2025, there were 3,113 slots for children ages 6 weeks to 12 years in 414 licensed family child care homes. The number of family child care slots is up 14% from 2021.¹⁰

◆ As of January 2025, 83% of licensed family child care providers and 73% 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.¹¹

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.¹²

Licensed Capacity of Early Learning Programs

Table 30.

Capacity of Licensed Early Learning Programs, January 2025

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	10	151	355	3	20	526
Bristol	3	31	54	3	18	103
Burrillville	4	58	103	2	12	173
Central Falls	4	118	267	13	90	475
Charlestown	3	14	74	1	6	94
Coventry	7	163	224	3	20	407
Cranston	27	590	1,197	44	311	2,098
Cumberland	7	106	333	7	56	495
East Greenwich	14	418	641	1	6	1,065
East Providence	18	275	617	3	20	912
Exeter	2	24	52	1	6	82
Foster	1	19	18	0	0	37
Glocester	3	75	72	0	0	147
Hopkinton	3	14	60	1	8	82
Jamestown	1	30	34	1	8	72
Johnston	19	470	563	7	58	1,091
Lincoln	8	188	325	6	40	553
Little Compton	1	0	20	0	0	20
Middletown	12	234	387	1	6	627
Narragansett	2	12	60	1	6	78
New Shoreham	1	12	26	0	0	38
Newport	3	72	165	1	8	245
North Kingstown	8	144	345	4	26	515
North Providence	8	149	199	7	50	398
North Smithfield	2	86	122	4	40	248
Pawtucket	17	471	810	25	170	1,451
Portsmouth	6	153	210	2	18	381
Providence	47	873	2,197	251	1,942	5,012
Richmond	0	0	0	1	12	12
Scituate	1	11	36	0	0	47
Smithfield	10	352	549	1	8	909
South Kingstown	12	249	303	3	24	576
Tiverton	4	100	147	1	8	255
Warren	5	87	204	1	12	303
Warwick	24	865	1,342	5	36	2,243
West Greenwich	3	47	97	0	0	144
West Warwick	4	115	160	3	18	293
Westerly	7	105	265	2	14	384
Woonsocket	11	120	671	5	36	827
Four Core Cities	79	1,582	3,945	294	2,238	7,765
Remainder of State	243	5,419	9,359	120	875	15,653
Rhode Island	322	7,001	13,304	414	3,113	23,418

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 2025.

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.

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

References

^{1,5} Donoghue, E. A. & AAP Council on Early Childhood. (2017). Quality early education and child care from birth to kindergarten. *Pediatrics*, 140(2): e20171488.

² Malik, R., et al. (2018). *America's child care deserts in 2018*. Center for American Progress.

³ Schochet, L. (2019). *The child care crisis is keeping women out of the workforce*. Center for American Progress. Retrieved March 25, 2021, from www.americanprogress.org

⁴ U.S. Census Bureau, American Community Survey, 2019-2023. Table DP03.

⁶ U.S. Bureau of Labor Statistics. (2024). *May 2023 State occupational employment and wage estimates, Rhode Island*. Retrieved February 13, 2025, from www.bls.gov

⁷ Matthews, H., Schulman, K., Vogtman, J., Johnson-Staub, C., & Blank, H. (2017). *Implementing the Child Care and Development Block Grant Reauthorization: A Guide for States*. Center for Law and Social Policy & National Women's Law Center.

⁸ Rhode Island Department of Human Services. (2024). *Office of child care: Aggregated data report (2023)*. Retrieved February 13, 2025, from <https://dhs.ri.gov/sites/g/files/xkgbur426/files/2024-05/Aggregate%20Data%202023.pdf>

^{9,10,11} Rhode Island Department of Human Services, child care licensing data, January 2021 and January 2025.

¹² National Association for the Education of Young Children. (2024). "We are not ok." *Early childhood educators and families face rising challenges as relief funds expire, Rhode Island*. Retrieved February 21, 2025, www.naeyc.org/state-survey-briefs-2024

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}

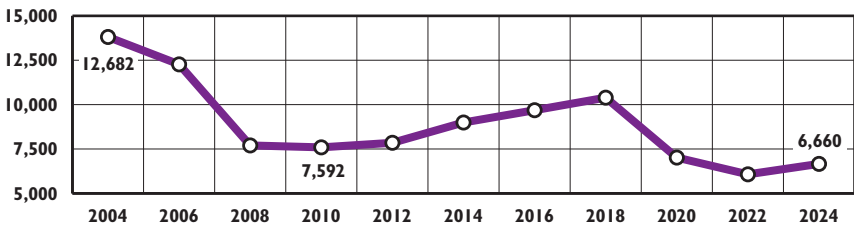
Rhode Island's payment rates for child care providers do not meet the federal benchmark established to ensure low-income families have equal access to the child care market. Inadequate payment rates make it difficult for families to find a program that will accept a subsidy and prevent child care programs from offering competitive wages to recruit and retain qualified early educators.⁶ 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.⁷

Child care educators, almost all of whom are women and who are disproportionately Women of Color, are responsible for the safety, health, learning, and development of our youngest children yet make very low wages, and many are not able to meet their basic needs.⁸ At least 15 states fund wage supplements designed to improve the qualifications and retention of child care teachers.⁹

In Rhode Island in 2023, the median hourly wage for a child care educator was \$16.91, in the same range as animal caretakers and parking lot attendants.¹⁰



Child Care Subsidies, Rhode Island, Selected Years 2004 - 2024



Source: Rhode Island Department of Human Services, December 2004 - December 2024.

- ◆ In December 2024, there were 6,660 child care subsidies in Rhode Island, down 37% from 2019 (pre-pandemic) and 54% from the 2003 peak (14,333 children).¹¹
- ◆ As of December 2024, 27% of children participating in CCAP were enrolled in programs with high-quality BrightStars ratings (four or five stars). From 2023 to 2024, the percentage of children with a child care subsidy who were enrolled in high-quality programs increased from 18% to 22% for infants and toddlers, 27% to 30% for preschool-age children, and 24% to 26% for school-age children.¹²
- ◆ In December 2024, more than half (51%) of subsidies were used by families with incomes at or below the federal poverty level (FPL) and only 6% 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 7% of child care subsidies were used for children involved in the child welfare system.¹³



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)	\$12,8704

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.

Children Receiving Child Care Subsidies

Table 31.

Child Care Subsidies, Rhode Island, December 2024

CITY/TOWN	SUBSIDY USE BY CHILD RESIDENCE*				SUBSIDY USE BY PROGRAM LOCATION			
	UNDER AGE 3	AGES 3-5	AGES 6-12+	TOTAL CHILD CARE SUBSIDIES	CENTER	FAMILY CHILD CARE	LICENSE EXEMPT	TOTAL CHILD CARE SUBSIDIES
Barrington	0	7	5	12	24	0	0	24
Bristol	8	9	12	29	25	1	0	26
Burrillville	6	16	18	40	47	0	0	47
Central Falls	52	73	93	218	179	57	0	236
Charlestown	3	4	2	9	5	0	0	5
Coventry	26	27	31	84	106	2	0	108
Cranston	107	145	173	425	419	195	0	614
Cumberland	23	30	32	85	116	0	0	116
East Greenwich	4	10	8	22	46	0	0	46
East Providence	64	69	97	230	225	3	0	228
Exeter	2	2	2	6	2	0	0	2
Foster	3	2	0	5	7	0	0	7
Glocester	3	3	5	11	5	0	0	5
Hopkinton	2	3	2	7	2	0	0	2
Jamestown	0	0	0	0	0	0	0	0
Johnston	30	56	20	106	215	31	0	246
Lincoln	18	31	35	84	82	8	0	90
Little Compton	1	1	0	2	0	0	0	0
Middletown	19	21	31	71	110	0	0	110
Narragansett	3	5	1	9	0	0	0	0
New Shoreham	0	0	0	0	0	0	0	0
Newport	38	64	61	163	129	0	11	140
North Kingstown	17	29	16	62	57	0	0	57
North Providence	32	45	44	121	102	4	0	106
North Smithfield	3	6	5	14	17	0	0	17
Pawtucket	180	286	321	787	697	74	0	771
Portsmouth	3	2	3	8	18	2	0	20
Providence	614	830	988	2,432	1,253	1,214	6	2,473
Richmond	7	1	1	9	0	0	0	0
Scituate	3	10	6	19	0	0	0	0
Smithfield	4	8	7	19	44	0	0	44
South Kingstown	5	6	3	14	29	3	0	32
Tiverton	5	7	1	13	11	3	0	14
Warren	7	14	9	30	29	4	0	33
Warwick	63	74	103	240	404	18	0	422
West Greenwich	2	2	0	4	4	0	0	4
West Warwick	37	82	72	191	126	3	0	129
Westerly	12	20	9	41	50	0	0	50
Woonsocket	103	141	214	458	410	19	0	429
DCYF	140	204	82	426	NA	NA	NA	NA
Undetermined Address	2	3	4	9	NA	NA	NA	NA
Out-Of-State	NA	NA	NA	NA	7	0	0	7
Four Core Cities	949	1,330	1,616	3,895	2,539	1,364	6	3,909
Remainder of State	560	811	814	2,185	2,456	277	11	2,744
Rhode Island	1,651	2,348	2,516	6,515	5,002	1,641	17	6,660

Source of Data for Table/Methodology

Rhode Island Department of Human Services, December 2024.

DCYF is the number of children in the care of the Department of Children, Youth and Families who are receiving child care subsidies.

Out-of-State is subsidies used by Rhode Island resident children who attend child care located outside of Rhode Island; they are included in the total count for Rhode Island.

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

NA=Not applicable

Subsidy data by age of child are reported by the child's residence. Subsidy use by program type is reported by location of the program.

*Total subsidy use by program location does not match total subsidy use by child residence, because children may be enrolled in more than one program.

The median annual market price for full-time child care was determined by multiplying the 50th percentile weekly tuition rate by 52 weeks.

References

- ¹⁶ Schulman, K. (2024). *Two steps forward one step back: State child care assistance policies 2023*. National Women's Law Center.
- ² Economic Policy Institute. (2025). *Child care costs in the United States, Rhode Island*. Retrieved February 24, 2025, from <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*. Retrieved February 8, 2021, from www.kids.ri.gov
- ⁴ U.S. Department of Health and Human Services. (2016). Child Care and Development Fund Program: Final rule. *Federal Register*, 81(190), 67438-67595.
- ⁵ 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.

(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.³

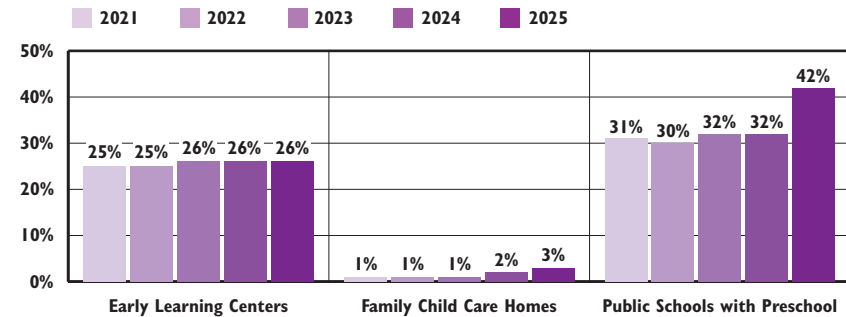
High-quality early care and education programs have qualified educators and low staff turnover, strong staff-child ratios, small class/group sizes,

and research-based health, safety, nutrition, and curriculum practices. Consistent caring, supportive, and educational interactions between early childhood educators and children are the critical ingredient to support children's learning and development. The development and retention of a highly qualified and appropriately compensated workforce for early childhood programs is critical to improve program quality.^{4,5,6,7}

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.^{8,9}

BrightStars is Rhode Island's QRIS and conducts program quality assessments for early care and education centers, family child care homes, and public schools. Programs participating in BrightStars receive a star rating and support to 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. All public schools that serve children ages three through five must apply for a BrightStars rating by June 2025.^{10,11,12}


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, 2021-2025



Source: Rhode Island Association for the Education of Young Children, Rhode Island Department of Human Services, Rhode Island Department of Education, January 2021 – January 2025.

◆ As of January 2025, 259 (80%) licensed child care centers, 355 (86%) licensed family child care homes, and 44 (66%) public schools with preschool classrooms had a BrightStars rating. Eighty-three (26%) licensed early learning centers, 11 (3%) licensed family child care homes, and 28 (42%) public schools had met the benchmarks for a high-quality rating of four or five stars.¹³

◆ Since 2021, the percentage of programs with a high-quality rating has increased for early learning centers (from 25% to 26%), family child care homes (from 1% to 3%), and public schools serving preschoolers (from 31% to 42%).¹⁴

◆ Early learning centers in the core cities are more likely to have a high-quality BrightStars rating than those in the remainder of the state (39% vs. 21%) 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 (43% vs. 38% for public schools and 4% vs. 2% for family child care).¹⁵

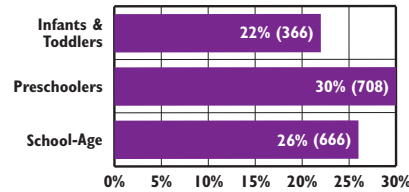
◆ A 2016 evaluation of BrightStars found that the star levels effectively differentiate quality, and five of the 10 standards are linked to improved child outcomes (specifically improved social competence and math skills). The study also found that 70% of child care center and preschool directors had a positive or extremely positive impression of BrightStars.¹⁶

High-Quality Early Learning Programs

Table 32.

Licensed Child Care Centers and Preschools Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2025

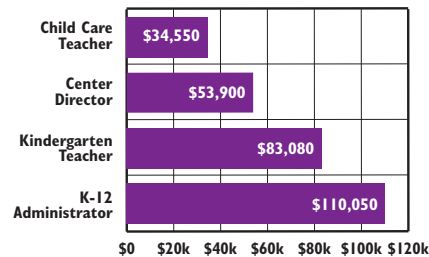
CCAP Children Enrolled in High-Quality Programs (4 or 5 Stars) by Age, December 2024



Source: Rhode Island Department of Human Services, December 2024.

◆ Preschool-age children enrolled in the RI Child Care Assistance Program (CCAP) are more likely to be enrolled in a high-quality program (30%) than infants and toddlers (22%) or school-age children (26%).¹⁷

Average Annual Salary, Rhode Island, 2023



Source: U.S. Bureau of Labor Statistics. (2024). May 2023 State occupational employment and wage estimates, Rhode Island. Retrieved January 22, 2025, 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.¹⁸

CITY/TOWN	LICENSED PROGRAMS	PROGRAMS THAT ACCEPT CCAP	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY		% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
							4 STARS	5 STARS		
Barrington	10	5	5	2	2	0	1	0	50%	10%
Bristol	3	2	0	3	0	0	0	0	100%	0%
Burrillville	4	2	1	2	0	0	0	1	75%	25%
Central Falls	4	4	0	1	0	2	1	0	100%	25%
Charlestown	3	3	0	1	0	0	0	2	100%	67%
Coventry	7	6	0	0	2	2	2	1	100%	43%
Cranston	27	22	7	8	4	5	1	2	74%	11%
Cumberland	7	4	2	2	0	1	2	0	71%	29%
East Greenwich	14	8	5	1	1	2	3	2	64%	36%
East Providence	18	12	4	6	3	1	2	2	78%	22%
Exeter	2	2	0	0	1	0	1	0	100%	50%
Foster	1	0	0	0	0	1	0	0	100%	0%
Glocester	3	2	0	1	2	0	0	0	100%	0%
Hopkinton	3	2	0	1	2	0	0	0	100%	0%
Jamestown	1	1	0	0	0	1	0	0	100%	0%
Johnston	19	15	2	4	8	3	1	1	89%	11%
Lincoln	8	6	1	2	2	1	1	1	88%	25%
Little Compton	1	0	1	0	0	0	0	0	0%	0%
Middletown	12	7	5	4	1	1	1	0	58%	8%
Narragansett	2	1	1	0	1	0	0	0	50%	0%
New Shoreham	1	1	1	0	0	0	0	0	0%	0%
Newport	3	2	1	0	1	0	1	0	67%	33%
North Kingstown	8	6	1	1	0	3	3	0	88%	38%
North Providence	8	7	1	3	2	0	1	1	88%	25%
North Smithfield	2	2	1	1	0	0	0	0	50%	0%
Pawtucket	17	15	2	5	4	2	3	1	88%	24%
Portsmouth	6	2	4	1	0	0	1	0	33%	17%
Providence	47	36	6	7	12	3	7	12	87%	40%
Richmond	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Scituate	1	1	0	0	1	0	0	0	100%	0%
Smithfield	10	6	1	5	2	2	0	0	90%	0%
South Kingstown	12	7	4	2	1	2	2	1	67%	25%
Tiverton	4	2	1	1	0	0	2	0	75%	50%
Warren	5	2	2	1	0	0	1	1	60%	40%
Warwick	24	22	0	7	6	4	5	2	100%	29%
West Greenwich	3	2	0	1	2	0	0	0	100%	0%
West Warwick	4	4	1	0	1	1	1	0	75%	25%
Westerly	7	4	2	0	2	0	3	0	71%	43%
Woonsocket	11	10	1	2	1	0	3	4	91%	64%
Four Core Cities	79	65	9	15	17	7	14	17	89%	39%
Remainder of State	243	170	54	60	47	30	35	17	78%	21%
Rhode Island	322	235	63	75	64	37	49	34	80%	26%

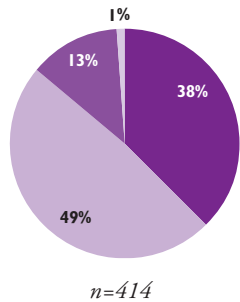
High-Quality Early Learning Programs

Table 33.

Licensed Family Child Care Homes Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2025

Licensed Family Child Care Programs by Language Spoken, Rhode Island, 2024

38% (156) English
49% (201) Spanish
13% (54) Bilingual English/Spanish
1% (3) Other



Source: Rhode Island Department of Human Services, Licensed family child care providers, 2024.

◆ In 2024, of the 414 licensed family child care providers in Rhode Island, 38% spoke English, 49% spoke Spanish, 13% were bilingual in Spanish and English, and 1% spoke another language (Portuguese or Creole).¹⁹

◆ As of December 2024, of the 2,442 children in the CCAP program with reported Hispanic ethnicity, 36% were enrolled in family child care, 63% were enrolled in a center, and less than 1% were enrolled in license-exempt care.²⁰

CITY/TOWN	LICENSED PROGRAMS	PROGRAMS THAT ACCEPT CCAP	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY		% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
							4 STARS	5 STARS		
Barrington	3	1	2	1	0	0	0	0	33%	0%
Bristol	3	2	1	2	0	0	0	0	67%	0%
Burrillville	2	1	1	1	0	0	0	0	50%	0%
Central Falls	13	11	0	11	2	0	0	0	100%	0%
Charlestown	1	0	1	0	0	0	0	0	0%	0%
Coventry	3	1	2	1	0	0	0	0	33%	0%
Cranston	44	38	6	20	17	0	1	0	86%	2%
Cumberland	7	2	4	2	0	0	1	0	43%	14%
East Greenwich	1	0	1	0	0	0	0	0	0%	0%
East Providence	3	2	1	1	1	0	0	0	67%	0%
Exeter	1	1	0	1	0	0	0	0	100%	0%
Foster	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Glocester	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Hopkinton	1	1	0	1	0	0	0	0	100%	0%
Jamestown	1	0	1	0	0	0	0	0	0%	0%
Johnston	7	7	0	4	2	0	1	0	100%	14%
Lincoln	6	4	2	2	1	0	1	0	67%	17%
Little Compton	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Middletown	1	0	1	0	0	0	0	0	0%	0%
Narragansett	1	0	1	0	0	0	0	0	0%	0%
New Shoreham	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Newport	1	0	1	0	0	0	0	0	0%	0%
North Kingstown	4	0	4	0	0	0	0	0	0%	0%
North Providence	7	7	0	7	0	0	0	0	100%	0%
North Smithfield	4	1	2	2	0	0	0	0	50%	0%
Pawtucket	25	21	2	11	9	1	1	1	92%	8%
Portsmouth	2	1	2	0	0	0	0	0	0%	0%
Providence	251	231	16	120	101	10	2	2	94%	2%
Richmond	1	0	1	0	0	0	0	0	0%	0%
Scituate	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Smithfield	1	1	1	0	0	0	0	0	0%	0%
South Kingstown	3	2	1	1	1	0	0	0	67%	0%
Tiverton	1	1	0	1	0	0	0	0	100%	0%
Warren	1	1	0	0	0	0	1	0	100%	100%
Warwick	5	1	3	2	0	0	0	0	40%	0%
West Greenwich	0	0	NA	NA	NA	NA	NA	NA	NA	NA
West Warwick	3	1	1	2	0	0	0	0	67%	0%
Westerly	2	2	0	1	1	0	0	0	100%	0%
Woonsocket	5	4	1	3	1	0	0	0	80%	0%
Four Core Cities	294	267	19	145	113	11	3	3	94%	2%
Remainder of State	120	78	40	52	23	0	5	0	67%	4%
Rhode Island	414	345	59	197	136	11	8	3	86%	3%

High-Quality Early Learning Programs

Table 34.

Public Schools with Preschool Classrooms Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2025

DISTRICT	SCHOOLS WITH PRESCHOOL CLASSROOMS	NO RATING	1 STAR	2 STARS	3 STARS	HIGH-QUALITY		% IN BRIGHTSTARS	% WITH HIGH-QUALITY RATING
						4 STARS	5 STARS		
Barrington	2	1	0	0	0	0	1	50%	50%
Bristol Warren	1	0	0	0	0	0	1	100%	100%
Burrillville	1	1	0	0	0	0	0	0%	0%
Central Falls	2	1	0	0	0	1	0	50%	50%
Chariho	2	1	1	0	0	0	0	50%	0%
Coventry	2	1	0	0	0	0	1	50%	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	2	0	0	0	0	0	2	100%	100%
Exeter-West Greenwich	1	0	0	0	0	0	1	100%	100%
Foster	1	1	0	0	0	0	0	0%	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	2	1	0	1	0	0	0	50%	0%
Little Compton	1	1	0	0	0	0	0	0%	0%
Middletown	1	1	0	0	0	0	0	0%	0%
Narragansett	1	0	0	0	0	0	1	100%	100%
New Shoreham	NA	NA	NA	NA	NA	NA	NA	NA	NA
Newport	1	0	0	0	1	0	0	100%	0%
North Kingstown	1	0	0	0	0	1	0	100%	100%
North Providence	2	0	0	2	0	0	0	100%	0%
North Smithfield	1	1	0	0	0	0	0	0%	0%
Pawtucket	6	1	0	0	0	4	1	83%	83%
Portsmouth	1	0	0	0	0	1	0	100%	100%
Providence	11	3	0	4	2	0	2	73%	18%
Scituate	1	0	1	0	0	0	0	100%	0%
Smithfield	1	0	0	0	0	0	1	100%	100%
South Kingstown	1	0	0	0	0	0	1	100%	100%
Tiverton	3	3	0	0	0	0	0	0%	0%
Warwick	3	3	0	0	0	0	0	0%	0%
West Warwick	2	1	0	0	0	1	0	50%	50%
Westerly	1	0	0	0	0	1	0	100%	100%
Woonsocket	2	2	0	0	0	0	0	0%	0%
Charter Schools	NA	NA	NA	NA	NA	NA	NA	NA	NA
Collaboratives	NA	NA	NA	NA	NA	NA	NA	NA	NA
State-Operated Schools	1	0	0	0	0	1	0	100%	100%
Four Core Cities	21	7	0	4	2	5	3	67%	38%
Remainder of State	46	16	5	3	2	9	11	65%	43%
Rhode Island	67	23	5	7	4	14	14	66%	42%

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 2025. Data on public schools are from the Rhode Island Department of Education, January 2025. Data on BrightStars quality ratings are from the Rhode Island Association for the Education of Young Children, January 2025.

High-quality rating means a BrightStars rating of four or five stars.

NA=Not applicable.

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

References

- ^{1,4} Donoghue, E. A. & AAP Council on Early Childhood. (2017). Quality early education and child care from birth to kindergarten. *Pediatrics*, 140(2): e20171488.
- ^{2,3} Gordon, J., Herbst, C. M., & Tekin, E. (2018). *Who's minding the kids?: Experimental evidence on the demand for child care quality*. National Bureau of Economic Research.
- ^{5,9} Pianta, R., Downer, J., & Hamre, B. (2016). Quality in early education classrooms: Definitions, gaps, and systems. *The Future of Children*, 26(2), 119-137.
- ⁶ Phillips, D., Austin, L. J. E., & Whitebook, M. (2016). The early care and education workforce. *The Future of Children*, 26(2), 139-158.
- ^{7,8} Workman, S. & Ullrich, R. (2017). *Quality 101: Identifying the core components of a high-quality early childhood program*. Center for American Progress.
- ¹⁰ Rhode Island Association for the Education of Young Children. (n.d.). *BrightStars RI: Connecting quality child care FAQ's*. Retrieved February 29, 2024, from www.brightstars.org
- ¹¹ Rhode Island Department of Education, personal communication, [March 1], 2024.
- ¹² Rhode Island Department of Education. *Early Childhood Education: BrightStars and Public Preschools*. Retrieved February 19, 2025, from www.ride.ri.gov/instruction-assessment/early-childhood-education

(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

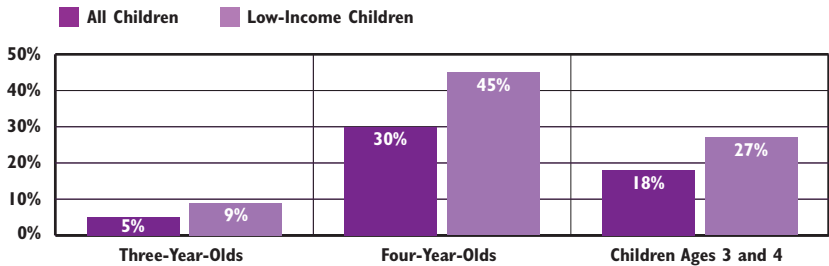
the early grades and beyond.^{3,4}

Head Start is a federally funded comprehensive early childhood program for preschool children ages three through five who are low-income and/or have high needs. Head Start programs deliver early education; dental, medical, and mental health support; nutrition services, and developmental screenings. Families are involved in program decision making, build parenting skills, and are supported to enter and remain in the workforce.^{5,6}

State-funded Pre-K programs are growing across the U.S. As of 2023, 44 states and Washington, DC operated state Pre-K programs, serving 35% of four-year-olds and 7% of three-year-olds across the U.S.⁷ 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 quality 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.^{8,9}

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.¹⁰

Percentage of Children Ages 3 and 4 Enrolled in Head Start and/or RI Pre-K, Rhode Island, 2024-2025



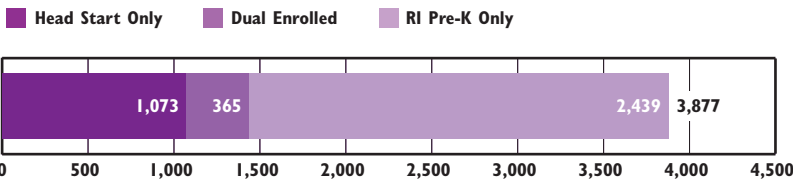
Source: Rhode Island KIDS COUNT calculations using October 2024 enrollment in Head Start and RI Pre-K as numerator and Census 2020 population of children ages 3 and 4 as denominator with low-income population estimated using the % of children receiving free or reduced-price lunch.

◆ As of October 2024, there were 3,877 children ages three and four enrolled in Head Start, RI Pre-K, or both during the two years before kindergarten, up 12% from 3,477 in 2023. These programs reached approximately 18% of all children and 27% of low-income children.¹¹

◆ Of the total, 1,073 children were enrolled in Head Start only, 2,439 children were enrolled in RI Pre-K only, and 365 were dually enrolled in both Head Start and RI Pre-K with braided funding.¹²

◆ In the four core cities, approximately 32% of low-income children and 28% of all children ages three and four were enrolled in Head Start, RI Pre-K, or both, while in the remainder of the state, enrollment for low-income children and all children was approximately 22% and 12%, respectively.¹³

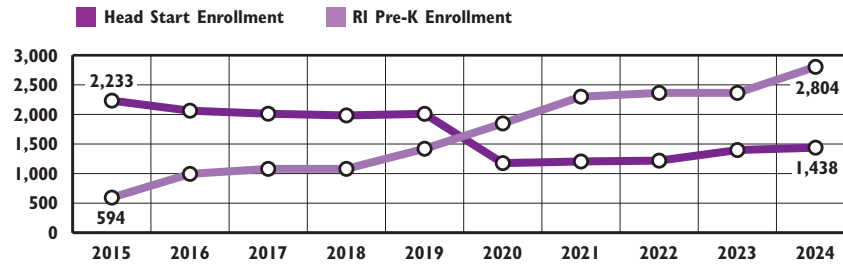
Number of Children Ages 3 and 4 Enrolled in Head Start, RI Pre-K, or Both, Rhode Island, 2024



Source: Rhode Island Head Start programs and Rhode Island Department of Education, October 2024 enrollment.

Children Enrolled in Head Start or RI Pre-K

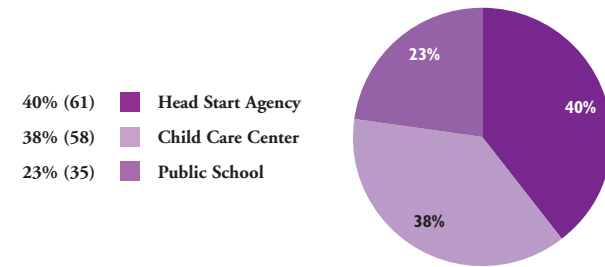
Head Start and RI Pre-K Enrollment, 2015-2024



Sources: Head Start program reports to Rhode Island KIDS COUNT, 2015 – 2024. RI Pre-K enrollment, Rhode Island Department of Education, 2015-2024. *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, and 353 in 2024.

- ◆ In October 2024, there were 1,438 children enrolled in Head Start, up 3% from 2023 but down 36% from 2015. Of these, 365 (25%) were dually enrolled in RI Pre-K.¹⁴
- ◆ Of the 1,438 children enrolled in Head Start, 558 were age three (39%) and 880 (61%) were age four at the start of the school year. Eighty-nine percent of children enrolled in Head Start were enrolled in a classroom that operated for at least six hours per day.¹⁵
- ◆ In October 2024, there were 493 eligible children on a waiting list for Head Start.¹⁶ 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.¹⁷
- ◆ In October 2024, there were 2,804 children enrolled in RI Pre-K, up 19% from 2,364 children in 2023. Of these, 365 (13%) were dually enrolled in Head Start. In 2024 there were more than four times as many children enrolled in RI Pre-K than in 2015, while there were 36% fewer children enrolled in Head Start.¹⁸
- ◆ Of the 2,804 children enrolled in RI Pre-K, almost all were age four at the start of the school year. Only seven children (<1%) were age three, all of whom were dually enrolled in Head Start.¹⁹
- ◆ Of the 2,804 children enrolled in RI Pre-K, 2,129 (76%) were low-income and 682 (24%) were higher income.²⁰

RI Pre-K Classrooms by Setting, Rhode Island, 2024



$n = 154$

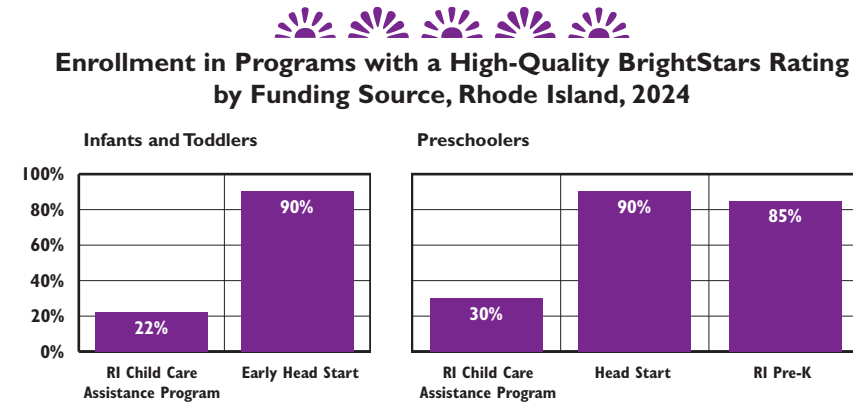
Source: Rhode Island Department of Education, October 2024.

- ◆ As of the 2024-2025 school year, there were 154 RI Pre-K classrooms with 61 (40%) operated by Head Start agencies, 58 (38%) operated by child care centers, and 35 (23%) operated by public schools.²¹

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.²²
- ◆ 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.^{23,24}
- ◆ 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.²⁵

Children Enrolled in Head Start or RI Pre-K



Sources: Rhode Island Head Start Programs, 2024. Rhode Island Department of Education, 2024. Rhode Island Department of Human Services, 2024.

◆ Across the U.S., Head Start centers are typically higher quality than many other early care and education programs.²⁶ 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 observations of teacher-child interactions.²⁷

◆ In 2023, 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.²⁸

◆ As of 2024, 90% of children enrolled in Head Start and 85% 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 30% of preschool-age children in the Child Care Assistance Program (CCAP) were enrolled in a program that achieved a high-quality BrightStars rating.^{29,30,31}

◆ As of 2024, 90% 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 22% of infants and toddlers in the Child Care Assistance Program (CCAP) were enrolled in a program that had achieved a high-quality BrightStars rating.^{32,33}

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Children Enrolled In RI Pre-K and Head Start

◆ Of the 1,438 children enrolled in Head Start as of October 2024, 220 (15%) had a developmental delay or disability and received special education services from their local school districts. Also, in October 2024, 42 children (3%) were in foster care and 52 (4%) were homeless.³⁴

◆ In 2023-2024, 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, 2% were Asian or Pacific Islander, 18% were Black, 11% were Multiracial, 30% were Some other race, and 36% were white. More than half of children enrolled (56%) were Hispanic (of any race). More than one-third (35%) spoke a language other than English at home.³⁵

◆ Of the 2,804 children enrolled in RI Pre-K in October 2024, 309 (11%) had a developmental delay or disability and received special education services from their local school districts. Also, in October 2024, 166 children (14%) were in foster care and 19 children (1%) were homeless.³⁶

◆ Of the children enrolled in RI Pre-K in October 2024 with information about race and ethnicity, 1% were American Indian or Alaska Native, 4% were Asian or Pacific Islander, 14% were Black, 31% were Hispanic/Latino, 18% were Multiracial, and 32% were white. One-third (33%) spoke a language other than English at home.³⁷

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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.³⁸

◆ Experts estimate that Rhode Island was underfunding the RI Pre-K program by \$15.5 million for 2023 enrollment. To close the teacher wage gap, funding levels should be increased by \$6,538 per child to reach at least \$16,036/child.³⁹

◆ To serve all four-year-olds and close the teacher wage gap, Rhode Island would need to spend an additional \$113.2 million per year.⁴⁰

Children Enrolled in Head Start or RI Pre-K

Table 35.

Children Enrolled in Head Start and/or RI Pre-K, Rhode Island, 2024

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	12%	49	1	0	1	2	0	0	8%	1%
Bristol	263	40%	106	9	0	3	8	0	5	19%	10%
Burrillville	321	42%	134	6	0	6	0	0	0	9%	4%
Central Falls	673	93%	628	7	0	21	1	149	13	28%	28%
Charlestown	104	31%	32	3	0	0	0	0	0	9%	3%
Coventry	692	38%	265	9	0	0	23	43	10	28%	12%
Cranston	1,617	55%	894	54	0	40	40	91	125	25%	22%
Cumberland	815	27%	218	0	0	3	0	1	0	2%	0%
East Greenwich	299	12%	36	0	0	1	0	0	0	3%	0%
East Providence	871	54%	467	17	0	26	3	104	103	32%	29%
Exeter	120	22%	27	0	0	0	1	9	10	37%	17%
Foster	53	25%	13	0	0	1	0	0	0	7%	2%
Glocester	188	25%	46	1	0	2	0	0	0	6%	2%
Hopkinton	160	31%	49	3	1	0	2	0	0	12%	4%
Jamestown	62	10%	6	1	0	0	0	0	0	16%	2%
Johnston	540	56%	302	9	1	10	7	24	20	17%	13%
Lincoln	469	34%	161	0	0	1	0	28	28	18%	12%
Little Compton	55	18%	10	0	0	0	0	0	0	0%	0%
Middletown	365	36%	131	6	0	3	6	37	33	40%	23%
Narragansett	139	27%	37	1	0	1	0	0	0	5%	1%
New Shoreham	22	40%	9	0	0	0	0	0	0	0%	0%
Newport	440	74%	325	23	0	15	17	2	17	18%	17%
North Kingstown	534	26%	141	5	0	5	1	8	9	13%	5%
North Providence	602	53%	319	20	1	11	4	22	27	18%	14%
North Smithfield	215	25%	55	1	0	1	0	0	0	4%	1%
Pawtucket	1,781	76%	1,359	42	0	50	8	249	25	26%	21%
Portsmouth	347	20%	70	3	0	1	1	9	10	20%	7%
Providence	4,364	83%	3,630	197	0	308	18	637	85	32%	29%
Richmond	159	31%	49	0	1	0	5	0	0	12%	4%
Scituate	164	24%	39	0	0	0	0	0	0	0%	0%
Smithfield	337	20%	68	3	0	3	3	16	19	37%	13%
South Kingstown	412	28%	116	3	3	0	6	8	1	17%	5%
Tiverton	266	34%	92	7	0	7	0	0	0	15%	5%
Warren	174	40%	70	0	0	1	8	30	5	56%	25%
Warwick	1,522	48%	725	33	0	0	53	54	19	19%	10%
West Greenwich	94	22%	21	0	0	0	0	0	0	0%	0%
West Warwick	668	60%	402	18	0	0	39	19	32	19%	16%
Westerly	388	44%	170	6	0	1	9	35	10	30%	16%
Woonsocket	1,122	68%	760	63	0	0	93	182	76	44%	37%
Four Core Cities	7,940	80%	6,355	309	0	379	120	1,217	199	32%	28%
Remainder of State	13,881	39%	5,438	242	7	143	238	540	483	22%	12%
Rhode Island	21,821	54%	11,844	551	7	522	358	1,757	682	27%	18%

Source of Data for Table/Methodology

Rhode Island Head Start Programs, children enrolled as of October 2024, by child residence. Rhode Island Department of Education, children enrolled in RI Pre-K as of October 2024, 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.

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

References

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- ^{5,27} 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.
- ⁶ National Head Start Association. (2025). *Rhode Island 2025 Head Start profile*. Retrieved March 23, 2025, from <https://nhsa.org/wp-content/uploads/2025/01/Rhode-Island.pdf>
- ^{7,28,38,39,40} Friedman-Kraus, A. H., Barnett, W. S., Hodges, K. S., Garver, K. A., Jost, T. M., ... Duer, J. K. (2024). *The state of preschool 2023: State preschool yearbook*. National Institute for Early Education Research.
- ⁸ Rhode Island Department of Education. (2022, April 6). 2022-2023 RI State Pre-K lottery opens.
- ⁹ *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 *Individuals 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

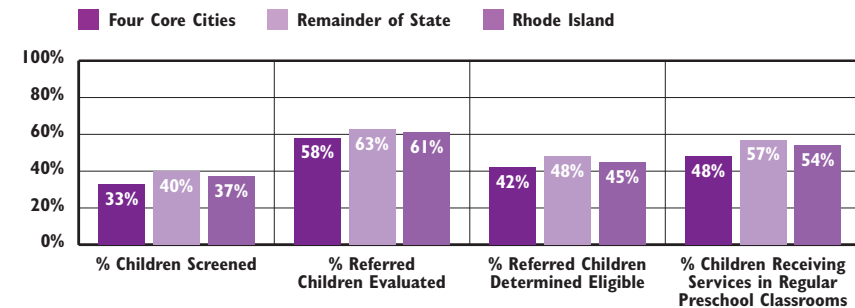
Developmental delays are identified when a child does not reach milestones at the same time as other children their age. Some young children with developmental delays are eventually diagnosed with a disability while others catch up to their peers when provided with high-quality educational opportunities, therapies, or interventions.^{2,3} Routine developmental screening during the early stages of life, followed by evaluation and diagnostic assessment, helps children gain access to

needed services to promote positive outcomes and prevent ongoing educational challenges.⁴

In Rhode Island, school districts work to screen every child ages three through five every year through the Child Outreach screening program.⁵ During the 2023-2024 school year in Rhode Island, districts completed developmental screenings for 37% of children ages three to five, up from 36% the previous year but down from 39% pre-pandemic. Preschool-age children in the four core cities were less likely to receive a developmental screening (33%) than children in the remainder of the state (40%). Of the children who were referred for evaluation based on positive screens, 61% were evaluated and 45% were determined eligible for special education. Children in the four 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.^{6,7}

Approximately 17% of U.S. children ages three to 17 have a developmental disability, with higher prevalence among low-income children, children with low birthweight, and boys.⁸ Under *IDEA*, each state sets its own criteria to determine the magnitude of a delay needed to qualify for special education services.⁹

Preschool Special Education Screening, Eligibility, and Inclusion Rates, Rhode Island, June 2024



Source: Rhode Island Department of Education, 2023-2024 Child Outreach data and June 2024 Special Education Census. The percentage determined eligible is of those children referred for evaluation from Child Outreach screening.

◆ In June 2024, there were 3,518 children ages three to five receiving preschool special education services (10% of all preschool-age children), up from 3,368 (9%) the previous year. Children in the four core cities were slightly more likely to receive preschool special education services (11%) than children in the remainder of the state (10%).^{10,11}

◆ 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.^{12,13}

◆ In June 2024, 54% of preschool-age children who received special education services received those services within an inclusive early childhood classroom. Children in the four core cities were less likely to receive preschool special education services in an inclusive early childhood setting (48%) than children in the remainder of the state (57%).¹⁴

◆ Many young children in Rhode Island receive *IDEA* services outside of inclusive preschool programs, with 19% receiving services through “walk-in” visits to a service provider, 17% enrolled in a separate special education class or school, and 10% enrolled in a preschool setting but receiving special education services in another location.¹⁵

◆ In June 2024, 48% of children receiving preschool special education services qualified under the developmental delay category, 39% had an identified speech/language disability, 11% were diagnosed with autism, and 3% had another diagnosed disability.¹⁶

Children Receiving Preschool Special Education Services

Table 36.

Children Ages 3 to 5 Receiving Special Education Services, Rhode Island, 2024

SCHOOL DISTRICT	# OF CHILDREN AGES 3-5	DEVELOPMENTAL SCREENING EVALUATION, AND ELIGIBILITY, 2023-2024 SCHOOL YEAR				PRESCHOOL SPECIAL EDUCATION BY SETTING JUNE 2024				
		% 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	608	37%	20	95%	67%	67%	0%	33%	58	10%
Bristol Warren	670	51%	35	72%	68%	54%	1%	45%	67	10%
Burrillville	456	36%	*	80%	70%	41%	0%	59%	49	11%
Central Falls	954	58%	34	69%	60%	60%	22%	18%	142	15%
Chariho	636	51%	29	67%	56%	59%	0%	41%	88	14%
Coventry	1,001	37%	29	83%	71%	49%	0%	51%	104	10%
Cranston	2,601	35%	42	39%	25%	59%	9%	33%	246	9%
Cumberland	1,263	31%	14	40%	29%	61%	18%	21%	85	7%
East Greenwich	558	48%	12	80%	60%	98%	0%	2%	54	10%
East Providence	1,483	28%	15	60%	52%	25%	52%	23%	134	9%
Exeter-West Greenwich	364	38%	*	75%	38%	39%	0%	61%	38	10%
Foster	121	NA	NA	NA	NA	50%	8%	42%	12	10%
Glocester	200	NA	NA	NA	NA	45%	0%	55%	22	11%
Jamestown	115	47%	*	67%	33%	86%	0%	14%	*	6%
Johnston	904	54%	37	65%	61%	81%	1%	19%	129	14%
Lincoln	714	42%	35	76%	63%	71%	14%	14%	104	15%
Little Compton	68	44%	0	NA	NA	86%	0%	14%	*	10%
Middletown	587	40%	18	58%	45%	48%	2%	50%	42	7%
Narragansett	201	43%	*	100%	75%	62%	0%	38%	21	10%
New Shoreham	21	67%	0	NA	NA	NA	NA	NA	0	0%
Newport	622	40%	28	82%	74%	63%	13%	25%	48	8%
North Kingstown	859	59%	25	71%	47%	64%	1%	35%	77	9%
North Providence	959	34%	14	42%	30%	58%	8%	34%	93	10%
North Smithfield	368	41%	12	100%	58%	37%	20%	43%	35	10%
Pawtucket	2,690	23%	104	69%	38%	63%	18%	19%	248	9%
Portsmouth	544	38%	*	50%	44%	55%	0%	45%	42	8%
Providence	7,465	34%	412	52%	39%	39%	31%	31%	713	10%
Scituate	276	NA	NA	NA	NA	32%	0%	68%	19	7%
Smithfield	508	61%	25	71%	34%	55%	0%	45%	60	12%
South Kingstown	593	53%	16	89%	56%	70%	0%	30%	53	9%
Tiverton	385	41%	*	29%	17%	61%	0%	39%	41	11%
Warwick	2,167	33%	40	63%	48%	46%	38%	16%	210	10%
West Warwick	852	37%	48	65%	50%	51%	34%	14%	140	16%
Westerly	508	50%	23	51%	36%	93%	0%	7%	58	11%
Woonsocket	1,725	33%	66	84%	66%	53%	7%	40%	259	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
Four Core Cities	12,834	33%	616	58%	42%	48%	23%	29%	1,362	11%
Remainder of State	21,212	40%	1,199	63%	48%	57%	13%	30%	2,143	10%
Rhode Island	34,046	37%	1,815	61%	45%	54%	17%	29%	3,518	10%

Sources of Data for Table/Methodology

Rhode Island Department of Education (RIDE), June 2024 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.

2023-2024 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 fewer than 10 children for evaluation. Of those referred for evaluation, 100% had an evaluation completed and 88% were determined eligible for preschool special education services in 2023-2024.

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

The denominator is the number of children ages three to five residing in each district during the 2023-2024 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.

Core cities are Central Falls, 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, 2024, there were 135,978 students enrolled in Rhode Island public schools in preschool through grade 12, a decrease of 4% from 141,959 on October 1, 2014.² Of these students, 27% (36,167) were attending schools in the four core cities (communities with the highest child poverty rates), 63% (84,941) were attending schools in the remaining districts, and 11% (14,870) attended charter schools, state-operated schools, or collaboratives.³ There were an

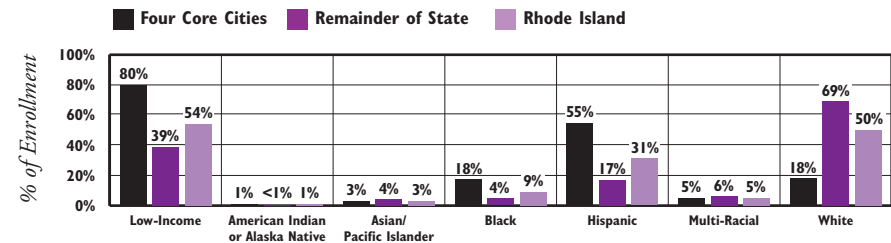
additional 13,808 Rhode Island students attending private and parochial schools (including out-of-state schools), and 3,086 students were home-schooled.⁴

The most students (58,255) were in grades K-5; 30,231 were in grades 6-8; and 44,050 were in grades 9-12. As of October 2024, there were 3,877 children ages three and four enrolled in Head Start, RI Pre-K, or both during the two years before kindergarten, reaching approximately 18% of all children and 28% of low-income children. There were 35 RI Pre-K classrooms operated by public schools, 23% of the 154 RI Pre-K classrooms.⁶

In 2024 in Rhode Island, 50% of public school students were white, 31% were Hispanic, 9% were Black, 5% were Multi-Racial, 3% were Asian/Pacific Islander, and 1% were American Indian or Alaska Native. About half (54%) of these students lived in low-income households (students who were eligible for the free or reduced-price lunch program).⁷

Rhode Island schools are also diverse in terms of students with disabilities and students who are Multilingual Learners. During the 2023-2024 school year, 18% of Rhode Island public school students were receiving special education services and 14% were Multilingual Learners.^{8,9}

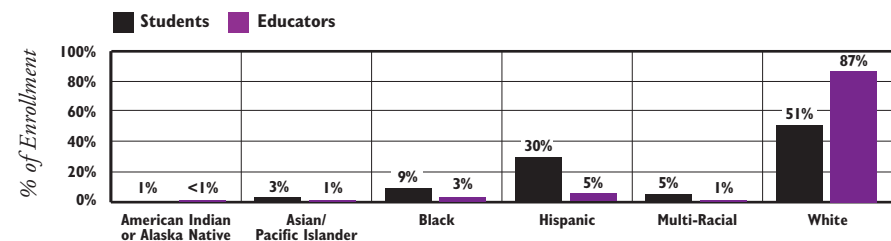
Rhode Island Public School Enrollment by Low-Income Status, Race and Ethnicity, October 1, 2024



Source: Rhode Island Department of Education. (2024). *Public schools enrollment dashboard*. Retrieved December 4, 2024, from <https://datacenter.ride.ri.gov/Home/FileDetail?fileid=994>.

◆ On October 1, 2024, 82% of students enrolled in the four core cities were Students of Color, compared with 31% in the remainder of state, and 80% of students enrolled in the four core cities were low-income, compared with 39% in the remainder of the state.¹⁰

Rhode Island Public School Student Enrollment and Educator Demographics by Race and Ethnicity, October 1, 2023



Source: Rhode Island Department of Education, State Report Card, 2023-2024 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.¹¹

◆ 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.^{12,13}

Public School Enrollment and Demographics

Table 37. Rhode Island Public School Enrollment by Grade and Demographic Groups, October 1, 2024

SCHOOL DISTRICT	ENROLLMENT BY GRADE LEVEL*				ENROLLMENT BY DEMOGRAPHIC GROUPS							TOTAL ENROLLMENT
	PRE-SCHOOL*	ELEMENTARY	MIDDLE	HIGH	% LOW-INCOME	% AMERICAN INDIAN	% ASIAN PACIFIC ISLANDER+	% BLACK	% HISPANIC	% MULTI-RACIAL	% WHITE	
Barrington	59	1,359	767	1,109	12%	<1%	8%	2%	7%	7%	76%	3,294
Bristol Warren	59	1,158	648	828	40%	<1%	1%	2%	8%	7%	82%	2,693
Burrillville	37	835	474	647	42%	<1%	1%	2%	7%	3%	88%	1,993
Central Falls	162	1,036	542	820	93%	7%	1%	16%	53%	4%	19%	2,560
Chariho	97	1,190	636	1,043	31%	1%	<1%	1%	4%	4%	89%	2,966
Coventry	139	1,730	946	1,241	38%	0%	2%	2%	9%	4%	84%	4,056
Cranston	165	4,050	2,357	3,465	55%	1%	8%	5%	37%	6%	43%	10,037
Cumberland	109	2,186	1,127	1,459	27%	<1%	7%	4%	15%	5%	69%	4,881
East Greenwich	34	1,104	600	752	12%	<1%	9%	2%	8%	5%	76%	2,490
East Providence	211	2,145	1,125	1,744	54%	1%	2%	12%	17%	10%	58%	5,225
Exeter-West Greenwich	84	628	369	463	22%	<1%	2%	1%	7%	3%	86%	1,544
Foster	18	223	0	0	25%	<1%	<1%	<1%	<1%	<1%	95%	241
Foster-Glocester	0	0	399	874	25%	<1%	<1%	1%	5%	4%	89%	1,273
Glocester	0	558	0	0	23%	<1%	<1%	<1%	5%	4%	90%	563
Jamestown	24	227	150	0	10%	<1%	<1%	<1%	<1%	4%	92%	406
Johnston	153	1,445	729	864	56%	0%	4%	7%	33%	3%	53%	3,191
Lincoln	112	1,399	779	988	34%	<1%	5%	6%	12%	4%	72%	3,278
Little Compton	13	134	70	0	18%	<1%	<1%	5%	<1%	<1%	90%	218
Middletown	36	841	438	545	36%	1%	4%	6%	19%	8%	62%	1,860
Narragansett	82	315	200	380	27%	<1%	2%	<1%	5%	7%	85%	977
New Shoreham	0	55	27	44	40%	<1%	<1%	<1%	29%	<1%	67%	126
Newport	32	776	364	623	74%	2%	1%	10%	42%	13%	32%	1,795
North Kingstown	87	1,568	820	1,311	26%	1%	2%	2%	8%	6%	80%	3,786
North Providence	82	1,484	788	1,134	53%	0%	4%	15%	28%	6%	46%	3,488
North Smithfield	43	664	383	547	25%	<1%	2%	2%	12%	5%	79%	1,637
Pawtucket	335	3,532	1,934	2,015	76%	1%	1%	29%	39%	6%	23%	7,816
Portsmouth	23	848	466	797	20%	<1%	2%	2%	9%	6%	81%	2,134
Providence	563	8,563	4,229	6,895	83%	1%	3%	15%	68%	4%	8%	20,250
Scituate	13	529	262	390	24%	<1%	<1%	<1%	3%	1%	95%	1,194
Smithfield	59	1,061	504	737	20%	<1%	2%	2%	10%	5%	82%	2,361
South Kingstown	58	922	556	717	28%	2%	2%	2%	7%	6%	80%	2,253
Tiverton	30	659	385	446	34%	<1%	1%	2%	7%	5%	85%	1,520
Warwick	224	3,483	1,796	2,350	48%	<1%	4%	4%	17%	7%	69%	7,853
West Warwick	91	1,523	739	1,116	60%	1%	2%	6%	23%	6%	63%	3,469
Westerly	87	881	490	681	44%	1%	3%	1%	10%	8%	77%	2,139
Woonsocket	79	2,540	1,109	1,813	68%	1%	4%	13%	30%	7%	46%	5,541
Charter Schools	24	6,573	2,865	3,168	79%	<1%	<1%	19%	53%	0%	22%	12,630
State-Operated Schools	<10	31	13	1,741	65%	<1%	<1%	18%	49%	<1%	28%	1,792
Collaboratives	0	0	145	303	94%	<1%	<1%	21%	66%	<1%	5%	448
Four Core Cities	1,139	15,671	7,814	11,543	80%	1%	3%	18%	55%	5%	18%	36,167
Remainder of State	2,261	35,980	19,394	27,295	39%	<1%	4%	4%	17%	6%	69%	84,941
Rhode Island	3,436	58,255	30,231	44,050	54%	1%	3%	9%	31%	5%	50%	135,978

Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in preschool through grade 12 as of October 1, 2024.

*Preschool includes students enrolled in half-day or full-day preschool through the public school district (primarily preschool special education classrooms). In 2024, the RI Pre-K program served 2,804 children in 154 classrooms, 40% operated by Head Start agencies, 38% operated by child care programs, and 23% 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, and Rhode Island School for the Deaf.

Collaboratives include Sheila Skip Nowell Leadership Academy, Urban Collaborative Accelerated Program (UCAP), and YouthBuild Preparatory Academy.

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

Students from Little Compton attend high school in Portsmouth. Jamestown students can choose to attend high school in Narragansett or North Kingstown.

(continued with References on page 186)

Children Participating in School Meals

DEFINITION

Children participating in school meals is the percentage of children who participate in the School Breakfast and Lunch Programs.

SIGNIFICANCE

Founded in 1966 and 1946 respectively, the School Breakfast Program (SBP) and the National School Lunch Program (NSLP) ensure that the nation's most vulnerable children have access to healthy meals.¹ Nationally, during the 2023-2024 school year, 15.5 million children ate breakfast at school daily through the SBP, and approximately 29.7 million children participated in the NSLP, an increase of 1 million in breakfast participation and 1.1 million in lunch participation compared to the previous year.^{2,3} In Rhode Island, in December 2024, 35,314 children participated in the SBP and more than half of all students (75,933) participated in NSLP.^{4,5,6} 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, nearly one in six (14%) households with children faced food insecurity between 2020-2022.⁸ Food-insecure families at times do not have sufficient food to provide nutritious meals for everyone.⁹ Childhood hunger is an often-hidden

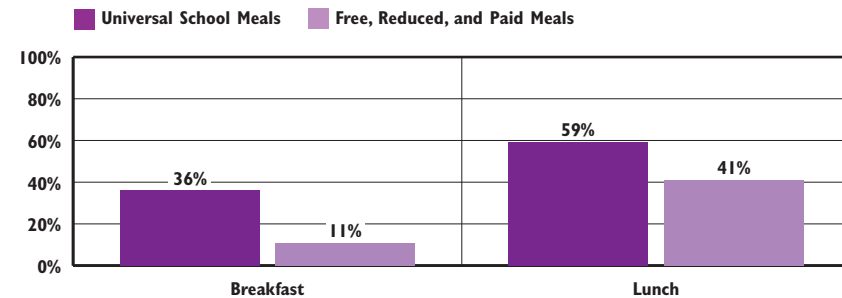
educational barrier that has longstanding consequences for students' academic performance and health.¹⁰ Hunger impacts cognitive development and functioning.^{11,12} Hungry children may struggle with concentration and focus, memory, and problem-solving skills and as a result are at risk of falling behind their peers academically.^{13,14,15} Hungry children are also more likely to be absent from school, struggle behaviorally, receive more suspensions, and are more likely to repeat a grade.¹⁶ 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.¹⁷

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 (less than 130% of the federal poverty level for free meals and between 130% and 185% of the federal poverty level for reduced-price meals).^{18,19}

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 2024, Rhode Island launched the SUN Bucks program which provides eligible families with school-aged children \$120 per child for groceries for the summer months.^{20,21}



Percentage of Children Participating in School Meal Programs, Rhode Island, October 2024



Source: Rhode Island Department of Education, Child Nutrition Programs, Office of School Health and Wellness, October 2024.

◆ **Universal School Meals Programs** provide free breakfast and/or lunch to all children regardless of income, guaranteeing all children access to nutritious meals. Providing free meals for all students eliminates the stigma associated with students receiving subsidized-price meals or accruing meal debt, increases participation, and reduces administrative burdens on school districts.²² In Rhode Island in October 2024, 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.²³

◆ 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.^{24,25} In Rhode Island, in the 2024-2025 school year, 52% of eligible schools participated in CEP.²⁶ However, the CEP program is under threat. If the eligibility threshold for schools to be able to participate in CEP is increased from 25% to 60%, the number of Rhode Island children eligible for free meals would be cut in half, from 98,092 to 49,155 students.^{27,28}

Children Participating in School Meals

Table 38.

Children Participating in School Meals, Rhode Island, October 2024

SCHOOL DISTRICT	OCTOBER 2024 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	3,434	156	5%	1,253	36%
Bristol Warren	2,721	190	7%	1,191	44%
Burrillville	1,955	137	7%	924	47%
Central Falls	3,771	1,535	41%	3,007	80%
Chariho	3,074	247	8%	1,225	40%
Coventry	4,019	609	15%	1,779	44%
Cranston	10,041	2,143	21%	4,666	46%
Cumberland	5,629	806	14%	2,260	40%
East Greenwich	2,478	192	8%	817	33%
East Providence	5,179	1,143	22%	2,868	55%
Exeter-West Greenwich	1,621	78	5%	562	35%
Foster	222	37	17%	87	39%
Foster-Glocester	1,262	123	10%	532	42%
Glocester	558	117	21%	256	46%
Jamestown	400	*	*	172	43%
Johnston	3,288	528	16%	1,655	50%
Lincoln	3,335	226	7%	1,370	41%
Little Compton	218	*	*	92	42%
Middletown	5,426	182	3%	904	17%
Narragansett	997	54	5%	313	31%
New Shoreham	132	11	8%	36	27%
Newport	1,925	451	23%	988	51%
North Kingstown	3,813	370	10%	1,347	35%
North Providence	4,077	574	14%	1,789	44%
North Smithfield	1,621	107	7%	741	46%
Pawtucket	7,886	2,731	35%	5,603	71%
Portsmouth	2,180	174	8%	938	43%
Providence	19,929	10,435	52%	12,711	64%
Scituate	1,206	67	6%	477	40%
Smithfield	2,287	190	8%	981	43%
South Kingstown	2,268	122	5%	918	40%
Tiverton	1,850	103	6%	691	37%
Warwick	7,747	620	8%	3,293	43%
West Warwick	4,436	833	19%	2,113	48%
Westerly	2,046	275	13%	786	38%
Woonsocket	5,455	1,813	33%	3,510	64%
<i>Charter Schools</i>	<i>10,839</i>	<i>4,169</i>	<i>38%</i>	<i>5,809</i>	<i>54%</i>
<i>State-Operated Schools</i>	<i>1,936</i>	<i>336</i>	<i>17%</i>	<i>965</i>	<i>50%</i>
<i>Collaboratives</i>	<i>469</i>	<i>141</i>	<i>30%</i>	<i>279</i>	<i>59%</i>
<i>Four Core Cities</i>	<i>37,041</i>	<i>16,514</i>	<i>45%</i>	<i>24,831</i>	<i>67%</i>
<i>Remainder of State</i>	<i>91,445</i>	<i>10,871</i>	<i>12%</i>	<i>38,024</i>	<i>42%</i>
<i>Rhode Island</i>	<i>141,730</i>	<i>32,031</i>	<i>23%</i>	<i>69,908</i>	<i>49%</i>

Source of Data for Table/Methodology

Rhode Island Department of Education, Child Nutrition Programs, Office of School Health and Wellness, October 2024

During the 2024-2025 school year, all schools in the districts: Achievement First Rhode Island, Blackstone Valley Prep, Central Falls, Highlander, Newport, Pawtucket, Providence, West Warwick and Woonsocket; some schools in Chariho, North Kingstown; and 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, SouthSide Elementary Charter School, Trinity Academy for the Performing Arts, Urban Collaborative Accelerated Program and YouthBuild Preparatory Academy were using CEP.

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

Charter Schools include Achievement First Rhode Island, BEACON Charter 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 Village Green Virtual Charter School.

State-Operate Schools include Wm. M. Davies Jr. Career-Technical High School, DCYF Alternative Education Program, Metropolitan Regional Career and Technical Center and Rhode Island School for the Deaf.

Collaboratives include Sheila Skip Nowell Leadership Academy, Urban Collaborative Accelerated Program, West Bay Collaborative and YouthBuild Preparatory Academy.

(continued with References on page 187)

Out-of-School Time

DEFINITION

Out-of-school time is the number of children participating in organized after-school programs. This indicator presents data on the number of licensed after-school child care programs and slots for children ages six and older as well as available data on children served by after-school programs that do not require state licensing.

SIGNIFICANCE

Organized programs for school-age children offered during the hours and days when school is not in session have become increasingly popular over the past 50 years. Growth has been driven by the expansion of mothers' labor force participation, concerns over negative consequences associated with children being home alone, passage of the *1990 Child Care Development and Block Grant Act* which provided the first major funding stream for out-of-school time programs, and federal funding for 21st Century Community Learning Centers, which began in 1998. Out-of-school time programs can contribute significantly to children's development and learning.¹

High-quality, organized after-school and summer programs improve the supervision and safety of youth, promote positive social skills, and, with sufficient dosage, improve student achievement. Quality out-of-school time programs provide engaging activities that are

intentionally designed to promote youth development and are taught by trained, dedicated instructors who work effectively with youth. Youth who participate consistently can show improved competence, caring, and connections.^{2,3}

Rhode Island has the largest gap in after-school program participation between low-income and higher-income youth in the nation.^{4,5} Participation in out-of-school time programs also varies based on parental education level.⁶

Most children and youth in Rhode Island have working parents. Between 2019 and 2023, 79% of Rhode Island children ages six to 17 had all parents in the workforce, higher than the U.S. rate of 72%.⁷ School hours only cover 20% of the time children and youth have available for learning, forming friendships, developing, and practicing skills, and exploring interests. What children do during out-of-school time matters for success in school and life. Yet, there are not enough affordable, high-quality, out-of-school time programs to meet the needs of families and youth. Increased federal, state, and local investments are needed to expand access to high-quality programs and to build and sustain an effective out-of-school time workforce.^{8,9}

Out-of-school time programs build foundational communication and thinking skills in children and youth and help working parents by providing a safe and enriching child care option.¹⁰



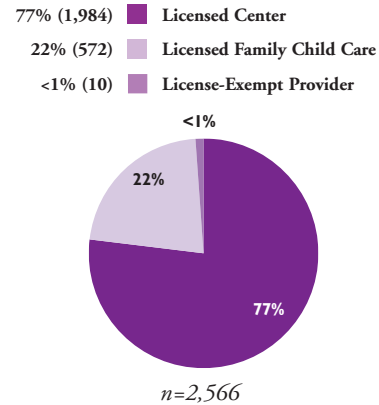
Students Served by 21st Century Community Learning Centers by Grade Span, Rhode Island, 2023-2024 School Year

SCHOOL DISTRICT	GRADES PK-3	GRADES 4-5	GRADES 6-8	GRADES 9-12	TOTAL
Central Falls	<10	<10	11	32	43
Cranston	64	32	66	<10	162
East Providence	92	36	177	<10	305
Newport	217	131	231	212	791
Pawtucket	550	400	49	<10	999
Providence	194	113	667	644	1,618
West Warwick	90	40	<10	<10	130
Woonsocket	318	173	126	144	761
Charter Schools	89	72	56	102	319
DCYF	<10	<10	<10	19	20
UCAP	<10	<10	71	<10	71
Total	1,614	997	1,455	1,153	5,219

Source: RI Department of Education, Office of Student, Community and Academic Supports, 2023-2024 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. DCYF is the Rhode Island Training School. UCAP is the Urban Collaborative Accelerated Program.

- ◆ In the 2023-2024 school year in Rhode Island, 21st Century Community Learning Center grantees served 5,219 children and youth. Of these, 31% were in grades PK-3, 19% were in grades 4-5, 28% were in grades 6-8, and 22% were in grades 9-12.¹¹
- ◆ During the summer of 2023, 1,696 Rhode Island children entering grades Pre-K through 12 participated in 21st Century Community Learning Center programs; 641 (38%) entering grades PK-3, 396 (23%) entering grades 4-5, 378 (22%) entering grades 6-8, and 281 (17%) entering grades 9-12.¹²
- ◆ United Way of Rhode Island funds summer learning programs for children and youth entering first grade through 12th grade. During the summer of 2024, 631 children/youth ages six through 18 participated.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

School-Age Child Care Subsidies by Type of Setting, Rhode Island, 2024



Source: Rhode Island Department of Human Services, December 2024.

◆ In January 2025 there were 10,990 slots for school-age children in licensed centers, 70% in independently licensed school-age programs and 30% in licensed early childhood centers. In addition, there were 414 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).¹⁵

◆ In January 2025 in Rhode Island, of the 91 independently licensed school-age programs, 17 (19%) had no rating, 21 (23%) had a one-star, 14 (15%) had a two-star, 18 (20%) had a three-star, 12 (13%) had a four-star, and nine (10%) had a five-star rating in BrightStars, Rhode Island's Quality Rating and Improvement System.¹⁶

Table 39. Licensed School-Age Child Care Center Slots
for Children Ages Six to 12, Rhode Island, January 2025

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	150	150
Burrillville	1,282	0	248	248
Central Falls	2,572	118	0	118
Charlestown	444	0	0	0
Coventry	2,562	122	119	241
Cranston	6,148	245	286	531
Cumberland	2,901	28	651	679
East Greenwich	1,448	60	80	140
East Providence	3,039	79	499	578
Exeter	474	0	140	140
Foster	306	26	0	26
Glocester	706	38	0	38
Hopkinton	688	0	0	0
Jamestown	391	0	0	0
Johnston	2,049	163	16	179
Lincoln	1,955	41	578	619
Little Compton	206	0	26	26
Middletown	1,405	34	132	166
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	37	368	405
North Smithfield	939	40	130	170
Pawtucket	6,430	212	606	818
Portsmouth	1,264	26	146	172
Providence	15,706	889	1,318	2,207
Richmond	629	0	52	52
Scituate	693	26	0	26
Smithfield	1,301	127	154	281
South Kingstown	1,716	69	50	119
Tiverton	1,092	45	0	45
Warren	726	13	60	73
Warwick	5,476	189	852	1,041
West Greenwich	519	0	0	0
West Warwick	2,287	81	149	230
Westerly	1,480	72	0	72
Woonsocket	3,756	297	426	723
Four Core Cities	28,464	1,516	2,350	3,866
Remainder of State	53,535	1,757	5,367	7,124
Rhode Island	81,999	3,273	7,717	10,990

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 2025. These numbers do not include licensed family child care home slots or community programs for youth that are exempt from licensing.

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

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(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. By 2020, 12.2% of its student population were MLLs, ranking fifth highest among all states. Compared to New England states, Rhode Island has the largest percentage of MLL students.³

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.^{4,5} 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.^{6,7} They may also experience discrimination, stigma, and stress related to different cultural expectations and English language proficiency status.^{8,9} Students in families with limited English proficiency

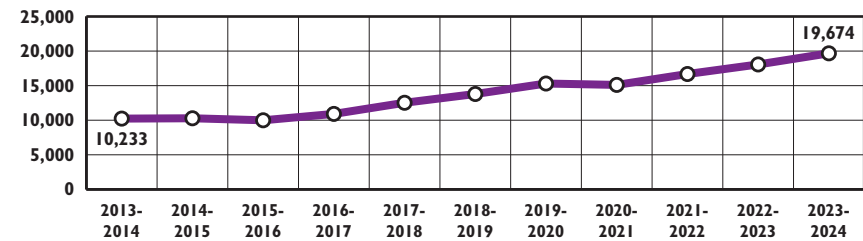
also have a harder time accessing health care and other social services.¹⁰

In the 2023-2024 school year in Rhode Island, MLL students were 14% (19,674) of the total student population, and 34% (6,731) of all MLL students in Rhode Island were in grades kindergarten to grade three. Of all MLL students, 73% were eligible for free or reduced-price lunch programs.¹¹ The majority of MLLs in Rhode Island are highly concentrated, with almost two-thirds (62%) attending school in the four core cities and 42% in Providence.¹² MLL students spoke different 108 different languages. Most (82%) spoke Spanish, 4% spoke a creole language, 3% spoke Portuguese, 1% spoke Arabic, and 1% spoke Chinese.¹³

Dual language programs can improve English reading proficiency, decrease dropout rates, increase the likelihood of going to college, and improve economic outcomes for MLL students.¹⁴ During the 2023-2024 school year, bilingual and two-way/dual language programs were offered in the Central Falls, Pawtucket, and Providence school districts and at the Rhode Island School for the Deaf, Nuestro Mundo Public Charter School, and International Charter School.^{15,16}

In 2024, funding for Multilingual Learners was incorporated into the core funding formula.¹⁷ Additionally, the Rhode Island Department of Education updated the MLL regulations for the first time in 17 years to better align with federal standards.¹⁸

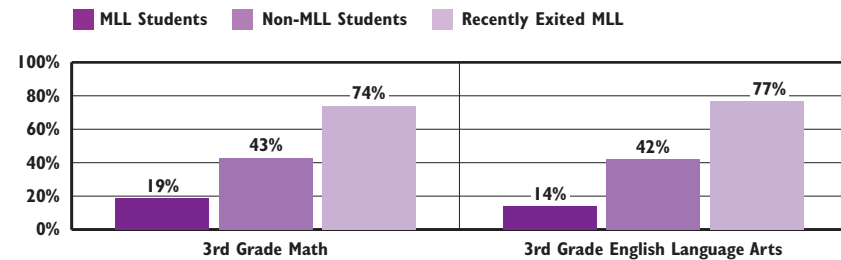

**Multilingual Learners, Rhode Island,
2013-2014 Through 2023-2024 School Years**



Source: Rhode Island Department of Education, 2013-2014 through 2023-2024 school years.

◆ The number of MLL students in Rhode Island has almost doubled (increased by 92%) from the 2013-2014 to 2023-2024 school years.¹⁹


**Multilingual Learners Meeting Expectations in
Math and English Language Arts, Rhode Island, 2024**



Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, October 2024.

◆ 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.²⁰ Recently exited MLL students outperformed non-MLLs on the *RICAS*.²¹ Successful MLL programs have highly-qualified and culturally competent teachers.²² In October 2024, 2% (166) of Rhode Island public school teachers and instructional coordinators held an active Bilingual, Dual Language, or English to Speakers of Other Languages certification.²³

Multilingual Learners

Table 40.

Multilingual Students, Rhode Island, 2023-2024

SCHOOL DISTRICT	TOTAL # OF STUDENTS	NUMBER OF MULTILINGUAL LEARNER STUDENTS			TOTAL # OF MLL/EL STUDENTS	% OF TOTAL DISTRICT
		ELEMENTARY (GRADES PRE-K-5)	MIDDLE (GRADES 6-8)	HIGH SCHOOL (GRADES 9-12)		
Barrington	3,366	64	*	14	85	3%
Barrington	3,289	49	12	17	78	2%
Bristol Warren	2,760	32	14	14	60	2%
Burrillville	2,002	*	*	*	17	1%
Central Falls	2,599	566	295	486	1,347	52%
Chariho	2,960	18	*	*	23	1%
Coventry	4,103	15	*	11	35	1%
Cranston	10,075	600	243	340	1,183	12%
Cumberland	4,821	171	59	53	284	6%
East Greenwich	2,500	22	13	12	47	2%
East Providence	5,074	118	62	108	288	6%
Exeter-West Greenwich	1,537	*	*	*	16	1%
Foster	221	*	0	0	*	1%
Foster-Glocester	1,317	0	*	*	*	0%
Glocester	554	*	0	0	*	0%
Jamestown	400	*	*	0	*	1%
Johnston	3,093	180	69	67	316	10%
Lincoln	3,256	50	23	24	97	3%
Little Compton	210	*	0	0	*	1%
Middletown	1,934	98	39	37	174	9%
Narragansett	1,071	*	*	*	*	1%
New Shoreham	124	*	*	*	14	11%
Newport	1,837	176	72	115	364	20%
North Kingstown	3,724	45	16	23	84	2%
North Providence	3,524	208	90	124	423	12%
North Smithfield	1,643	23	<10	<10	34	2%
Pawtucket	7,831	820	436	509	1,766	23%
Portsmouth	2,143	28	<10	<10	45	2%
Providence	20,622	3,825	1,708	2,642	8,175	40%
Scituate	1,170	*	0	0	*	0%
Smithfield	2,382	15	*	*	30	1%
South Kingstown	2,323	34	11	16	61	3%
Tiverton	1,543	11	*	*	17	1%
Warwick	7,847	152	50	49	252	3%
West Warwick	3,511	66	37	50	154	4%
Westerly	2,183	40	15	18	73	3%
Woonsocket	5,531	534	179	289	1,002	18%
Charter Schools	11,843	1,848	562	468	2,878	24%
State-Operated Schools	1,758	*	*	182	192	11%
Collaboratives	443	NA	39	85	123	28%
Four Core Cities	36,583	5,744	2,619	3,926	12,289	34%
Remainder of State	85,128	2,182	878	1,132	4,192	5%
Rhode Island	135,755	9,780	4,101	5,793	19,674	14%

Sources of Data for Table/Methodology

Rhode Island Department Education, 2023-2024 school year. Total number of Multilingual Learner students is the number of students in each district who were receiving English Language services in the 2023-2024 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 four core cities, remainder of the state, and state totals.

NA indicates that the school district does not serve students at that grade level.

The “% of Total District” is based on the total number of Multilingual Learners 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, Rhode Island School for the Deaf and Metropolitan Regional Career and Technical Center.

Collaboratives include Sheila Skip Nowell Leadership Academy, Urban Collaborative Accelerated Program, and YouthBuild Preparatory Academy.

Core cities are Central Falls, 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

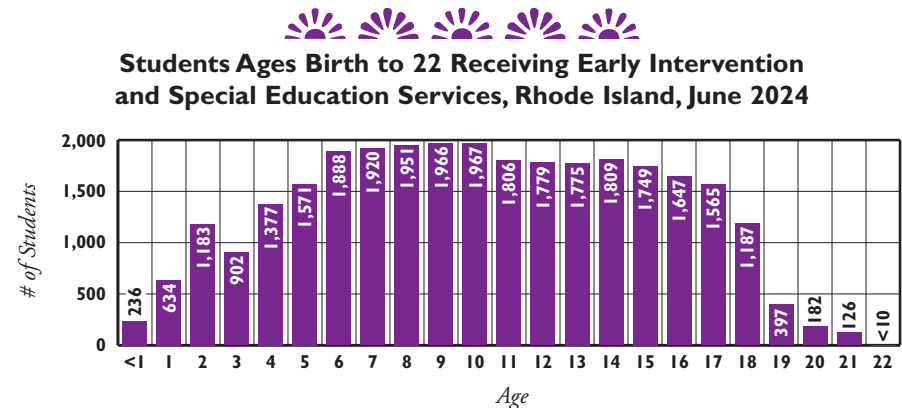
The federal *Individuals with Disabilities Education Act (IDEA)* guarantees a free appropriate public education to every child with a disability. Prior to passage of the original 1975 federal law, many children with disabilities were excluded from public school. Since its passage, outcomes for children 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 2023-2024, only 10% of third graders with a disability met or exceeded expectations in ELA and 15% in math, compared with 44% in ELA and 45% 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 2024 was 65% compared to 88% for students not receiving these services.⁸ Some students enrolled in special education may take additional time to graduate.



Source: Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, Early Intervention enrollment, June 30, 2024. Rhode Island Department of Education, Office of Diverse Learners, Special Education Census, June 30, 2024. Includes parentally placed students.

◆ As of June 2024, there were 23,574 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, 19% had a health impairment, 14% had a speech/language impairment, 12% had an autism spectrum disorder, 9% had a developmental delay, 6% had an emotional disturbance, 4% had an intellectual disability, and 3% had other disabilities.⁹

◆ Students in grades K-12 enrolled in a traditional public school district in one of the four core cities were more likely to be receiving special education services (20%) 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 (14%).¹⁰

◆ As of June 2024, 74% 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, 20% 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.¹¹

◆ Among students ages six to 22 receiving special education services in June 2024, 64% were male, 36% were female, and <1% identified as another gender. By identified race/ethnicity, 49% were white 31% 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 (66% eligible to receive free or reduced-price lunch) and 15% were Multilingual Learners.¹²

K-12 Students Receiving Special Education Services

Table 41.

K-12 Students Receiving Special Education Services by Primary Disability, Rhode Island, 2024

SCHOOL DISTRICT	TOTAL # OF STUDENTS	AUTISM SPECTRUM DISORDER	DEVELOPMENTAL DELAY	EMOTIONAL DISTURBANCE	HEALTH IMPAIRMENT	INTELLECTUAL DISABILITY	LEARNING DISABILITY	SPEECH/ LANGUAGE IMPAIRMENT	OTHER	TOTAL STUDENTS WITH DISABILITIES	% STUDENTS IN SPECIAL EDUCATION
Barrington	3,260	59	12	45	97	11	95	62	17	398	12%
Bristol Warren	2,733	54	27	30	89	17	164	114	10	505	18%
Burrillville	1,980	44	26	27	61	15	179	44	10	406	21%
Central Falls	2,438	58	65	14	65	18	187	37	16	460	19%
Chariho	2,909	60	46	13	74	*	167	48	21	438	15%
Coventry	3,982	100	35	48	144	22	229	100	11	689	17%
Cranston	9,974	217	102	93	348	48	553	120	32	1,513	15%
Cumberland	4,757	131	55	42	84	25	231	101	54	723	15%
East Greenwich	2,474	46	47	11	58	14	85	36	*	304	12%
East Providence	5,039	150	73	61	210	30	313	133	16	986	20%
Exeter-West Greenwich	1,483	32	18	*	38	*	43	22	*	174	12%
Foster	212	*	*	0	*	0	*	10	*	33	16%
Foster-Glocester	1,317	12	0	*	31	*	47	*	*	109	8%
Glocester	551	*	*	*	*	0	20	40	*	81	15%
Jamestown	387	12	*	*	23	*	20	24	*	87	22%
Johnston	3,028	91	59	20	119	26	219	86	29	649	21%
Lincoln	3,195	92	51	33	97	15	202	65	15	570	18%
Little Compton	204	*	*	*	11	*	20	*	0	50	25%
Middletown	1,922	35	39	36	92	10	118	58	*	397	21%
Narragansett	1,001	13	*	*	30	*	51	21	*	132	13%
New Shoreham	124	*	*	*	11	0	*	*	0	27	22%
Newport	1,816	52	33	36	49	29	159	47	*	413	23%
North Kingstown	3,666	50	38	26	100	10	170	102	17	513	14%
North Providence	3,467	84	54	33	104	28	227	89	15	634	18%
North Smithfield	1,624	27	15	14	36	11	121	46	*	274	17%
Pawtucket	7,654	203	150	68	249	47	604	165	25	1,511	20%
Portsmouth	2,125	41	27	25	89	*	88	54	12	345	16%
Providence	20,099	338	389	219	632	189	1,243	572	94	3,676	18%
Scituate	1,163	18	*	*	32	*	63	55	10	190	16%
Smithfield	2,352	59	30	15	81	*	122	32	*	354	15%
South Kingstown	2,267	49	18	16	89	11	101	37	12	333	15%
Tiverton	1,529	45	21	21	69	13	104	23	*	302	20%
Warwick	7,692	202	179	92	282	44	506	148	37	1,490	19%
West Warwick	3,462	112	73	67	180	32	234	94	16	808	23%
Westerly	2,138	58	34	27	91	11	95	53	11	380	18%
Woonsocket	5,488	171	150	131	323	68	462	218	27	1,550	28%
Charter Schools	11,819	124	142	69	354	40	666	363	18	1,776	15%
Collaboratives	443	*	0	*	*	*	39	*	0	55	12%
State Operated Schools	1,749	13	0	10	42	*	91	*	67	239	14%
Department of Corrections	NA	0	0	*	*	0	0	0	*	NA	NA
Four Core Cities	35,679	770	754	432	1,269	322	2,496	992	162	7,197	20%
Remainder of State	83,833	1,959	1,133	861	2,831	473	4,760	1,882	408	14,307	17%
Rhode Island	133,522	2,867	2,029	1,379	4,506	839	8,052	3,247	655	23,574	18%

Source of Data for Table/Methodology

Rhode Island Department of Education (RIDE), Office for Diverse Learners, Special Education Census June 30, 2024. 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 2023-2024 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 four 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.

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

(continued with References 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.^{1,2,3} 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.^{4,5}

Regardless of income status and ethnicity, mobility can negatively affect student achievement.⁶ 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.⁷ 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.⁸ 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

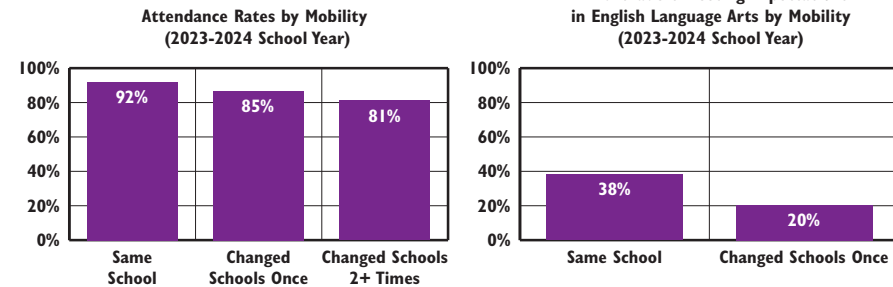
non-mobile peers.⁹

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.¹⁰ 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.^{11,12} Mobility harms not only the student but also the schools they attend.¹³ In high mobility schools, even non-mobile 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.^{14,15}

Between 2019 and 2023 in Rhode Island, 9% of children ages five to 17 moved at least once during the previous year, 77% of whom moved within the state and 23% of whom moved from another state or abroad.¹⁶ Between 2019 and 2023, 16% of Rhode Islanders living below the poverty line moved, compared with 10% of higher-income residents.¹⁷



School Mobility and Education Outcomes in Rhode Island



Source: Rhode Island Department of Education, 2023-2024 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 85% for those who changed schools once and 81% for those who changed schools two or more times during the 2023-2024 school year.¹⁸
- ◆ Children who change schools mid-year also perform worse on standardized tests than children who have not experienced school mobility. During the 2023-2024 school year in Rhode Island, 38% 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.¹⁹
- ◆ 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.²⁰
- ◆ One-third of children in foster care will experience five or more school changes before they turn age 18, and such changes often result in lost academic progress. The federal *Every Student Succeeds Act* includes provisions to give children in foster care more educational stability by allowing students to stay in their school of origin if it is in their best interest and providing transportation to that school.²¹

Student Mobility

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.²²

◆ 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 four core cities was 79% in the 2023-2024 school year, compared with a stability rate of 92% in the remainder of the state.²³

◆ Total enrollment for each district is cumulative over the course of the school year.²⁴

◆ The overall Rhode Island student mobility rate was 13% in the 2023-2024 school year. The four core cities had a higher mobility rate (22%) than districts in the remainder of the state (9%).²⁵

◆ During the 2023-2024 school year, Rhode Island elementary schools (11%) and middle schools (11%) had lower mobility rates than high schools (16%).²⁶

Table 42. Student Mobility and Stability Rates by District, Rhode Island, 2023-2024 School Year

SCHOOL DISTRICT	CUMULATIVE ENROLLMENT FOR 2023-2024	# ENROLLED THE WHOLE YEAR	# ENROLLED AFTER SEPT. 30	# EXITED BEFORE JUNE 1	STABILITY RATE	MOBILITY RATE
Barrington	3,324	3,224	57	50	97%	3%
Bristol Warren	2,858	2,655	91	132	93%	8%
Burrillville	2,048	1,931	45	74	94%	6%
Central Falls	2,912	2,061	498	401	71%	31%
Chariho	3,081	2,765	155	183	90%	11%
Coventry	4,185	3,838	152	217	92%	9%
Cranston	10,681	9,460	586	703	89%	12%
Cumberland	4,966	4,579	191	216	92%	8%
East Greenwich	2,518	2,435	45	42	97%	3%
East Providence	5,339	4,829	222	311	90%	10%
Exeter-West Greenwich	1,534	1,446	41	53	94%	6%
Foster	220	205	*	*	93%	7%
Foster-Glocester	1,361	1,287	25	54	95%	6%
Glocester	568	537	16	18	95%	6%
Jamestown	393	380	*	*	97%	4%
Johnston	3,175	2,915	120	144	92%	8%
Lincoln	3,321	3,107	80	142	94%	7%
Little Compton	209	198	*	*	95%	6%
Middletown	2,050	1,814	121	133	88%	12%
Narragansett	1,039	970	29	43	93%	7%
New Shoreham	133	119	*	*	89%	11%
Newport	1,983	1,674	147	183	84%	17%
North Kingstown	3,810	3,571	106	144	94%	7%
North Providence	3,653	3,315	173	406	91%	16%
North Smithfield	1,683	1,578	41	67	94%	6%
Pawtucket	8,524	6,979	811	808	82%	19%
Portsmouth	2,207	2,076	68	67	94%	6%
Providence	22,976	17,995	2,819	2,578	78%	23%
Scituate	1,186	1,141	21	25	96%	4%
Smithfield	2,394	2,321	40	38	97%	3%
South Kingstown	2,348	2,201	55	100	94%	7%
Tiverton	1,608	1,483	59	80	92%	9%
Warwick	8,085	7,363	324	432	91%	9%
West Warwick	3,757	3,265	194	325	87%	14%
Westerly	2,242	2,043	90	117	91%	9%
Woonsocket	6,133	5,050	535	623	82%	19%
Charter Schools	12,427	11,373	476	621	92%	9%
State-Operated Schools	1,856	1,658	86	117	89%	11%
Collaboratives	513	364	76	77	71%	30%
Four Core Cities	40,545	32,085	4,663	4,410	79%	22%
Remainder of State	87,959	80,725	3,323	4,525	92%	9%
Rhode Island	143,300	126,205	8,624	9,750	88%	13%

Source of Data for Table/Methodology

Rhode Island Department of Education, 2023-2024 school year.

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

Charter schools include 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, and the Rhode Island School for the Deaf.

Collaboratives include the Sheila Skip Nowell Leadership Academy, Urban Collaborative Accelerated Program, and YouthBuild Preparatory Academy.

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

References

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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.^{10,11}

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.^{12,13} 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.^{14,15,16}



Students Meeting Expectations on the
RICAS English Language Arts Assessment, Rhode Island, 2024

SUBGROUP	THIRD GRADERS	EIGHTH GRADERS
Female Students	41%	38%
Male Students	35%	26%
Multilingual Learners	14%	<5%
Non-English Learners	42%	37%
Students Receiving Special Education Services	10%	<5%
Students Not Receiving Special Education Services	44%	38%
Low-Income Students	24%	17%
Higher-Income Students	50%	44%
American Indian or Alaska Native Students	20%	12%
Asian Students ⁺	53%	45%
Black Students	25%	16%
Hispanic Students	23%	18%
White Students	48%	42%
Homeless Students	22%	13%
Students in Foster Care	22%	13%
ALL STUDENTS	38%	32%

Source: Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2023-2024. 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 2024, 38% of third graders and 32% 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 17% of eighth graders met expectations, compared with 50% of higher-income third graders and 44% of higher-income eighth graders. There were also large disparities by race and ethnicity as well as by language status and disability status.¹⁷
- ◆ In 2024, 22% percent of third graders and 13% of eighth graders who were identified as experiencing homelessness met expectations in English language arts. Of students in foster care, 22% of third graders and 13% of eighth graders met expectations in English language arts compared to 38% of all third graders and 32% of all eighth graders.¹⁸

Reading Skills

Table 43. Third- & Eighth-Grade Students Meeting Expectations in Reading, Rhode Island, 2023-2024

SCHOOL DISTRICT	# OF THIRD GRADERS TESTED	% OF THIRD GRADERS MEETING EXPECTATIONS	# OF EIGHTH GRADERS TESTED	% OF EIGHTH GRADERS MEETING EXPECTATIONS
Barrington	256	71%	260	70%
Bristol Warren	189	46%	212	48%
Burrillville	130	35%	154	25%
Central Falls	135	11%	165	<5%
Chariho	177	57%	196	52%
Coventry	290	49%	327	40%
Cranston	706	39%	738	31%
Cumberland	350	48%	341	54%
East Greenwich	198	61%	196	64%
East Providence	319	46%	372	26%
Exeter-West Greenwich	107	51%	131	62%
Foster	37	19%	NA	NA
Foster-Glocester	NA	NA	147	50%
Glocester	91	51%	NA	NA
Jamestown	34	91%	43	58%
Johnston	243	26%	262	32%
Lincoln	256	54%	261	47%
Little Compton	28	71%	22	50%
Middletown	126	40%	147	37%
Narragansett	57	74%	80	51%
New Shoreham	8	*	10	30%
Newport	128	26%	127	11%
North Kingstown	246	61%	263	63%
North Providence	240	32%	269	45%
North Smithfield	99	52%	114	58%
Pawtucket	545	26%	598	12%
Portsmouth	139	55%	165	48%
Providence	1,278	22%	1392	15%
Scituate	92	46%	84	56%
Smithfield	183	51%	170	45%
South Kingstown	145	55%	190	52%
Tiverton	114	65%	109	34%
Warwick	596	43%	563	22%
West Warwick	230	25%	263	13%
Westerly	138	47%	158	42%
Woonsocket	415	11%	378	6%
Charter Schools	1,069	27%	856	25%
State-Operated Schools	6	*	3	*
Collaboratives	NA	NA	72	6%
Four Core Cities	2,373	20%	2,533	12%
Remainder of State	5,952	47%	6,374	41%
Rhode Island	9,400	38%	9,838	32%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), Rhode Island Comprehensive Assessment System (RICAS) 2023-2024 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 2024, 99% of third grade students and 98% 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.

2024 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).

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

Students enrolled in state-operated schools, charter schools, and collaboratives are not counted in totals for the four core cities or for the remainder of state, but they are included in state totals.

(continued with references 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.⁷ Opportunities for advanced math instruction are especially important for low-income children, who may be exposed to less complex math concepts.⁸

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.^{9,10} Teachers should expose all students to challenging and culturally relevant math concepts and curriculum and provide additional support to struggling students.¹¹

The *National Assessment of Educational Progress (NAEP)* measures proficiency in math and other subjects nationally and across states every other year.¹² 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*. Rhode Island is one of 15 states that saw improvement in fourth grade math.^{13,14}



Third- & Eighth-Grade Students Meeting Expectations on the RICAS Math Assessment, Rhode Island, 2024

SUBGROUP	THIRD GRADE	EIGHTH GRADE
Female Students	36%	24%
Male Students	42%	26%
*Multilingual Learners	19%	<5%
Non-English Learners	43%	29%
*Students Receiving Special Education Services	15%	<5%
Students Not Receiving Special Education Services	45%	29%
Low-Income Students	25%	10%
Higher-Income Students	52%	37%
American Indian or Alaska Native Students	20%	9%
Asian Students ⁺	56%	39%
Black Students	24%	12%
Hispanic/Latino Students	26%	11%
White Students	49%	35%
Homeless Students	16%	7%
*Students in Foster Care	24%	<5%
ALL STUDENTS	39%	25%

Source: Rhode Island Department of Education. (2024). *Rhode Island Comprehensive Assessment System (RICAS)*, 2023–2024. 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 39% in 2024, while for eighth graders it declined from 25% in 2019 to 16% in 2021 and increased to 25% in 2024.^{15,16,17}
- ◆ In Rhode Island in the 2023-2024 school year, 25% of low-income third graders met expectations in math, compared with 52% of higher-income third graders. There also were large gaps by race and ethnicity, with 56% of Asian and 49% of white third graders meeting expectations, compared with 24% of Black, 26% of Hispanic, and 20% of American Indian or Alaska Native students. This large gap is also seen in eighth-grade results.¹⁸
- ◆ In 2024, 24% of third graders in foster care met expectations in math and <5% of eighth graders who were in foster care met expectations in math.¹⁹

Math Skills

Table 44. Third- & Eighth-Grade Students Meeting Expectations in Math, Rhode Island, 2023-2024

SCHOOL DISTRICT	# OF THIRD GRADERS TESTED	% OF THIRD GRADERS MEETING EXPECTATIONS	# OF EIGHTH GRADERS TESTED	% OF EIGHTH GRADERS MEETING EXPECTATIONS
Barrington	255	61%	260	65%
Bristol Warren	189	47%	212	40%
Burrillville	129	40%	154	17%
Central Falls	159	13%	188	<5%
Chariho	177	55%	197	44%
Coventry	291	58%	330	30%
Cranston	720	34%	743	20%
Cumberland	356	61%	347	51%
East Greenwich	200	62%	194	66%
East Providence	319	48%	374	23%
Exeter-West Greenwich	107	58%	129	33%
Foster	37	19%	NA	NA
Foster-Glocester	NA	NA	146	32%
Glocester	90	61%	NA	NA
Jamestown	34	>95%	43	74%
Johnston	246	29%	265	13%
Lincoln	257	58%	257	46%
Little Compton	28	79%	22	32%
Middletown	131	40%	148	42%
Narragansett	57	83%	80	54%
New Shoreham	8	*	10	10%
Newport	131	27%	127	6%
North Kingstown	246	60%	259	59%
North Providence	241	26%	274	29%
North Smithfield	100	67%	114	55%
Pawtucket	563	32%	618	7%
Portsmouth	139	63%	166	42%
Providence	1,356	27%	1,469	7%
Scituate	91	52%	84	39%
Smithfield	185	60%	168	48%
South Kingstown	146	60%	184	38%
Tiverton	114	73%	108	30%
Warwick	603	36%	565	18%
West Warwick	232	14%	259	10%
Westerly	139	48%	156	22%
Woonsocket	427	12%	375	<5%
Charter Schools	1,070	27%	860	21%
State-Operated Schools	6	*	3	*
Collaboratives	NA	NA	72	<5%
Four Core Cities	2,505	25%	2,650	5%
Remainder of State	5,998	47%	6,375	34%
Statewide	9,579	39%	9,960	25%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *Rhode Island Comprehensive Assessment System (RICAS)*, 2023-2024 and is rounded to the nearest percentage point.

Due to the adoption of a new assessment tool by RIDE in 2018, *Math Skills* cannot be compared with Factbooks prior to 2019. Due to low participation rates, *Rhode Island Comprehensive Assessment System (RICAS)*, 2020-2021 math scores cannot be compared to previous years.

% meeting expectations are students who met or exceeded expectations on the math section of the *RICAS*. Only students who actually took the test are counted in the denominator for the district and school proficiency rates. All students are expected to participate in the *RICAS* assessment. Students with significant disabilities may be eligible to participate in alternate assessments.

Data is reported as <5% when greater than 95% of students did not meet expectations in this category. Actual numbers are not shown to protect student confidentiality. These students are still counted in district totals and four core cities, remainder of the state, and state totals.

*Data is not reported because the number of students tested was less than 10. These students are still counted in the remainder of the state and state totals.

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).

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

(continued with references 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.^{3,4} Teachers in schools with high percentages of Students of Color or high-poverty enrollment are more likely to have less teaching experience.⁵

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.^{6,7}

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.⁸

The *National Assessment of Educational Progress (NAEP)* measures proficiency in science and other subjects nationally and across states periodically.⁹ 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*.^{10,11}



Fifth-, Eighth-, & Eleventh-Grade Students Meeting Expectations on the Next Generation Science Assessment, Rhode Island, 2024

SUBGROUP	FIFTH GRADE	EIGHTH GRADE	ELEVENTH GRADE
Female Students	32%	28%	31%
Male Students	35%	31%	30%
*Multilingual Learners	6%	<5%	<5%
Non-English Learners	38%	35%	34%
*Students Receiving Special Education Services	8%	6%	7%
Students Not Receiving Special Education Services	39%	34%	34%
Low-Income Students	18%	15%	16%
Higher-Income Students	48%	42%	39%
American Indian or Alaska Native Students	16%	16%	<5%
Asian Students+	52%	43%	44%
Black Students	20%	13%	13%
Hispanic/Latino Students	18%	14%	15%
White Students	44%	42%	42%
Homeless Students	15%	10%	17%
Students in Foster Care	20%	9%	16%
ALL STUDENTS	34%	30%	30%

Source: Rhode Island Department of Education, *Next Generation Science Assessment (NGSA)- Science*, 2023-2024. 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 increased from 32% in 2023 to 34% in 2024. Eighth graders meeting expectations in science increased from 28% in 2023 to 30% in 2024, while eleventh graders decreased from 31% in 2023 to 30% in 2024.^{12,13}
- ◆ In Rhode Island in 2024, 18% of low-income fifth graders met expectations in science, compared with 48% of higher-income fifth graders. There also were large gaps by race and ethnicity.¹⁴
- ◆ Twenty percent of fifth graders, 9% of eighth graders, and 16% of eleventh graders in foster care met expectations in science in 2024.¹⁵
- ◆ 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.¹⁶

Science Skills

Table 45.

Fifth-, Eighth-, & Eleventh-Grade Students Meeting Expectations in Science, Rhode Island, 2023-2024

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	239	63%	259	67%	300	64%
Bristol Warren	215	50%	213	54%	170	59%
Burrillville	157	36%	154	40%	134	17%
Central Falls	172	9%	187	<5%	193	14%
Chariho	199	53%	197	50%	240	49%
Coventry	285	48%	330	46%	289	34%
Cranston	770	34%	744	26%	821	22%
Cumberland	357	53%	344	49%	336	43%
East Greenwich	181	60%	195	72%	172	65%
East Providence	326	34%	375	27%	367	22%
Exeter-West Greenwich	111	50%	128	42%	94	46%
Foster	32	38%	NA	NA	NA	NA
Foster-Glocester	NA	NA	146	47%	225	38%
Glocester	92	69%	NA	NA	NA	NA
Jamestown	51	65%	43	70%	NA	NA
Johnston	245	29%	264	21%	191	12%
Lincoln	232	51%	260	42%	220	46%
Little Compton	20	65%	22	46%	NA	NA
Middletown	146	36%	147	42%	138	34%
Narragansett	62	45%	79	53%	100	43%
New Shoreham	9	*	10	40%	11	18%
Newport	107	17%	125	14%	141	26%
North Kingstown	270	53%	261	57%	315	55%
North Providence	237	27%	271	31%	249	36%
North Smithfield	115	49%	114	40%	133	47%
Pawtucket	650	22%	618	10%	443	12%
Portsmouth	150	59%	166	52%	184	66%
Providence	1,506	16%	1,480	11%	1,418	16%
Scituate	90	57%	84	58%	100	40%
Smithfield	169	41%	167	41%	190	37%
South Kingstown	185	49%	188	48%	155	51%
Tiverton	111	46%	108	34%	127	42%
Warwick	589	36%	562	26%	518	32%
West Warwick	232	13%	258	13%	234	17%
Westerly	151	38%	157	47%	156	37%
Woonsocket	444	12%	328	11%	353	18%
Charter Schools	983	26%	860	19%	657	17%
State Operated Schools	2	*	3	*	438	31%
Collaboratives	NA	NA	71	<5%	41	<5%
Four Core Cities	2,772	16%	2,613	10%	2,407	15%
Remainder of State	6,135	42%	6,371	40%	6,310	38%
Rhode Island	9,892	34%	9,918	30%	9,853	30%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), Next Generation Science Assessment (NGSA), 2023-2024 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 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.

*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 four 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, and Rhode Island School for the Deaf.

Collaboratives include Urban Collaborative Accelerated Program (UCAP), Sheila Skip Nowell Leadership Academy, and YouthBuild Preparatory Academy.

Core cities are Central Falls, 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 socio-emotional learning, higher academic achievement, lower absenteeism, and more connection between students and their education as well as teachers and students.^{1,2} Socio-emotional 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 new and challenging situations, such as performing in front of an audience.³

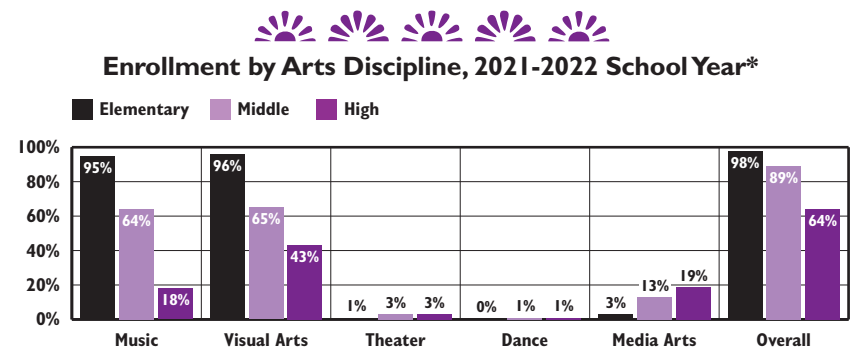
Learning a new art form builds self-control, focus, and self-confidence, forming positive aspects of self-identity in the process of skill mastery. Arts courses also offer opportunities for students to collaborate with peers on a larger work by singing or playing an instrument in an ensemble or working 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.^{4,5}

Theater education has been shown to

improve test scores, reading comprehension, and verbal and non-verbal 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.^{6,7}

In the United States, access to arts education has declined over the past 30 years, despite broad public support.⁸ 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.⁹

Disparities in arts education access by race, income, and parental education levels continue to impact students' educational experiences. Nationally, students of highly educated parents are six times more likely to have received arts education than students whose parents have less than a high school diploma. 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.^{10,11} Nationally, one in four Indigenous students and 7% of Black students attend schools that do not offer arts education, compared to 3% of white students and 2% of Asian students.¹²



Source: Rhode Island Department of Education, Rhode Island Arts Education Data Dashboard, 2021-2022. * More recent data is not currently available from RIDE or the Rhode Island State Council on the Arts.

◆ 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. 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. Thirty percent of all Rhode Island public schools fail to meet these minimum requirements.¹³

◆ In Rhode Island in the 2021-2022 school year, 84% of all students were enrolled in arts courses. Ninety-eight percent of elementary school students, 89% of middle school students, and only 64% of high school students were enrolled in arts courses.^{14,15} Low-income schools are less likely to offer arts access, with 18% of low-income schools not providing any arts access and more than 40% not meeting the minimum requirements for arts access according to the BEP.¹⁶

◆ Since 2018, arts access in Rhode Island has increased, with 30% more schools and students having access to at least one arts discipline.¹⁷ 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.¹⁸

◆ In 2024, the Rhode Island General Assembly passed the *Transparency in Arts Education Access and Proficiency Act*. This law requires that by the 2025-2026 school year middle and high schools provide annual reports on the availability of arts education and the percentage of students enrolled in arts education, including dance, media arts, music, theater, and visual arts; high schools provide a sample of graduated students' portfolios demonstrating proficiency in the arts; and RIDE designate an arts education curriculum coordinator.¹⁹

Arts Education

Table 46. Arts Education Enrollment by Discipline, Grades K-12, Rhode Island, 2021-2022

SCHOOL DISTRICT	TOTAL ENROLLMENT	DANCE	THEATER	MEDIA ARTS	MUSIC	VISUAL ARTS	OVERALL ARTS ENROLLMENTS
Barrington	3,377	0%	2%	20%	62%	79%	92%
Bristol Warren	2,941	0%	0%	5%	64%	94%	98%
Burrillville	2,128	0%	1%	5%	60%	72%	85%
Central Falls	2,701	0%	1%	0%	70%	71%	82%
Chariho	3,200	0%	2%	2%	47%	65%	72%
Coventry	4,392	0%	1%	13%	65%	68%	87%
Cranston	10,258	0%	2%	10%	74%	81%	91%
Cumberland	4,724	1%	1%	8%	67%	77%	90%
East Greenwich	2,552	0%	2%	17%	69%	81%	95%
East Providence	5,053	0%	0%	8%	59%	71%	85%
Exeter-West Greenwich	1,572	0%	0%	2%	69%	66%	89%
Foster	221	0%	0%	0%	0%	0%	0%
Foster-Glocester	1,396	0%	2%	5%	35%	50%	70%
Glocester	537	0%	0%	0%	100%	0%	100%
Jamestown	444	0%	0%	0%	100%	100%	100%
Johnston	3,067	0%	1%	12%	86%	86%	96%
Lincoln	3,252	0%	0%	19%	65%	63%	87%
Little Compton	209	0%	0%	0%	53%	64%	65%
Middletown	2,073	0%	0%	37%	77%	70%	91%
Narragansett	1,206	0%	0%	19%	64%	84%	91%
New Shoreham	129	0%	4%	0%	81%	90%	92%
Newport	1,975	0%	1%	2%	72%	86%	89%
North Kingstown	3,914	0%	1%	11%	68%	74%	89%
North Providence	3,464	0%	0%	6%	56%	74%	83%
North Smithfield	1,614	0%	0%	7%	68%	50%	86%
Pawtucket	8,127	1%	2%	20%	59%	79%	87%
Portsmouth	2,247	0%	2%	14%	72%	87%	94%
Providence	21,656	0%	5%	7%	56%	62%	90%
Scituate	1,196	0%	0%	11%	70%	80%	86%
Smithfield	2,392	0%	0%	11%	59%	75%	87%
South Kingstown	2,608	0%	2%	10%	66%	81%	91%
Tiverton	1,678	0%	0%	3%	70%	85%	91%
Warwick	8,168	0%	0%	16%	74%	82%	90%
West Warwick	3,562	0%	1%	16%	78%	73%	91%
Westerly	2,738	0%	0%	37%	64%	76%	89%
Woonsocket	5,664	1%	1%	1%	61%	67%	76%
Charter Schools	10,537	NA	NA	NA	NA	NA	NA
State-Operated Schools	1,846	NA	NA	NA	NA	NA	NA
UCAP	108	0%	0%	0%	0%	0%	0%
Four Core Cities	38,148	NA	NA	NA	NA	NA	NA
Remainder of State	87,927	NA	NA	NA	NA	NA	NA
Rhode Island	138,566	1%	2%	10%	61%	71%	84%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), Rhode Island Arts Education Data Dashboard, 2021-2022 and is rounded to the nearest percentage point.

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

NA indicates that the percentages were unable to be calculated.

Districts with 0% enrollment either have no students enrolled in the art discipline or data was unavailable; results should be interpreted with caution.

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Schools Identified for Intervention

DEFINITION

Schools identified for intervention is the percentage of Rhode Island public schools that are identified as in need of “Comprehensive Support and Improvement” by the Rhode Island Department of Education.

SIGNIFICANCE

Research on school improvement efforts shows that schools can be improved through comprehensive, whole-school reforms. Critical elements of successful school improvement efforts include targeting resources to support the lowest performing schools, giving school administrators more autonomy around spending and hiring, using data-based decision making, developing ways to spread best practices, and engaging the whole community in improvement efforts.¹

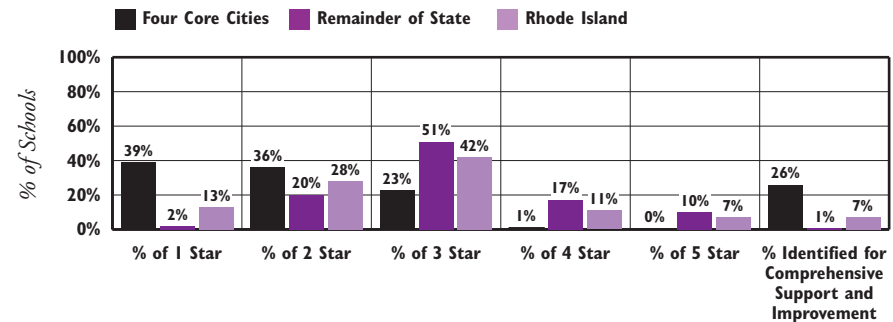
The U.S. Department of Education approved Rhode Island’s new accountability system under the *Every Student Succeeds Act (ESSA)* in 2018.² The system is structured to promote collective responsibility for continuous improvement at all levels of education through measurements that differentiate school performance; a school classification system; and state, district, and school report cards.³

The accountability system uses a five-star rating system to summarize overall

school performance determined by a broad range of performance indicators.⁴ These indicators include achievement in English language arts and math, student growth, graduation rate, English language proficiency, percentage of students exceeding expectations, student and teacher chronic absenteeism, and suspensions.⁵ In 2019, Rhode Island accountability ratings included new indicators including high school graduates’ proficiency in English language arts and math and the percentage of graduating high school students who have earned college credits or industry-recognized credentials.⁶

Schools with five-star ratings have strong performance in all the indicators and no low-performing student subgroups. Schools with one-star ratings are low performing schools in multiple indicators.⁷ The lowest performing 5% of all schools receiving Title I funds, high schools that do not graduate at least two-thirds of their students, and schools with the lowest scores on academic indicators are identified as in need of comprehensive support and improvement.⁸ These schools will receive additional support and oversight from the state. Schools identified as in need of Additional Targeted Support and Improvement have one or more student subgroups performing at the lowest levels in the state.⁹

Rhode Island School Performance Classifications, 2023-2024 School Year



Source: Rhode Island Department of Education [RIDE]. (2024). *2023-2024 Report card*. Retrieved December 17, 2024, from <https://reportcard.ride.ri.gov>

◆ In Rhode Island in the 2023-2024 school year, 37 schools (13%) were given a one-star rating, 81 schools (28%) were given a two-star rating, 124 schools (42%) were given a three-star rating, 32 schools (11%) were given a four-star rating, and 20 schools (7%) were given a five-star rating.¹⁰

◆ Throughout the state, 22 schools were identified as in need of Comprehensive Support and Improvement, 82% of which were in the four core cities.¹¹

◆ An additional 105 schools (36%) were identified as needing Additional Targeted Support and Improvement for having subgroups of students that are underperforming.^{12,13} Of these schools, 82% were identified for the need to better support students with disabilities and 39% of schools were identified for the need to better support more than one subgroup of students.¹⁴

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.^{15,16}

◆ Strong ESSA accountability frameworks have an easy-to-understand rating system, incorporate student growth as well as proficiency, include academic measures inclusive of more than reading and math, incorporate the performance of student subgroups, include measures of college and career readiness, and include a measure of year-over-year growth.^{17,18}

Schools Identified for Intervention

Table 47.

Schools Identified for Intervention, 2023-2024 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	5	1	0	0	0	0	0%	0	0%
Bristol Warren	6	1	1	3	1	0	1	17%	0	0%
Burrillville	5	0	0	5	0	0	1	20%	0	0%
Central Falls	6	0	0	0	4	2	5	83%	0	0%
Chariho	7	1	3	2	0	1	1	14%	1	14%
Coventry	7	1	0	5	1	0	0	0%	0	0%
Cranston	21	0	1	9	10	1	8	38%	0	0%
Cumberland	8	2	3	2	1	0	1	13%	0	0%
East Greenwich	6	4	2	0	0	0	0	0%	0	0%
East Providence	10	0	0	9	1	0	3	30%	0	0%
Exeter-West Greenwich	4	0	1	3	0	0	0	0%	0	0%
Foster	1	0	0	1	0	0	1	100%	0	0%
Foster-Glocester	2	0	0	2	0	0	1	50%	0	0%
Glocester	2	0	1	1	0	0	0	0%	0	0%
Jamestown	2	1	0	1	0	0	0	0%	0	0%
Johnston	6	0	0	4	2	0	3	50%	0	0%
Lincoln	6	0	1	2	3	0	2	33%	0	0%
Little Compton	1	1	0	0	0	0	0	0%	0	0%
Middletown	5	0	0	3	2	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	1	2	3	100%	0	0%
North Kingstown	8	1	3	3	1	0	2	25%	0	0%
North Providence	8	0	0	5	3	0	1	13%	0	0%
North Smithfield	3	0	2	1	0	0	1	33%	0	0%
Pawtucket	16	0	0	6	5	5	8	50%	5	31%
Portsmouth	4	1	3	0	0	0	1	25%	0	0%
Providence	38	0	1	10	12	15	25	66%	9	24%
Scituate	5	1	2	2	0	0	1	20%	0	0%
Smithfield	5	0	1	4	0	0	1	20%	0	0%
South Kingstown	5	0	2	3	0	0	2	40%	0	0%
Tiverton	5	0	1	4	0	0	0	0%	0	0%
Warwick	17	0	1	11	5	0	6	35%	0	0%
West Warwick	5	0	0	0	5	0	2	40%	0	0%
Westerly	5	0	0	5	0	0	0	0%	0	0%
Woonsocket	9	0	0	0	4	5	8	89%	4	44%
Charter Schools	37	1	0	16	17	3	11	30%	1	3%
State-Operated Schools	3	0	0	0	2	1	2	67%	0	0%
Collaboratives	3	0	0	0	1	2	3	100%	2	67%
Four Core Cities	69	0	1	16	25	27	46	67%	18	26%
Remainder of State	182	19	31	92	36	4	43	24%	1	1%
Rhode Island	294	20	32	124	81	37	105	36%	22	7%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education, 2023-2024 Report card. Retrieved December 17, 2024, from <https://reportcard.ride.ri.gov>

Core cities are Central Falls, 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, and the Rhode Island School for the Deaf.

Collaboratives include Sheila C. "Skip" Nowell Leadership Academy, 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 Straus, C., & Miller, T. (2016). *Strategies to improve low-performing schools under the Every Student Succeeds Act: How 3 districts found success using evidence-based practices*. Center for American Progress. <https://www.americanprogress.org/article/strategies-to-improve-low-performing-schools-under-the-every-student-succeeds-act/>

² U.S. Department of Education, Press Office. (2018). *Secretary DeVos approves Idaho, Mississippi and Rhode Island's ESSA state plans* [Press Release].

^{3,5,7,8} Rhode Island Department of Education [RIDE]. (2018). *Rhode Island's Every Student Succeeds Act state plan*.

(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 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.^{1,2,3} Chronic absence in kindergarten appears to be especially detrimental for children living in poverty and Latino children who are less likely to have the resources to make up for lost time in the classroom.⁴ 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.⁵

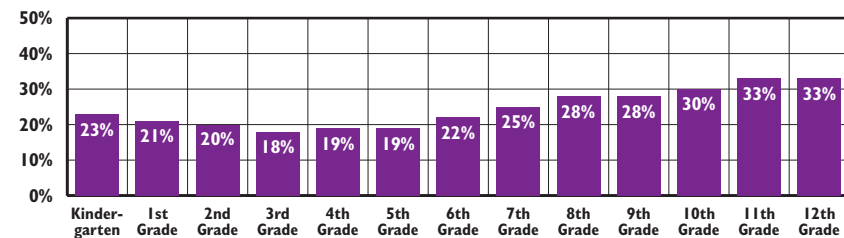
Nationally, rates of chronic absenteeism increased during the 2021-

2022 school year with elementary schools showing the largest increase.⁶ In the early grades, children from families living in poverty are much more likely to be chronically absent than higher-income children.⁷ Children experiencing homelessness are twice as likely to be chronically absent.⁸ 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.⁹

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.¹⁰

While illness is a leading factor in chronic early absence, chronic absenteeism also can result from poor quality education, ambivalence about or alienation from school, and chaotic school environments, including high rates of teacher turnover or absenteeism, disruptive classrooms, and/or bullying. Unreliable or insufficient transportation, violence at and around school, multiple foster care placements, lack of clean or affordable clothes, and lack of safe and affordable housing are other factors that can lead to chronic absence.^{11,12}


**Chronic Absence Rates in Rhode Island by Grade,
2023-2024 School Year**



Source: Rhode Island Department of Education, 2023-2024 school year.

◆ Chronic absence rates are high in kindergarten and first grade and then decline before increasing again in middle and high school.¹³ During the 2023-2024 school year, 23% of Rhode Island kindergarten students, 21% of first graders, 20% of second graders, and 18% of third graders were chronically absent. Twenty percent of all Rhode Island children in grades K-3 were chronically absent.¹⁴

◆ Averages for school-wide attendance can mask significant numbers of chronically absent individual students.¹⁵ During the 2023-2024 school year, the average daily attendance rate for K-3 students in Rhode Island's four core cities was 91%, but 31% of students were chronically absent.¹⁶

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.¹⁷ 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.¹⁸

◆ 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.¹⁹ 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.²⁰

Chronic Early Absence

Table 48.

Chronic Early Absence Rates, Grades K-3, Rhode Island, 2023-2024 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	17	938	95%	35%	43%	16%	6%	6%
Bristol Warren	26	802	93%	26%	38%	19%	17%	18%
Burrillville	13	545	93%	21%	35%	26%	17%	18%
Central Falls	134	675	93%	28%	30%	20%	22%	23%
Chariho	40	789	95%	34%	39%	18%	8%	8%
Coventry	52	1,170	94%	29%	38%	18%	14%	15%
Cranston	187	2,694	94%	32%	35%	20%	14%	14%
Cumberland	49	1,497	95%	36%	38%	15%	12%	12%
East Greenwich	19	745	95%	34%	40%	18%	8%	8%
East Providence	86	1,455	94%	29%	35%	22%	14%	15%
Exeter-West Greenwich	*	412	95%	33%	42%	15%	9%	10%
Foster	*	141	93%	28%	33%	18%	21%	21%
Glocester	11	352	94%	26%	40%	19%	14%	15%
Jamestown	*	147	95%	36%	38%	22%	4%	4%
Johnston	37	976	93%	24%	32%	22%	22%	21%
Lincoln	38	930	94%	29%	36%	20%	15%	13%
Little Compton	*	94	94%	22%	46%	21%	11%	11%
Middletown	54	604	94%	28%	37%	22%	13%	14%
Narragansett	12	213	95%	23%	47%	23%	7%	8%
New Shoreham	*	33	92%	12%	36%	18%	33%	33%
Newport	44	534	92%	22%	26%	23%	29%	30%
North Kingstown	35	1,012	95%	33%	39%	17%	11%	12%
North Providence	50	1,020	93%	25%	35%	21%	19%	20%
North Smithfield	16	456	94%	29%	40%	18%	13%	13%
Pawtucket	303	2,343	92%	21%	29%	24%	26%	28%
Portsmouth	27	564	95%	36%	43%	13%	8%	8%
Providence	783	5,609	91%	20%	29%	24%	28%	30%
Scituate	*	344	94%	26%	38%	24%	12%	12%
Smithfield	14	724	95%	31%	41%	19%	9%	9%
South Kingstown	24	606	94%	30%	41%	17%	12%	12%
Tiverton	21	446	94%	24%	41%	22%	13%	13%
Warwick	97	2,337	93%	24%	34%	22%	20%	21%
West Warwick	72	1,074	92%	17%	32%	25%	26%	27%
Westerly	34	595	95%	34%	36%	19%	11%	11%
Woonsocket	208	1,714	90%	15%	27%	20%	38%	40%
Charter Schools	161	4,313	93%	22%	31%	21%	25%	25%
State-Operated Schools	*	21	90%	10%	24%	19%	48%	48%
Collaboratives	NA	NA	NA	NA	NA	NA	NA	NA
Four Core Cities	1,428	10,341	91%	20%	29%	23%	29%	31%
Remainder of State	1,103	24,249	94%	29%	37%	20%	15%	15%
Rhode Island	2,693	38,924	93%	26%	34%	21%	20%	20%

Source of Data for Table/Methodology

Rhode Island Department of Education, 2023-2024 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 2,693 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.

Core cities are Central Falls, 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 four core cities, remainder of the state, and state totals.

References

- ¹ Romero, M., & Lee, Y. (2008). *The influence of maternal and family risk on chronic absenteeism in early schooling*. Columbia University, Mailman School of Public Health, National Center for Children in Poverty.
- ^{2,4,11} Chang, H. N., & Romero, M. (2008). *Present, engaged, and accounted for: The critical importance of addressing chronic absence in the early grades*. 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

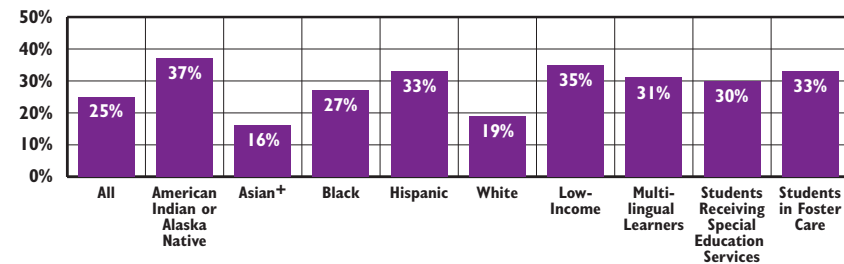
clean or appropriate clothing, and academic insecurities.^{4,5,6}

A national survey of students found that the most common reasons students report being chronically absent are health-related reasons, transportation barriers, personal stress, preferring activities outside of school, and perceiving that school has little value (i.e., is boring, their parents do not care if they miss school, or a belief that school will not help them reach future goals).⁷

During the 2023-2024 school year in Rhode Island, 36% of middle school students and 43% of high school students had 10 or more unexcused absences and were considered truant by the Rhode Island Department of Education (RIDE).⁸ Truant students in Rhode Island may be referred to the Family Court's Truancy Calendar, a community and school-based intervention program.⁹

Forty percent of Rhode Island's low-income middle and high school students were chronically absent in 2023-2024, compared to 21% of higher-income students. Middle and high school students receiving special education services (35%) were more likely than their peers (27%) to be chronically absent. Middle and high school students in foster care were more likely to be chronically absent (40%) compared to their peers (29%). Seventy four percent of absences by middle and high school students were unexcused absences.¹⁰


K-12 Chronic Absence Rates in Rhode Island by Student Subgroup, 2023-2024 School Year*



Source: Rhode Island Department of Education, 2023-2024 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 2023-2024 school year, American Indian or Alaska Native (37%), Hispanic (33%), and Black (27%) K-12 students had higher rates of chronic absence than Asian (16%) and white (19%) students. Rates were also higher for Multilingual Learners (31%), low-income students (35%), students receiving special education services (30%), and students in foster care (33%) than for all students (25%).¹¹

◆ Partnering with students, families, and community partners can help schools re-engage chronically absent students and address lost learning opportunities.¹²

Teacher Chronic Absence

◆ Teacher chronic absenteeism is the percentage of teachers who missed 10% or more of school days out of their days employed by a school, excluding days missed due to professional development, field trips, off-campus activities with students, pre-approved leaves, absences on non-school days and half days. Rhode Island was the first state to include teacher absenteeism as part of its school accountability system.¹³

◆ 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.¹⁴

◆ During the 2023-2024 school year in Rhode Island, 9% of teachers were chronically absent down 28% since the 2021-2022 school year.¹⁵

Chronic Absence, Middle School and High School

Table 49.

Chronic Absence and Attendance Rates, Middle and High School, Rhode Island, 2023-2024 School Year**

SCHOOL DISTRICT	MIDDLE SCHOOL (GRADES 6-8)				HIGH SCHOOL (GRADES 9-12)			
	# ENROLLED LESS THAN 90 DAYS	# ENROLLED 90 DAYS OR MORE	ATTENDANCE RATE	% CHRONICALLY ABSENT	# ENROLLED LESS THAN 90 DAYS	# ENROLLED 90 DAYS OR MORE	ATTENDANCE RATE	% CHRONICALLY ABSENT
Barrington	11	769	96%	9%	20	1,110	95%	10%
Bristol Warren	27	655	93%	20%	57	862	91%	26%
Burrillville	16	470	93%	18%	23	661	93%	19%
Central Falls	74	560	93%	21%	214	840	88%	41%
Chariho	28	632	94%	17%	99	1,054	94%	16%
Coventry	24	982	94%	18%	115	1,257	93%	20%
Cranston	162	2,296	94%	18%	339	3,451	92%	27%
Cumberland	39	1,100	94%	17%	102	1,431	92%	24%
East Greenwich	*	615	95%	11%	17	748	95%	8%
East Providence	56	1,167	93%	24%	118	1,738	88%	34%
Exeter-West Greenwich	*	391	94%	12%	40	453	94%	17%
Foster-Glocester	15	424	92%	29%	31	891	90%	33%
Jamestown	*	144	95%	9%	NA	NA	NA	NA
Johnston	25	752	92%	26%	56	827	92%	24%
Lincoln	19	789	93%	21%	42	986	92%	27%
Little Compton	*	69	96%	9%	NA	NA	NA	NA
Middletown	32	460	93%	22%	24	573	92%	27%
Narragansett	10	225	94%	12%	14	434	94%	18%
New Shoreham	*	30	93%	33%	*	38	91%	37%
Newport	29	400	90%	31%	84	618	87%	44%
North Kingstown	33	790	94%	17%	70	1,314	93%	18%
North Providence	40	809	93%	27%	73	1,132	92%	27%
North Smithfield	11	378	94%	16%	22	558	94%	16%
Pawtucket	215	1,877	91%	33%	292	2,108	84%	51%
Portsmouth	12	474	94%	14%	34	796	93%	17%
Providence	578	4,377	88%	40%	1,319	6,895	85%	44%
Scituate	*	260	94%	13%	*	373	94%	11%
Smithfield	11	523	93%	16%	19	752	92%	25%
South Kingstown	15	545	93%	20%	33	751	91%	26%
Tiverton	25	385	93%	19%	34	450	93%	18%
Warwick	88	1,791	92%	27%	198	2,345	90%	35%
West Warwick	69	790	91%	33%	122	1,082	89%	34%
Westerly	15	508	94%	14%	42	714	93%	21%
Woonsocket	148	1,127	86%	54%	230	1,710	86%	44%
Charter School	108	2,735	93%	21%	281	2,844	90%	32%
State-Operated Schools	*	11	95%	18%	100	1,711	91%	30%
Collaboratives	12	143	85%	51%	56	302	53%	91%
Four Core Cities	1,015	7,941	89%	39%	2,055	11,553	85%	45%
Remainder of State	834	19,623	93%	20%	1,837	27,404	92%	25%
Rhode Island	1,970	30,453	92%	25%	4,329	43,814	90%	31%

Source of Data for Table/Methodology

Rhode Island Department of Education, 2023-2024 school year.

**The definition of absence may differ between districts and from prior years due to the transition to hybrid and distance learning during the COVID-19 pandemic. Use caution when comparing these data across districts. Data are not directly comparable to previous *Factbooks*.

Attendance rates are calculated by dividing the state-calculated "average daily attendance" by the "average daily membership."

Chronic absence rates are 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 1,970 Rhode Island middle school students and 4,329 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.

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

Little Compton students attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

Charter 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, Academy for the Performing Arts, and Village Green Virtual.

State-operated schools include Wm. M. Davies Jr. Career-Technical High School, Rhode Island School for the Deaf and Metropolitan Regional Career and Technical Center.

(continued with references on page 189)

Suspensions

DEFINITION

Suspensions is the number of disciplinary actions per 100 students in pre-kindergarten through 12th grade in Rhode Island public schools. Students can receive more than one disciplinary action during the school year. Disciplinary actions include in-school suspensions and out-of-school suspensions.

SIGNIFICANCE

Effective school disciplinary practices promote a safe and respectful school climate, support learning, and address the causes of student misbehavior. Punitive disciplinary practices, including “zero tolerance” policies, are largely ineffective and even counterproductive.^{1,2} Despite this evidence, suspension is a widely used disciplinary technique, both nationally and in Rhode Island.³

Suspension usually does not deter students from misbehaving and may instead reinforce negative behavior patterns. Suspended students are more likely than their peers to experience academic failure, youth justice system involvement, disengagement from school, isolation from teachers and peers, and dropping out of school. Being suspended even once in ninth grade is associated with a twofold increase in the likelihood of dropping out.^{4,5}

Even disciplinary referrals that do not lead to suspension can impact students by weakening trust in teachers and reducing

school engagement. Black students are more than twice as likely as their white peers to receive a disciplinary referral.⁶ Schools and districts can improve school climate and discipline by developing and enforcing disciplinary policies that set high expectations for student behavior; providing clear, appropriate, and consistent consequences for misbehavior; encouraging the use of alternative disciplinary approaches, such as restorative justice; and ensuring the equitable, developmentally appropriate, and limited use of suspensions.⁷

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.⁸ The pandemic exacerbated student stress, trauma, and mental health challenges, making fair discipline practices even more crucial.⁹

Of all disciplinary actions during the 2023-2024 school year, 9% (1,724) involved elementary school students (kindergarten-5th grade), 42% (8,037) involved middle school students (6th-8th grades), and 49% (9,359) involved high school students (9th-12th grades). For elementary school students, 77% of disciplinary actions were out-of-school suspensions. Kindergarteners received 219 disciplinary actions, including 182 out-of-school suspensions.¹⁰



Out-of-School Suspensions by Infraction, Rhode Island, 2023-2024

TYPE OF INFRACTION*	#	%	TYPE OF INFRACTION	#	%
Fighting	2,204	24%	Obscene/Abusive Language	386	4%
Disorderly Conduct	1,580	17%	Weapon Possession	244	3%
Insubordination/Disrespect	1,337	15%	Arson/Larceny/Robbery/Vandalism	184	2%
Assault of Student or Teacher	1,274	14%	Electronic Devices/Technology	99	1%
Alcohol/Drug/Tobacco Offenses	1,117	12%	Other Offenses	55	1%
Harassment/Intimidation/Threat	728	8%	Attendance Offenses	0	0%

Source: Rhode Island Department of Education, 2023-2024 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.¹¹ During the 2023-2024 school year, the number of out-of-school suspensions (9,208) was lower than in the 2018-2019 school year (9,981), showing a modest decline. More than 5,014 (54%) of out-of-school suspensions were for non-violent offenses.^{12,13}



Disparities in School Discipline by Special Education Status and Race/Ethnicity, Rhode Island, 2023-2024

	% OF STUDENTS ENROLLED	% OF SUSPENSIONS
Students Receiving Special Education Services	18%	35%
American Indian or Alaska Native	1%	1%
Asian/Pacific Islander Students*	3%	2%
Black Students	9%	13%
Hispanic Students	31%	34%
Multiracial Students	5%	7%
White Students	50%	43%

Source: Rhode Island Department of Education, 2023-2024 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 2023-2024 school year, Rhode Island students receiving special education services represented 19% of the student population but represented 35% of suspensions. Historically, Students of Color are more likely to be suspended than their white peers.¹⁴

Suspensions

Table 50.

Disciplinary Actions, Rhode Island School Districts, 2023-2024

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	3,289	29	*	<1	36	1
Bristol Warren	2,760	161	123	4	284	10
Burrillville	2,002	56	165	8	221	11
Central Falls	2,599	*	138	5	141	5
Chariho	2,960	188	43	1	231	8
Coventry	4,103	966	171	4	1,137	28
Cranston	10,075	1,510	620	6	2,130	21
Cumberland	4,821	627	200	4	827	17
East Greenwich	2,500	24	18	1	42	2
East Providence	5,074	45	605	12	650	13
Exeter-West Greenwich	1,537	*	33	2	40	3
Foster	221	*	*	<1	3	1
Foster-Glocester	1,317	110	45	3	155	12
Glocester	554	*	0	0	2	<1
Jamestown	400	0	0	0	0	0
Johnston	3,093	82	209	7	291	9
Lincoln	3,256	0	186	6	186	6
Little Compton	210	*	*	1	9	4
Middletown	1,934	26	86	4	112	6
Narragansett	1,071	21	15	1	36	3
New Shoreham	124	0	0	0	0	0
Newport	1,837	*	355	19	356	19
North Kingstown	3,724	279	121	3	400	11
North Providence	3,524	840	127	4	967	27
North Smithfield	1,643	38	47	3	85	5
Pawtucket	7,831	18	665	8	683	9
Portsmouth	2,143	101	74	3	175	8
Providence	20,622	36	1,927	9	1,963	10
Scituate	1,170	*	*	<1	8	1
Smithfield	2,382	49	56	2	105	4
South Kingstown	2,323	202	65	3	267	11
Tiverton	1,543	*	51	3	58	4
Warwick	7,847	702	755	10	1,457	19
West Warwick	3,511	660	524	15	1,184	34
Westerly	2,183	88	105	5	193	9
Woonsocket	5,531	2,436	846	15	3,282	59
<i>Charter Schools</i>	<i>11,843</i>	<i>578</i>	<i>654</i>	<i>6</i>	<i>1,232</i>	<i>10</i>
<i>State-Operated Schools</i>	<i>1,758</i>	<i>*</i>	<i>115</i>	<i>7</i>	<i>120</i>	<i>7</i>
<i>Collaboratives</i>	<i>443</i>	<i>*</i>	<i>52</i>	<i>12</i>	<i>52</i>	<i>12</i>
<i>Four Core Cities</i>	<i>36,583</i>	<i>2,493</i>	<i>3,576</i>	<i>10</i>	<i>6,069</i>	<i>17</i>
<i>Remainder of State</i>	<i>85,128</i>	<i>6,836</i>	<i>4,811</i>	<i>6</i>	<i>11,647</i>	<i>14</i>
<i>Rhode Island</i>	<i>135,755</i>	<i>9,912</i>	<i>9,208</i>	<i>7</i>	<i>19,120</i>	<i>14</i>

Source of Data for Table/Methodology

Rhode Island Department of Education, 2023-2024 school year.

The out-of-school suspension rate per 100 students is the total number of out-of-school suspensions for the school district at all grade levels (Pre-K through 12th grade), multiplied by 100, and divided by the student enrollment ("average daily membership").

The disciplinary actions rate per 100 students is the total disciplinary actions for the school district at all grade levels (Pre-K through 12th grade), multiplied by 100, and divided by the student enrollment ("average daily membership").

Schools and districts only report suspensions of one day or longer. If an incident involves more than one infraction, schools and districts are asked to code the incident as the most serious type of infraction (e.g., violent offenses involving weapons and offenses involving drugs and alcohol are considered more serious than other offenses). The type of infraction resulting in disciplinary action varies according to school district policy. The type of disciplinary action used for each type of infraction also varies according to school district policy.

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

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

Charter schools include 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. In 2023, 8% of Rhode Island children lived in households headed by a non-high school graduate, lower than the national average of 11%.^{2,3}

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 rates. Fewer males, LGBTQ+ students, Black and Latino students, Multilingual Learners, and students receiving special education services graduate from high school than their counterparts.^{4,5,6} 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.^{7,8}

Individual and family factors lead to inequitable opportunities in school.⁹ 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.^{10,11} Children with behavior issues, who have poor attendance, and who fail core courses are much less likely to graduate from high school.¹² 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.^{13,14}

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.¹⁵ Students can also earn Council designations including a Seal of Biliteracy, Commissioner's Seal, and Pathway Endorsements.¹⁶ 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.¹⁷



Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2024

	COHORT SIZE	DROPOUT RATE	% COMPLETED GED	% OF STUDENTS STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Female Students	5,238	6%	1%	5%	87%
Male Students	5,711	9%	2%	8%	81%
Multilingual Learners	1,329	15%	1%	10%	74%
Students Receiving Special Education Services	1,740	12%	3%	20%	65%
Students Not Receiving Special Education Services	9,226	7%	2%	4%	88%
Low-Income Students	6,396	11%	2%	9%	78%
Higher-Income Students	4,570	4%	1%	2%	93%
American Indian Students	79	16%	1%	11%	71%
Asian Students	332	5%	0%	7%	89%
Black Students	1,028	8%	2%	11%	79%
Hispanic Students	3,282	11%	2%	9%	79%
White Students	5,799	5%	2%	4%	88%
Students in Foster Care	178	25%	6%	26%	43%
Students Experiencing Homelessness	227	20%	4%	18%	59%
ALL STUDENTS	10,966	8%	2%	7%	84%

Source: Rhode Island Department of Education, Class of 2024. 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 2024 was 84%, the same rate as the Class of 2014. 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, Black, and Hispanic students.^{18,19}



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 11,293 Rhode Island students who enrolled in ninth grade in the Fall of 2019, 9,431 (84%) graduated in four years in 2022, 236 (2%) graduated in five years in 2023, and 44 (<1%) graduated in six years in 2024. Of the 236 students who graduated in five years in 2023, 71 (30%) were students receiving special education services and 46 (19%) were Multilingual Learners.²⁰

High School Graduation Rate

Table 51.

High School Graduation Rates, Rhode Island, Class of 2024

SCHOOL DISTRICT	FOUR-YEAR COHORT RATES				
	# OF STUDENTS IN COHORT	DROPOUT RATE	% COMPLETED GED	% STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Barrington	275	1%	1%	3%	95%
Bristol Warren	249	7%	0%	4%	88%
Burrillville	172	7%	3%	4%	86%
Central Falls	206	25%	3%	13%	59%
Chariho	253	2%	0%	2%	96%
Coventry	334	11%	3%	4%	82%
Cranston	826	5%	2%	5%	88%
Cumberland	349	3%	1%	4%	92%
East Greenwich	181	2%	2%	3%	93%
East Providence	438	13%	1%	7%	80%
Exeter-West Greenwich	127	1%	2%	4%	94%
Foster-Glocester	242	5%	2%	0%	93%
Johnston	188	8%	3%	6%	84%
Lincoln	249	4%	4%	4%	89%
Middletown	158	7%	4%	3%	87%
Narragansett	135	0%	1%	1%	98%
Newport	156	12%	3%	4%	81%
North Kingstown	326	3%	2%	1%	94%
North Providence	260	5%	2%	6%	87%
North Smithfield	127	3%	1%	5%	91%
Pawtucket	590	19%	1%	9%	71%
Portsmouth	197	1%	2%	3%	95%
Providence	1,819	11%	1%	8%	79%
Scituate	94	3%	0%	4%	93%
Smithfield	189	3%	1%	4%	92%
South Kingstown	201	4%	1%	2%	93%
Tiverton	107	0%	0%	4%	96%
Warwick	567	3%	3%	7%	87%
West Warwick	270	9%	2%	10%	79%
Westerly	169	4%	2%	2%	92%
Woonsocket	369	16%	3%	19%	62%
Beacon Charter School	60	10%	0%	10%	80%
Blackstone Academy	89	2%	3%	11%	83%
Blackstone Valley Prep Mayoral Academy	108	3%	2%	0%	95%
Charette Charter School	38	0%	0%	3%	97%
Paul Cuffee Charter School	67	1%	4%	10%	84%
William M. Davies Jr. Career and Technical School	196	6%	1%	8%	86%
The Greene School	55	2%	0%	2%	96%
Highlander Charter School	49	10%	4%	14%	71%
Metropolitan Regional Career and Technical Center	188	2%	0%	1%	97%
Sheila C. "Skip" Nowell Leadership Academy	62	27%	2%	40%	31%
RI Nurses Institute Middle College	68	6%	1%	16%	76%
Trinity Academy for the Performing Arts	27	4%	0%	4%	93%
Village Green Virtual Public Charter School	57	2%	0%	2%	96%
YouthBuild Preparatory Academy	63	3%	0%	52%	44%
Four Core Cities	2,984	14%	1%	10%	74%
Remainder of State	6,845	5%	2%	4%	89%
Rhode Island	10,966	8%	2%	7%	84%

Source of Data for Table/Methodology

Rhode Island Department of Education, Class of 2024.

The 2024 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 2020-2021 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.

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

Students from Little Compton attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown. DCYF includes students attending DCYF alternative schools.

Achievement First Rhode Island, Rhode Island School for the Deaf, DCYF, and New Shoreham are not reported because there are fewer than 10 students in this cohort. These students are included in the state total.

References

^{1,5,8} U.S. Department of Health and Human Services. (n.d.). *Healthy people 2030: High school graduation*. Retrieved March 18, 2025, from <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/high-school-graduation>

² U.S. Census Bureau, American Community Survey, 2019-2023. Table S2301.

³ U.S. Census Bureau, American Community Survey, 2019-2023. Table S2001.

^{4,12} Zheng, Y., Gao, X., Shen, J., Johnson, M.R., Krenn, H.Y. (2023). A meta-analysis of the predictors of on-time high school graduation in the United States. *NASSP Bulletin*, 107(2), 130-155.

(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 2019 and 2023 in Rhode Island, adults with high school diplomas were more than twice as likely to be unemployed as those with bachelor's degrees or higher, and the median annual income for adults with high school diplomas was \$43,381, compared to \$68,556 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 (37%) of the Class of 2024 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

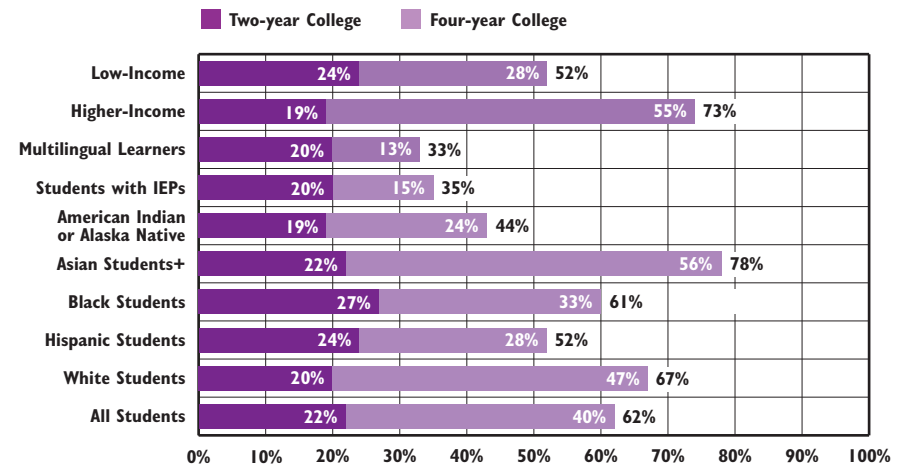
Rhode Island covers the cost for all public high school students to take the SAT during the school day in eleventh grade as a key strategy to increase college access.⁸ In 2024, 96% of 11th graders completed the SAT.⁹

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 2023-2024 cycle, 57% 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 2024, Rhode Island



Source: Rhode Island Department of Education, Class of 2024. 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

College Preparation and Access

Table 52.

College Preparation and Access, Rhode Island

SCHOOL DISTRICT	TOTAL GRADE 12 ENROLLMENT OCT. 2023	% OF GRADE 12 STUDENTS PLANNING TO ATTEND COLLEGE, 2024	% OF STUDENTS WHO FILLED OUT THE FAFSA, 2024	% OF GRADE 11 STUDENTS TAKING THE SAT DURING THE SCHOOL DAY, 2024	% OF SAT TAKERS PROFICIENT IN ELA, 2024	% OF SAT TAKERS PROFICIENT IN MATH, 2024
Barrington	282	85%	65%	99%	83%	68%
Bristol Warren	270	72%	65%	95%	68%	31%
Burrillville	186	64%	48%	98%	48%	24%
Central Falls	191	56%	39%	96%	9%	<5%
Chariho	241	78%	55%	99%	67%	34%
Coventry	318	76%	64%	98%	53%	26%
Cranston	900	82%	55%	98%	46%	18%
Cumberland	354	79%	67%	97%	63%	28%
East Greenwich	190	95%	69%	99%	81%	57%
East Providence	404	71%	50%	93%	43%	11%
Exeter-West Greenwich	133	77%	61%	100%	60%	30%
Foster-Glocester	242	76%	60%	98%	67%	32%
Johnston	205	69%	53%	98%	44%	15%
Lincoln	236	83%	65%	94%	66%	39%
Middletown	163	72%	57%	98%	53%	24%
Narragansett	139	92%	60%	100%	69%	38%
Newport	165	74%	54%	95%	37%	12%
North Kingstown	355	85%	70%	99%	78%	49%
North Providence	258	77%	64%	98%	48%	29%
North Smithfield	133	76%	54%	99%	69%	41%
Pawtucket	610	70%	36%	90%	23%	<5%
Portsmouth	198	87%	65%	96%	70%	42%
Providence	1,623	68%	57%	92%	30%	14%
Scituate	91	71%	54%	100%	63%	30%
Smithfield	184	75%	66%	98%	60%	30%
South Kingstown	215	92%	70%	98%	73%	35%
Tiverton	108	76%	61%	99%	56%	29%
Warwick	571	77%	51%	95%	49%	16%
West Warwick	272	63%	37%	95%	36%	12%
Westerly	182	73%	62%	100%	56%	18%
Woonsocket	335	56%	33%	91%	28%	9%
Beacon Charter High School	56	69%	39%	95%	58%	16%
Blackstone Academy	87	86%	57%	100%	35%	10%
Blackstone Valley Prep Mayoral Academy	115	82%	83%	97%	39%	20%
Charette Charter	43	72%	60%	100%	14%	0%
Paul Cuffee Charter School	66	78%	65%	97%	30%	6%
William M. Davies Jr. Career & Technical Center	185	82%	58%	100%	60%	13%
The Greene School	54	83%	54%	96%	81%	33%
Highlander Charter School	51	81%	60%	100%	25%	<5%
Metropolitan Regional Career and Technical Center	186	78%	70%	97%	37%	6%
RI Nurses Institute Middle College	58	79%	88%	98%	27%	<5%
Sheila C. "Skip" Nowell Leadership Academy	26	65%	52%	100%	10%	<5%
Trinity Academy for the Performing Arts	27	76%	85%	100%	54%	<5%
Village Green Virtual Public Charter School	57	NA	83%	100%	18%	<5%
YouthBuild	34	NA	0%	35%	7%	<5%
Four Core Cities	2,759	67%	49%	92%	27%	9%
Remainder of State	6,995	78%	59%	97%	68%	28%
Rhode Island	10,799	75%	57%	96%	48%	21%

Source of Data for Table/Methodology

Total 12th grade enrollment is from the Rhode Island Department of Education as of October 1, 2023.

% of 12th grade students planning to attend college is from the 2023-2024 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.

% 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.

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.

Core cities are Central Falls, 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*. Retrieved March 6, 2025, from <https://www.bls.gov/emp/tables/education-summary.htm>

² U.S. Census Bureau, American Community Survey, 2019-2023. Table S2301.

³ U.S. Census Bureau, American Community Survey, 2019-2023. Table B20004.

(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 2019 and 2023 in Rhode Island, 6.4% of adults with a high school diploma were unemployed, compared to 2.8% with a bachelor's degree or higher.⁴ Students who complete college are more likely to be employed and have higher incomes. Between 2019 and 2023 in Rhode Island, the median annual income for adults with a high school diploma was \$43,381, compared to \$68,556 for adults with a bachelor's degree.⁵

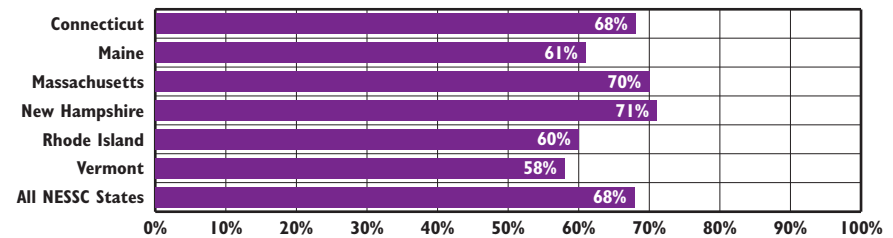
While college enrollment rates for low-income students have doubled in recent decades, there are still large gaps in the percentage of students who enroll in and complete college and the types of colleges students attend. In the U.S., nearly two-thirds of low-income students attend community colleges 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.^{8,9,10} 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.^{11,12,13}

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.^{14,15,16}

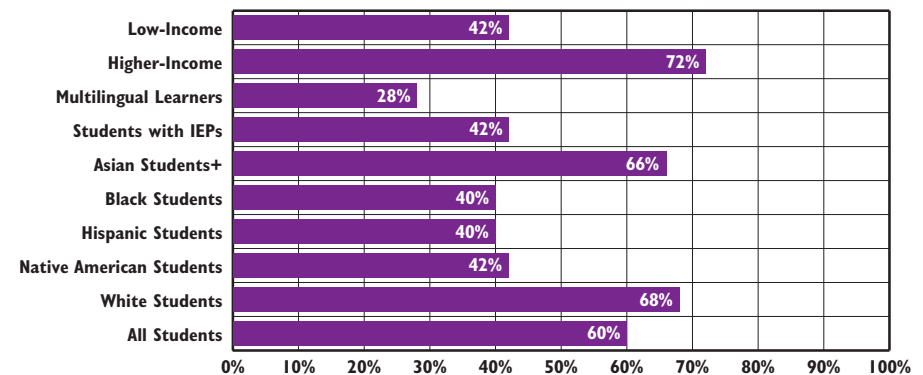
College Completion, New England Secondary School Consortium States (NESSC), 2016 Cohort



Source: New England Secondary School Consortium. (n.d.). *Common data project, annual report, 2024*. Retrieved April 2, 2025, from <https://www.greatschoolspartnership.org/data-report/>

◆ Sixty percent of Rhode Island public high school graduates who enrolled in a two- or four-year college in 2016 earned a college diploma within six years.¹⁷

Six-Year College Completion by Student Subgroup, Rhode Island, 2015 Cohort



Source: New England Secondary School Consortium. (n.d.). *Common Data Project, Annual Report, 2024*. Retrieved March 6, 2025, from <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 42% 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.¹⁸

College Enrollment and Completion

Table 53.

College Enrollment and Completion, Rhode Island

SCHOOL DISTRICT	# OF STUDENTS WHO GRADUATED FROM HIGH SCHOOL IN 2024	# OF 2024 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	% OF 2024 HS GRADUATES WHO ENROLLED IN COLLEGE WITHIN 6 MONTHS	# OF STUDENTS WHO ENROLLED IN COLLEGE IN 2023	# OF 2023 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)	% OF 2023 COLLEGE ENROLLEES WHO PERSISTED (ENROLLED FOR A THIRD SEMESTER)
Barrington	275	230	84%	262	241	92%
Barrington	268	224	84%	229	212	93%
Bristol Warren	220	151	69%	149	130	87%
Burrillville	151	96	64%	126	96	76%
Central Falls	127	51	40%	99	62	63%
Chariho	252	166	66%	187	155	83%
Coventry	281	209	74%	234	194	83%
Cranston	758	496	65%	643	497	77%
Cumberland	332	255	77%	287	251	87%
East Greenwich	172	145	84%	171	159	93%
East Providence	357	209	59%	213	155	73%
Exeter-West Greenwich	121	95	79%	84	73	87%
Foster-Glocester	228	169	74%	168	141	84%
Johnston	159	102	64%	125	99	79%
Lincoln	223	162	73%	189	157	83%
Middletown	137	95	69%	111	94	85%
Narragansett	135	100	74%	103	83	81%
New Shoreham	*	*	*	11	10	91%
Newport	132	69	52%	94	74	79%
North Kingstown	310	NR	NR	314	267	85%
North Providence	233	157	67%	167	122	73%
North Smithfield	123	78	63%	98	87	89%
Pawtucket	431	200	46%	234	166	71%
Portsmouth	190	150	79%	174	154	89%
Providence	1,507	708	47%	1,063	673	63%
Scituate	87	52	60%	67	58	87%
Smithfield	175	129	74%	165	143	87%
South Kingstown	191	149	78%	170	145	85%
Tiverton	102	67	66%	91	79	87%
Warwick	505	317	63%	425	320	75%
West Warwick	214	117	55%	139	90	65%
Westerly	167	108	65%	142	115	81%
Woonsocket	249	118	47%	166	97	58%
Beacon Charter High School	52	44	85%	38	20	53%
Blackstone Academy	74	51	69%	60	35	58%
Blackstone Valley Prep						
Mayoral Academy	107	79	74%	70	51	73%
Charette Charter School	39	22	56%	12	8	67%
Paul Cuffee Charter School	62	34	55%	54	30	56%
William M. Davies Jr. Career & Technical High School	179	133	74%	188	143	76%
The Greene School	55	37	67%	38	28	74%
Highlander Charter School	37	23	62%	30	20	67%
Metropolitan Regional Career and Technical Center	186	145	78%	184	141	77%
RI Nurses Institute Middle College	58	55	95%	29	24	83%
Sheila C. "Skip" Nowell Leadership Academy	27	11	41%	27	11	41%
Trinity Academy for the Performing Arts	26	20	77%	22	14	64%
Village Green Virtual Public Charter School	57	48	84%	64	34	53%
YouthBuild Preparatory Academy	*	*	16%	*	*	*
Four Core Cities	2,314	1,077	47%	1,562	998	64%
Remainder of State	6,223	4,111	66%	5,076	4,160	82%
Rhode Island	9,533	5,900	62%	7,466	5,721	77%

Source of Data for Table/Methodology

of students who graduated from high school in 2024, # of 2024 high school graduates who enrolled in college within six months, # of students who enrolled in college in 2023, and # of 2023 college enrollees who persisted (were enrolled for a third semester) are all from Rhode Island Department of Education. The # of 2023 college enrollees who persisted may include students enrolled directly after high school or afterwards. Percentages may not sum exactly due to rounding.

The four core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Students from Little Compton attend high school in Portsmouth, and Jamestown students can choose to attend high school in Narragansett or North Kingstown.

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.

References

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- ² U.S. Bureau of Labor Statistics. (2024). Employment, wages, and projected change in employment by typical entry-level education. Retrieved March 31, 2025, from <https://www.bls.gov/emp/tables/education-summary.htm>
- ³ U.S. Census Bureau, American Community Survey, 2019-2023. Table B23006.
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- ⁵ U.S. Census Bureau, American Community Survey, 2019-2023. Table B20004.

(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.^{3,4,5}

Programs that offer work-based learning opportunities; provide meaningful, early, paid work experiences; and incorporate adult mentoring with youth development opportunities address the root causes of inequity and decrease the likelihood of youth disconnection.^{6,7} There is 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.^{8,9}

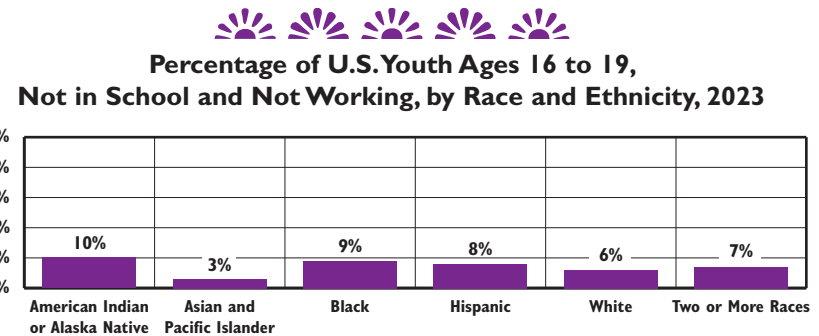
Between 2019 and 2023, an estimated 2,187 (4%) youth ages 16 to 19 in Rhode Island were not in school and not working. Of the youth who were not in school and not working, 65% were male and 35% were female. Sixty-two percent of these youth were high school graduates, and 38% had not graduated from high school.¹⁰

Teens Not in School and Not Working	
	2023
RI	4%
US	7%
National Rank*	2nd
New England Rank**	2nd

*1st is best; 50th is worst

**1st is best; 6th is worst

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



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

◆ In the U.S., Youth of Color (with the exception of Asian youth) are more likely to be disconnected from school and work than white youth.¹¹ In 2023, 10% 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 6% of white and 3% of Asian and Pacific Islander youth.¹²

◆ Rhode Island has a low overall youth disconnection rate. In 2023, 3% of Hispanic or Latino youth and 5% of white youth ages 16 to 19 were not in school and not working.¹³

◆ 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 saw one of the largest declines during this period, with the state's youth disconnection rate falling from 10.8% to 7.3%.¹⁴

Compulsory School Attendance

◆ Rhode Island requires school attendance until age 18. Rhode Island students over age 16 may obtain a waiver from the attendance requirement if they have an alternative learning plan for obtaining a 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.¹⁵

◆ As of 2020, one state has compulsory attendance to age 19, 24 states (including Rhode Island) have compulsory attendance to age 18, eight states to age 17, and 17 states to age 16.¹⁶

Teens Not in School and Not Working



Connecting Youth to School and Work

- ◆ Education has a positive impact on the likelihood of finding and maintaining employment. Between 2019 and 2023, the unemployment rate for Rhode Island adults ages 25 to 64 with a bachelor's degree or higher was 2.8%, compared with 6.4% for high school graduates and 10.6% for those with less than a high school diploma.¹⁷
- ◆ Successful strategies to prevent youth disconnection must be comprehensive and equitable and include high-quality child care and public schooling, a focus on healthy youth development, equity-based opportunities and recruitment, and multiple pathways to employment. Given the effects of the pandemic on young adults, national service opportunities should be explored as a strategy for increasing youth connection while meeting community needs.^{18,19,20}
- ◆ Programs and schools that enable students to acquire work-based skills and/or college credits while working toward their high school degrees can improve high school graduation rates and better prepare students for college completion and careers.²¹

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- ^{14,6} Burd-Sharps, S & Lewis, K. (2018). *More than a million reasons for hope: Youth disconnection in America today*. Measure of America.
- ²³ Fernandes-Alcantara, A. L. (2020). *Vulnerable youth: Background and policies*. Congressional Research Service. Retrieved March 24, 2025, from <https://www.congress.gov/crs-product/RL33975>
- ^{3,19} Lewis, K. (2020). *A decade undone: Youth disconnection in the age of coronavirus*. Measure of America.
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- ⁸ Rhode Island KIDS COUNT. (2024). Opportunity youth in Rhode Island: Recommendations and resources for reconnection. Retrieved March 24, 2025, from https://rikidscount.org/wp-content/uploads/2024/04/2fm6818_opportunity_web_with-edit.pdf
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- ^{12,13} The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org
- ¹⁴ Lewis, K., Powers, A., Wohnsigal, C., Harvey, K., and Shawa, T. (2024). *Broad recovering, persistent inequity: Youth disconnection in America*. New York: Measure of America, Social Science Research Council.
- ¹⁵ Rhode Island General Law 16-19-1.
- ¹⁶ Education Commission of the States. (2020). *50-state comparison: Free and compulsory school age requirements*. Retrieved March 24, 2025, from <https://www.ecs.org/50-state-comparison-free-and-compulsory-school-age-requirements/>
- ¹⁷ U.S. Census Bureau, American Community Survey, 2019-2023. Table S2301.



Youth Work Experience

- ◆ Work experience during the teen years improves youth mental health, well-being, and school attendance and increases productivity, employability, and wages into adulthood.²² 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.²³
- ◆ Summer work programs may increase college aspirations and preparation for future employment and help reduce youth violence and crime.²⁴
- ◆ Expanding work-based learning opportunities can help more youth in Rhode Island successfully transition into college and careers. These types of programs can help to motivate students, teach them critical 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.²⁵

²⁰ Ross, M. & Bateman, N. (2020). *National service can connect America's young people to opportunity and community—and promote work of real social value*. Retrieved March 24, 2025, from <https://www.brookings.edu/articles/national-service-can-connect-americas-young-people-to-opportunity-and-community-and-promote-work-of-real-social-value/>

²⁴ Li, Y., Jackson-Spieker, K., Modestino, A.S., Kessler, J.B., & Heller, S.B. (2022). *The promise of summer youth employment programs: Lessons from randomized evaluations*. Retrieved March 24, 2025, from <https://www.povertyactionlab.org/publication/promises-summer-youth-employment-programs-lessons-randomized-evaluations>

²⁵ Rhode Island Governor's Workforce Board. (2018) *Workforce Guidance*. Retrieved March 24, 2025, from https://ride.gov/sites/g/files/xkgbur806/files/Portals/0/Uploads/Documents/CTE/Website-materials-2021/GWB-WBL-Guidance_COMBINED.pdf?ver=2021-10-01-114755-647

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All content is embargoed until 12:01am on Monday, May 5, 2025

Methodology

References

Committees

Acknowledgements

Methodology



The 2025 *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 those indicators that are included in the Annie E. Casey Foundation's KIDS COUNT publications and other indicators where possible, the Factbook highlights Rhode Island's rank among the 50 states, as well as trends. The New England Rank highlights Rhode Island's rank among the six New England states – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.
- ◆ **City/Town Tables:** Data are presented for each of Rhode Island's cities and towns, the state as a whole, the four core cities, and the remainder of the state (non-core city communities).
- ◆ **Four Core Cities:** The core cities are the four Rhode Island communities with the highest concentrations of children living below the poverty threshold according to the 2019-2023 American Community Survey conducted by the U.S. Census Bureau.

They are Central Falls, Pawtucket, Providence, and Woonsocket. The core cities are different than in Factbooks prior to 2012, which were identified based on the child poverty rates reported in Census 2000. In Factbooks prior to 2012, the six core cities were Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket. When core city trends are presented in this Factbook, they are based on the new definition of core cities for all years presented.

- ◆ **Racial and Ethnic Disparities:** Data on racial and ethnic disparities are presented in as many indicators as possible and summarized in the Racial and Ethnic Disparities indicator. Collecting and reporting on data disaggregated by race and ethnicity is an important first step to identifying ways to eliminate them. Data on disparities and information about the historical and systemic racism that has resulted in these disparities can be used to identify policies to dismantle racism and reduce disparities.
- ◆ **Most Recent Available Data:** The Factbook uses the most current, reliable data available for each indicator.

Numbers

The most direct measure of the scope of a problem is the count of the number of events of concern during a specified time period -- e.g., the number of child and teen deaths between 2019 and 2023. Numbers are important in assessing the scope of the problem and in estimating the resources required to address a problem. Numbers are not useful to

compare the severity of the problem from one geographic area to another or to compare the extent of the problem in Rhode Island with national standards. For example, a state with more children might have more low birthweight infants due to the larger number of total births, not due to an increased likelihood of being born with low birthweight. Caution should be used with small numbers in numerators and denominators.

Rates and Percentages

A rate is a measure of the frequency of an event -- e.g., out of every 1,000 live births, how many infants will be breastfed. A percentage is another measure of frequency -- e.g., out of every 100 births, how many will be born low birthweight. Rates and percentages take into account the total population of children eligible for an event. They are useful in comparing the severity of the problem from one geographic area to another, to compare with state or national standards, or to look at trends over time.

Sources of Data and Methodology for Calculating Rates and Percentages

For each indicator, the source of information for the actual number of events of interest (the numerator) is identified within the Source of Data/Methodology section next to the table for that indicator. For each indicator that uses a rate or a percent, the source of data for the total number of children eligible for respective

indicator (the denominator) is also noted within the Source of Data/Methodology section. Rates and percentages are not calculated for cities and towns with small denominators. Rates and percentages based on small denominators are statistically unreliable. In the indicator for child and teen deaths, and other indicators in which the events are rare, city- and town-level rates are not calculated, as small numbers make these rates statistically unreliable.

Census Data

There are several sources of U.S. Census Bureau data used in the Factbook: Census 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

Methodology

pandemic. They did not release all the detailed data tables they normally do, and they recommended caution when using these estimates.

In 2015, the U.S. Census Bureau discontinued publishing three-year estimates of the American Community Survey. Beginning with the *2016 Rhode Island KIDS COUNT Factbook*, five-year estimates are used in all indicators that had used three-year estimates in prior Factbooks.

Margins of Error for Median Family Income and Children in Poverty

The 2019-2023 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

Margins of Error, Median Family Income, Rhode Island, 2019-2023

2019-2023 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18		MARGIN OF ERROR
CITY/TOWN		
Barrington	\$177,878	\$15,306
Bristol	\$137,961	\$19,048
Burrillville	\$120,956	\$11,362
Central Falls	\$48,344	\$9,315
Charlestown	\$107,222	\$25,698
Coventry	\$120,310	\$11,007
Cranston	\$110,351	\$9,297
Cumberland	\$151,056	\$21,977
East Greenwich	\$240,833	\$46,871
East Providence	\$109,612	\$13,401
Exeter	\$118,750	\$25,610
Foster	\$138,125	\$50,474
Glocester	\$133,558	\$34,033
Hopkinton	\$101,750	\$75,773
Jamestown	250,000+	***
Johnston	\$91,250	\$32,948
Lincoln	\$143,992	\$18,956
Little Compton	\$158,646	\$40,137
Middletown	\$105,781	\$17,300
Narragansett	\$143,992	\$55,120
New Shoreham	\$158,646	**
Newport	\$105,781	\$39,141
North Kingstown	\$160,242	\$19,090
North Providence	\$96,761	\$20,791
North Smithfield	\$120,625	\$59,725
Pawtucket	\$72,938	\$10,895
Portsmouth	\$189,697	\$17,891
Providence	\$67,505	\$6,804
Richmond	\$132,143	\$28,723
Scituate	\$164,769	\$5,275
Smithfield	\$156,340	\$21,063
South Kingstown	\$125,574	\$16,971
Tiverton	\$132,699	\$24,064
Warren	\$124,167	\$13,623
Warwick	\$105,051	\$4,791
West Greenwich	\$175,030	\$46,346
West Warwick	\$79,394	\$10,434
Westerly	\$117,813	\$12,106
Woonsocket	\$49,975	\$12,022
Four Core Cities	NA	NA
Remainder of State	NA	NA
Rhode Island	\$103,334	\$1,930

For source information see page 25.

Margins of Error, Children Living Below the Federal Poverty Threshold, Rhode Island, 2019-2023

CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2019-2023			
#	MARGIN OF ERROR	%	MARGIN OF ERROR
165	143	3.5%	3.03%
192	140	6.6%	4.73%
262	283	8.8%	9.31%
1,535	523	25.5%	7.84%
80	83	7.4%	7.45%
520	262	8.0%	3.94%
1,211	371	7.4%	2.20%
328	177	4.1%	2.17%
92	89	2.4%	2.31%
1,118	397	14.3%	4.84%
103	84	8.0%	6.25%
33	63	3.9%	7.49%
-	69	-	3.32%
30	64	2.1%	4.51%
-	60	-	8.22%
563	364	9.9%	6.27%
224	180	4.4%	3.49%
8	42	1.7%	8.85%
449	264	14.1%	8.01%
32	70	1.9%	4.18%
4	42	4.5%	47.59%
917	287	25.1%	6.94%
463	190	9.1%	3.63%
515	299	8.2%	4.64%
112	155	4.7%	6.46%
2,982	636	19.1%	3.85%
173	193	5.1%	5.62%
9,733	1,384	26.0%	3.47%
-	60	-	3.34%
29	64	1.9%	4.20%
17	82	0.5%	2.30%
453	200	9.7%	4.12%
53	87	2.3%	3.68%
51	82	3.5%	5.63%
914	321	6.3%	2.19%
-	60	-	5.24%
502	234	10.3%	4.66%
150	92	4.9%	2.92%
3,211	672	32.8%	6.26%
17,461	1,061	25.4%	1.44%
9,763	695	7.2%	0.50%
27,224	2,105	13.3%	1.01%

Methodology

transitional shelters, as well as children doubling up in homes with relatives and friends and living in hotels and motels, cars, campsites, parks, and other public places. Schools report the number of children by grade and the child's primary nighttime residence (i.e., sheltered, doubled-up, unsheltered, or in a hotel/motel). The total number of students identified by school districts may be higher than the total for Rhode Island if students were identified as homeless by multiple school districts in which they were enrolled.

Methodology for Children 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 $\mu\text{g}/\text{dL}$ to ≤ 5 $\mu\text{g}/\text{dL}$, and then more recently in 2021 the CDC lowered this threshold again from ≤ 5 $\mu\text{g}/\text{dL}$ to ≤ 3.5 $\mu\text{g}/\text{dL}$.

This threshold, also called a reference value, is based on the U.S. population of children ages one through five who are in the highest 2.5% of children when tested for lead in their blood. The CDC 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 $\mu\text{g}/\text{dL}$, follow up and annual screening should continue until the age of six. For those children whose blood lead tests are ≤ 3.5 $\mu\text{g}/\text{dL}$, the pediatrician can use the Risk Assessment Questionnaire instead of a blood lead test until the age of six, which means that not all children receive an annual blood test after age two. For those children under age six who have not been screened at least twice prior to 36 months of age, it is recommended that a blood lead test be ordered. If the blood lead level is 3.5 $\mu\text{g}/\text{dL}$, the child should be screened annually.

Confirmed lead data at ≥ 3.5 $\mu\text{g}/\text{dL}$ are based on venous tests and confirmed capillary tests only. The highest result (venous or capillary) is used. Complete confirmed lead exposure trend data at the ≥ 5 $\mu\text{g}/\text{dL}$ reference level are only available since 2012, when state blood lead screening protocols were updated to reflect the new lower CDC threshold. Prior to 2012, confirmed lead data at the ≥ 5 $\mu\text{g}/\text{dL}$ reference

value are available, but is incomplete and is limited to only those children who had a venous test. Children who had an initial capillary test and screened positive for lead between 5 $\mu\text{g}/\text{dL}$ and 10 $\mu\text{g}/\text{dL}$ were not required to have a confirmation test prior to 2012 as their blood lead level did not exceed the old reference value of ≥ 10 $\mu\text{g}/\text{dL}$.

In late 2021, the Centers for Disease Control and Prevention lowered the threshold for which a child is considered to have an elevated blood lead level from 5 $\mu\text{g}/\text{dL}$ to 3.5 $\mu\text{g}/\text{dL}$. This new lower reference value was used in the city/town table for the first time in this 2025 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, negligent manslaughter, robbery, forcible rape, forcible sodomy, sexual assault with an object, and forcible fondling. Weapons law violations are also reported for juvenile arrests. Total violent crime offenses (all ages) also includes statutory rape.

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. Charter schools, collaboratives, and state-operated schools are not included in Four Core Cities and Remainder of State calculations.

Rhode Island Comprehensive Assessment Program (RICAS)

Starting in the 2017-2018 school year, Rhode Island began using a new statewide assessment, the *Rhode Island Comprehensive Assessment Program (RICAS)*. The RICAS is aligned to the Common Core State Standards. The English language arts RICAS assesses students' ability to read and comprehend complex texts, use different sources to compare and synthesize ideas,

and write effectively. The math *RICAS* assesses students' ability to demonstrate mathematical reasoning and apply mathematical concepts to solve complex, real-world problems.

The percentage of students meeting expectations is the number of students who met or exceeded expectations for their grade on a specific *RICAS* assessment, divided by the number of students who took that assessment.

RICAS test results (including the number of students who opted out of taking the test) are available for the state, district, and school levels on the Rhode Island Department of Education (RIDE) website.

Rhode Island totals may not be the same as the sum of the districts because results for districts with fewer than 10 students are not reported by RIDE.

An asterisk is used when there are fewer than 10 students in a category to protect student confidentiality. These students are still counted in district totals and in the four core cities, remainder of the state, and state totals.

Due to low participation rates during the COVID-19 pandemic, 2021 *RICAS* scores should not be compared to scores from other years.

**Methodology for
Schools Identified for Intervention**

The Rhode Island Department of Education (RIDE) classifies schools based on a Star Rating System that is comprised of a broad range of indicators including: proficiency levels on the *RICAS* English language arts and math assessments, student growth, graduation rate, English

language proficiency, percentage of students exceeding expectations, student and teacher chronic absenteeism, and suspensions. In 2019, Rhode Island accountability ratings included new indicators including high school graduates' proficiency in English language arts and math and the percentage of graduating high school students who have earned college credits or credentials.

RIDE uses a one- to five-star rating. Schools with one-star ratings are low performing in multiple indicators. Schools identified for comprehensive support and improvement are designated one-star and are the lowest performing 5% of all schools 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. We do not have estimates of the completeness of reporting for these systems.



Family Income Levels Based on the Federal Poverty Measures

The *poverty thresholds* are the original version of the federal poverty measure. They are updated each year by the Census Bureau. The thresholds are used mainly for statistical purposes — for instance, estimating the number of children in Rhode Island living in poor families. The poverty threshold is adjusted upward based on family size and whether household members are children, adults, or 65 years of age and over. The 2024 federal poverty threshold was \$26,650 for a family of three with two children and \$32,150 for a family of four with two children.

The poverty guidelines are the other version of the federal poverty measure. They are issued each year in the Federal Register by the U.S. Department of Health and Human Services (HHS).

The *poverty guidelines* are a simplification of the poverty thresholds for use for administrative purposes such as determining financial eligibility for certain federal programs. Often, government assistance programs, including many of those administered by Rhode Island, use the federal poverty guidelines to determine income eligibility for public programs. The figures are adjusted upward for larger family sizes.

The phrases "Federal Poverty Level" and "Federal Poverty Line" (often abbreviated FPL) are used interchangeably and can refer to either the poverty thresholds or the poverty guidelines.

Family Income Levels Based on the 2025 Federal Poverty Guidelines		
FEDERAL POVERTY GUIDELINES	ANNUAL INCOME FAMILY OF THREE	ANNUAL INCOME FAMILY OF FOUR
50% FPL	\$13,325	\$16,075
100% FPL	\$26,650	\$32,150
130% FPL	\$34,645	\$41,795
150% FPL	\$39,975	\$48,225
180% FPL	\$47,970	\$57,870
185% FPL	\$49,303	\$59,478
200% FPL	\$53,300	\$64,300
225% FPL	\$59,963	\$72,338
250% FPL	\$66,625	\$80,375

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Source of Data for Table/Methodology for Cost of Housing

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**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.

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

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Source of Data for Table/Methodology for Children Experiencing Homelessness

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Source of Data for Table/Methodology for
Public School Enrollment and Demographics

Students enrolled in state-operated schools, charter schools, and collaboratives are not counted in totals for the four core cities or for the remainder of the state, but they are included in the Rhode Island state totals.

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Source of Data for Table/Methodology for Children Participating in School Meals

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

The October 2024 enrollment is for the full month of October and is not comparable with the October 1, 2024 enrollment numbers reported elsewhere in the 2025 Factbook.

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Source of Data for Table/Methodology for K-12 Students Receiving Special Education Services

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State-operated schools are William M. Davies Career & Technical High School, Metropolitan Regional Career and Technical Center, and Rhode Island School for the Deaf.

Collaborative schools are Sheila C. “Skip” Nowell Leadership Academy, Urban Collaborative Accelerated Program (UCAP), and YouthBuild Preparatory Academy.

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See Methodology Section for more information.

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Source of Data for Table/Methodology for Math Skills

Students enrolled in state-operated schools, charter schools, and collaboratives are not counted in totals for the four core cities or for the remainder of state, but they are included in state totals.

NA indicates that the school district does not serve students at that grade level.

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Source of Data for Table/Methodology for Science Skills

Students enrolled in state-operated schools, charter schools, and collaboratives are not counted in totals for the four core cities or for the remainder of state, but they are included in state totals.

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Source of Data for Table/Methodology for Chronic Absence, Middle School and High School

Collaboratives include Sheila "Skip" Nowell Leadership Academy, Urban Collaborative and YouthBuild Preparatory Academy.

References

NA indicates that the school district does not serve students at that grade level. *Fewer than 10 students are in this category. Actual numbers are not shown to protect student confidentiality. These numbers are still counted in district totals and in the four core cities, remainder of the state, and state total.

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Source of Data for Table/Methodology for Suspensions

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Collaboratives include Sheila "Skip" Nowell Leadership Academy and Urban Collaborative (UCAP).

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