



Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.

Rhode Island's Rankings

KEY **G** Getting Started **R** Reaching Forward **O** Improving Outcomes **W** Working Effectively

Overall

G R O W

Working Effectively

Good Health

G R O W

Working Effectively

Strong Families

G R O W

Working Effectively

Positive Early Learning Experiences

G R O W

Working Effectively



Demographics

Infants and toddlers in Rhode Island

Overview

Rhode Island is home to 33,067 infants and toddlers, representing 3.1 percent of the state's population. As many as 41 percent live in households with incomes less than twice the federal poverty level (in 2017, about \$50,000 a year for a family of four), placing them at economic disadvantage. America's youngest children are diverse and are raised in a variety of family contexts. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

RHODE ISLAND **NATIONAL AVERAGE**

Race/ethnicity of infants and toddlers

Non-Hispanic White **55.0%**
49.3%

Hispanic **28.5%**
26.1%

Non-Hispanic Black **6.9%**
13.8%

Non-Hispanic other **5.2%**
5.1%

Non-Hispanic Asian **3.9%**
4.9%

American Indian/Alaska Native **0.5%**
0.8%

Working moms

Mothers in the Labor Force **60.7%**
61.5%

Poverty status of infants and toddlers

Above Low-Income **59.3%**
55.4%

Low-Income **20.8%**
22.0%

In Poverty **20.0%**
22.7%

Infants and toddlers in poverty, by race

Hispanic **36.8%**
30.8%

Non-Hispanic White **8.9%**
14.6%

Non-Hispanic Black **N/A**
39.5%

Non-Hispanic Other **N/A**
20.0%

Family structure

2-Parent Family **72.5%**
76.3%

1-Parent Family **25.8%**
21.5%

No Parents Present **1.8%**
2.2%

Grandparent-headed households

7.4%
9.4%

Rural/Non-metro area

Living Outside of a Metro Area **0.0%**
8.7%

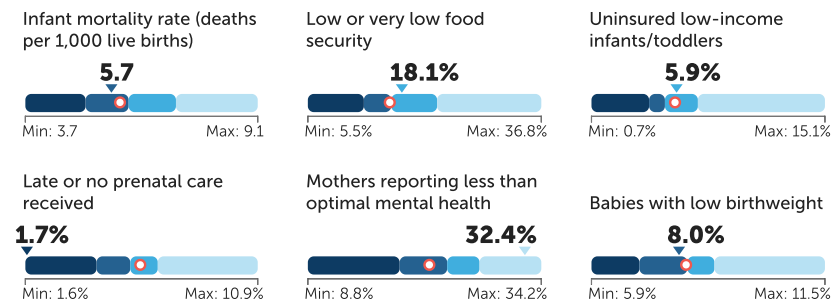
What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Rhode Island falls in the Working Effectively (W) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects the percentage of women receiving late or no prenatal care, and the percentage of infants and toddlers who had a preventive medical visit in the past year, with both indicators in the Working Effectively (W) tier. On indicators of food security and nutrition, Rhode Island is primarily in the Reaching Forward (R) tier. However, some children's health indicators, such as the state's infant mortality rate and prevalence of low birthweight, are in the Improving Outcomes (O) tier.

Six Key Indicators of Good Health

KEY ← Range of all state values → ▼ Rhode Island ○ National average
G Getting Started **R** Reaching Forward **O** Improving Outcomes **W** Working Effectively



Good Health Policy in Rhode Island

Medicaid expansion state	Yes <input checked="" type="checkbox"/>
State Medicaid policy for maternal depression screening in well-child visits	Recommended
Medicaid plan covers social-emotional screening for young children	Yes <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at home	Yes <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at ECE programs	Yes <input checked="" type="checkbox"/>

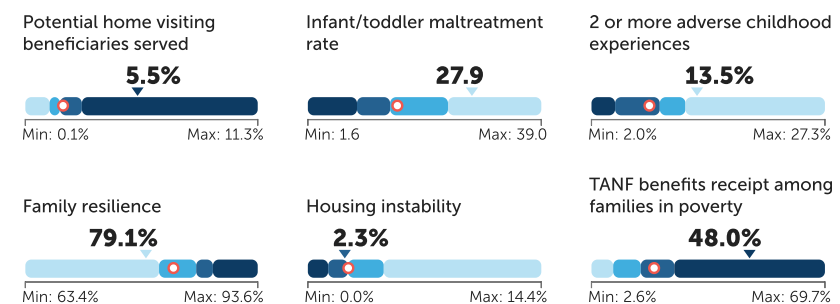
What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Rhode Island falls in the Working Effectively (W) tier of states when it comes to indicators of strong families. The state's high ranking in this domain is primarily due to indicators for the percentage of families with young children living in poverty that receive TANF benefits, and the percentage of young children receiving home visiting services, both of which are in the Working Effectively (W) tier. In terms of access to basic needs and supports, Rhode Island is primarily in the Improving Outcomes (O) tier. However, the state's child welfare indicators are mostly in the Getting Started (G) tier. About 14 percent of infants and toddlers in Rhode Island have experienced two or more adverse childhood experiences, compared to a national average of 8 percent.

Six Key Indicators of Strong Families

KEY ← Range of all state values → ▼ Rhode Island ○ National average
G Getting Started **R** Reaching Forward **O** Improving Outcomes **W** Working Effectively



Strong Families Policy in Rhode Island

Paid sick time that covers care for child	Yes <input checked="" type="checkbox"/>
Paid family leave	Yes <input checked="" type="checkbox"/>



Positive Early Learning Experiences

In Rhode Island



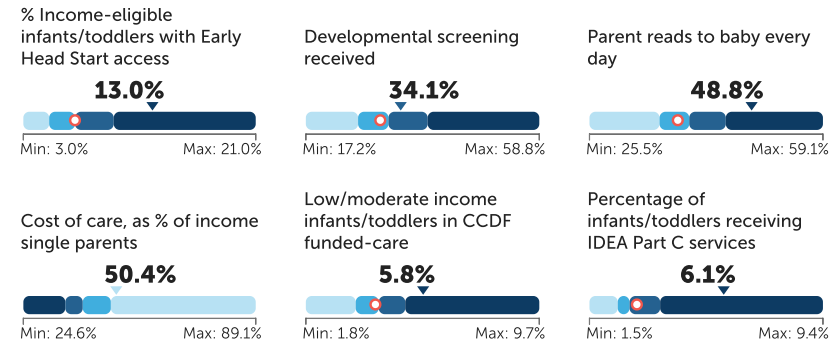
What Defines Positive Early Learning Experiences?

Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Rhode Island scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain is primarily due to its early care and education opportunities indicators, three of which are in the Working Effectively (W) tier. However, the average cost of infant care as a percentage of single parents' and married parents' incomes is more burdensome for families in Rhode Island compared to other states. Although the state does not offer child care subsidies for families at or above 200 percent of the federal poverty level, it ranks in the Working Effectively (W) tier on the percentage of low/moderate income infants and toddlers in CCDF-funded care.

Six Key Indicators of Positive Early Learning Experiences

KEY ← Range of all state values → ▼ Rhode Island ○ National average
G Getting Started R Reaching Forward O Improving Outcomes W Working Effectively



Positive Early Learning Experiences Policy in Rhode Island

Families above 200% of FPL eligible for child care subsidy No ❌

All indicators for Rhode Island

G Getting Started R Reaching Forward O Improving Outcomes W Working Effectively

Good Health

R Eligibility limit (% FPL) for pregnant women in Medicaid	195.0	National average: 200.0	R Uninsured low-income infants/toddlers	5.9%	National average: 5.8%
R Low or very low food security	18.1%	National average: 16.5%	R Infants ever breastfed	81.4%	National average: 83.2%
G Infants breastfed at 6 months	49.6%	National average: 57.6%	W Late or no prenatal care received	1.7%	National average: 6.2%
G Mothers reporting less than optimal mental health	32.4%	National average: 22.0%	W Preventive medical care received	95.1%	National average: 90.7%
O Preventive dental care received	36.3%	National average: 30.0%	O Babies with low birthweight	8.0%	National average: 8.2%
O Infant mortality rate (deaths per 1,000 live births)	5.7	National average: 5.9	O Received recommended vaccines	75.5%	National average: 70.7%

Strong Families

O Housing instability	2.3% <i>National average: 2.5%</i>	O Crowded housing	9.6% <i>National average: 15.6%</i>
W TANF benefits receipt among families in poverty	48.0% <i>National average: 20.6%</i>	G Infant/toddler maltreatment rate	27.9 <i>National average: 16.0</i>
O Unsafe neighborhoods	2.2% <i>National average: 6.3%</i>	G Family resilience	79.1% <i>National average: 82.6%</i>
R 1 adverse childhood experience	23.9% <i>National average: 21.9%</i>	G 2 or more adverse childhood experiences	13.5% <i>National average: 8.3%</i>
R Infants/toddlers exiting foster care to permanency	98.0% <i>National average: 98.4%</i>	W Potential home visiting beneficiaries served	5.5% <i>National average: 1.9%</i>

Positive Early Learning Experiences

W Parent reads to baby every day	48.8% <i>National average: 38.2%</i>	W Parent sings to baby every day	65.1% <i>National average: 56.4%</i>
W % Income-eligible infants/toddlers with Early Head Start access	13.0% <i>National average: 7.0%</i>	R Cost of care, as % of income married families	13.3% <i>National average: N/A</i>
G Cost of care, as % of income single parents	50.4% <i>National average: N/A</i>	W Low/moderate income infants/toddlers in CCDF funded-care	5.8% <i>National average: 4.2%</i>
O Developmental screening received	34.1% <i>National average: 30.4%</i>	O Infants/toddlers with developmental delay	0.4% <i>National average: 1.1%</i>
W Percentage of infants/toddlers receiving IDEA Part C services	6.1% <i>National average: 3.1%</i>		