Celebrating Young Children



Progress & Potential for Children Birth through Age 8

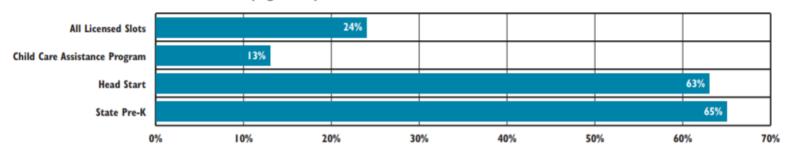
Access to High-Quality Child Care

Percent of Children in High-Quality Programs (4 or 5 Stars), Rhode Island, 2017

Infants & Toddlers (Under Age 3)



Preschoolers (Ages 3-5)



School-Age Children (Ages 6-12)



Access to High-Quality Child Care

- In 2018, Rhode Island passed legislation increasing and establishing tiered quality rates for the Child Care Assistance Program joining 41 other states with tiered quality rates to promote access to high-quality care.
- Infant/toddler rates were increased up to 33% and preschool rates were increased up to 21% for children in child care centers.
- Infant/toddler rates in 5-star centers now meet the federal benchmark for access to high-quality child care.

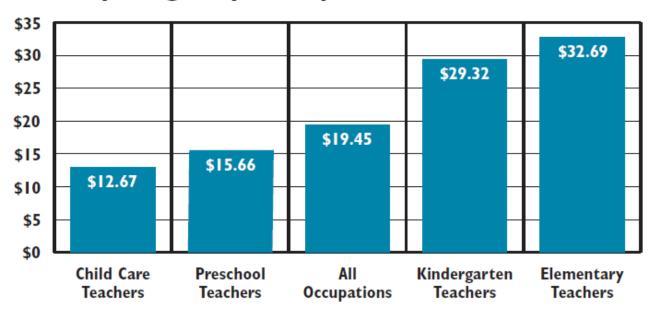
POLICY PRIORITY:

Continue to increase and expand tiered quality rates for the Child Care
Assistance Program (CCAP) to meet the federal benchmark for equal access to
quality child care. Ensure programs serving all ages of children (birth through age
12) have the resources they need to meet high-quality standards.



Early Learning Educator Wages

Hourly Wages by Occupation, Rhode Island, 2017



Source: U.S. Bureau of Labor Statistics. (2018). May 2017 state occupational employment and wage estimates, Rhode Island. Note: Kindergarten and elementary school teacher earnings are reported as annual salaries. Hourly wages were calculated by dividing the annual salary by 40 hours per week, 52 weeks per year.

Child Care Workforce

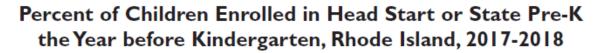
- Educators working with young children require specialized knowledge, training, and support to provide high-quality learning experiences.
- Child care teachers, particularly infant/toddler teachers, have low education levels, make very low wages, and turnover is high.
- There is a national goal to ensure all lead teachers in early childhood programs, including infant and toddler teachers, have a Bachelor's degree with coursework in early childhood education.
- At least 11 states provide wage supplements to improve qualifications and reduce turnover for child care teachers.

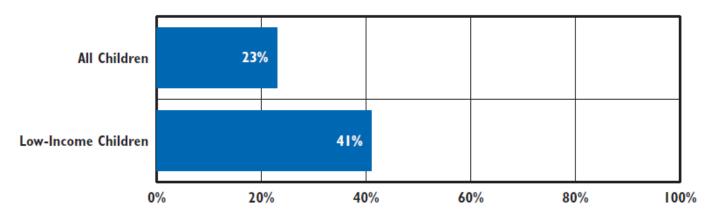
POLICY PRIORITY:

Increase state investments to improve the quality of infant/toddler child care. Develop and implement a wage supplement strategy to improve qualifications and retention of effective infant/toddler teachers and caregivers.

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State Pre-K & Head Start





Source: Rhode Island KIDS COUNT calculations using October 2017 enrollment in Head Start and State Pre-K as numerator and October 2017 enrollment in public kindergarten as denominator with low-income population estimated using the % of children receiving free or reduced price lunch.

• There are approximately 2,250 children enrolled in either Head Start or State Pre-K during the year before kindergarten, approximately 23% of all children and 41% of low-income children.

State Pre-K & Head Start

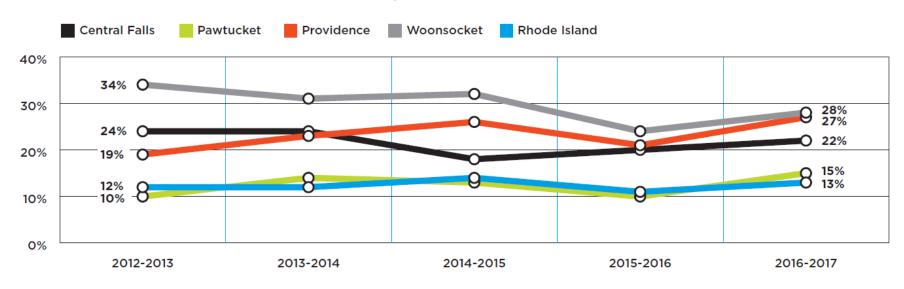
- Rhode Island's State Pre-K program is ranked #1 in the U.S. for quality (one of three states).
- In 2018, Rhode Island was ranked #33 in the U.S. for percentage of four-year-olds enrolled in State Pre-K.
- Rhode Island State Pre-K is offered through a mixed delivery system of Head Start agencies (37%), child care programs (35%), and public schools (28%).

POLICY PRIORITIES:

- Expand Pre-K so that all four-year-olds can enroll in a high-quality Pre-K or Head Start program that promotes learning through play.
- Continue to build on the diverse delivery system for Pre-K with child care programs, Head Start agencies, and public schools operating Pre-K classrooms. Ensure Rhode Island continues to meet all the national benchmarks for quality Pre-K.

Early Elementary Grades

CHRONIC ABSENCE RATES, KINDERGARTEN THROUGH THIRD GRADE



 Chronic early absence from school (percent of students who have missed at least 10% of the school year) is associated with long-term low academic achievement.

Early Elementary Grades

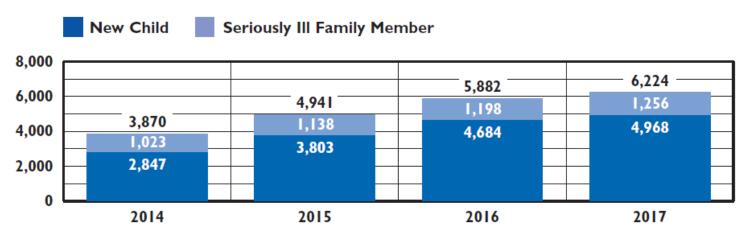
- Rhode Island is working to reduce chronic absence in all grades.
- Districts are receiving support to implement high-quality, play-based Kindergarten curricula.

POLICY PRIORITIES:

- Support implementation of high-quality, developmentally-appropriate curricula and assessment in kindergarten and Grades 1 to 3.
- Implement a statewide Kindergarten Entry Profile system so that kindergarten teachers have information about each individual child's strengths and challenges and policy makers can track trends in early learning and development.
- Reduce chronic absence in the early grades by ensuring schools are a welcoming
 place for families, children, and community members and implementing schoolbased attendance teams to support families that are having difficulty getting
 children to school.

Paid Family Leave





Source: Rhode Island Department of Labor and Training, TCI Program, 2014-2017.

- In 2014, Rhode Island became the 3rd state in the U.S. to implement a paid family leave program, offering partial wage replacement (approximately 60% of wages) through the Temporary Caregiver Insurance program.
- Paid family leave programs now exist in six states and the District of Columbia.

Paid Family Leave

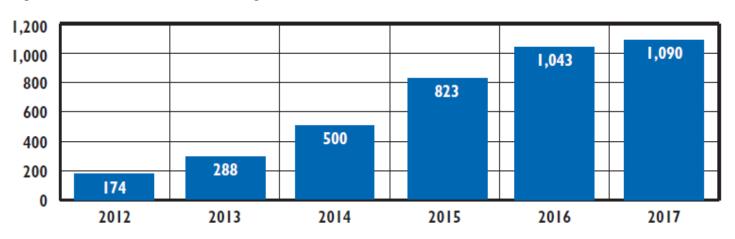
- Children do better when parents can take time off from work when a new child joins the family through birth, foster care, or adoption.
- Rhode Island's TCI program provides 4 weeks of partial wage replacement.
 Improved outcomes are associated with leaves of at least 12 weeks.
- Low-wage workers in Rhode Island are less likely to take TCI than higher-wage workers -- 42% of workers contributing to TCI make wages under \$20,000 but only 19% of approved claims are for these workers.

POLICY PRIORITIES:

- Improve wage replacement rates for low-wage workers so they can afford to take the time off they need.
- Extend the number of weeks available through TCI so all newborns and newly adopted or foster children can stay home with their parents and caregivers for at least 12 weeks.

Family Home Visiting

Families Enrolled in Evidence-Based Family Home Visiting Coordinated by the Rhode Island Department of Health, Rhode Island, 2012-2017



Source: Rhode Island Department of Health, enrollment in MIECHV-funded evidence-based home visiting programs, October 2012-2017.

 Family home visiting programs (including Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers) provide parenting education and support to foster healthy, safe, and stimulating environments for young children.

Family Home Visiting

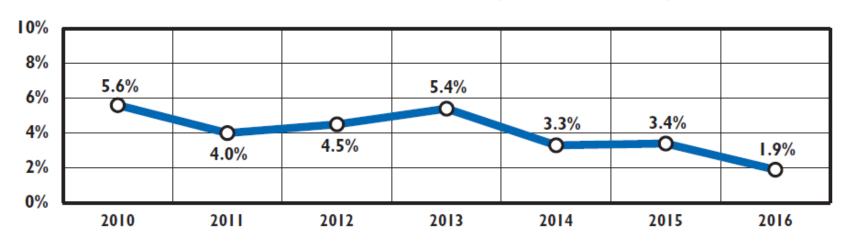
- Rhode Island has a strong track record of success in expanding evidencebased program models.
- As federal funding declines, state investments are needed to sustain these programs that are proven to improve child and family success.

POLICY PRIORITY:

 Increase state funding so all pregnant and parenting families facing significant challenges can participate in evidence-based family home visiting programs known to improve child and family success.

Children's Health & Development

Children Without Health Insurance, Rhode Island, 2010-2016



Source: U.S. Census Bureau, American Community Survey, 2014 & 2016. Table CP03. Data are for children under 18 years of age and are not comparable to Factbooks prior to 2015.

- The latest data show that 98% of Rhode Island's children under age 19 had health insurance coverage in 2017.
- 50% of births in Rhode Island were covered through RIte Care/Medicaid and approximately 58% of infants under age one have RIte Care/Medicaid coverage.

Children's Health & Development

- Nationally, there is a growing awareness of the unaddressed mental health needs of mothers, infants, and young children.
- With 6% of infants and toddlers in Rhode Island participating, the state's Early Intervention program is ranked #3 best in the U.S. for participation. There are intensive efforts to identify and enroll more children who could benefit from services, particularly young children who have experienced abuse or neglect.

POLICY PRIORITY: First 1,000 Days of RIte Care

- Build on the strengths of our RIte Care program by **improving connections to high-quality infant and toddler programs and services** through the 13 well-child visits scheduled in the first three years of life, full implementation of EPSDT, and high-quality prenatal care.
 - Sustain strong health insurance coverage rates.
 - Improve developmental screening and referral rates to Early Intervention.
 - Strengthen maternal depression and infant mental health screenings, services, and supports.
 - Coordinate pediatric care with family home visiting and Early Intervention programs.

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