EXECUTIVE SUMMARY

To pull out key themes we have observed in the 2023 Rhode Island KIDS COUNT Factbook, we are using color-coded highlighting. The following colors indicate the following trends:

- **Yellow highlighting**: Positive trend or fact observed.
- **Blue highlighting**: Workforce issues that are currently - or headed toward - a crisis in Rhode Island.
- **Green highlighting**: Increasing diversity of Rhode Island’s children and families.
- **Purple highlighting**: Disparities observed among Rhode Island’s children and families.

Rhode Island Demographics

- From 2002 to 2022, the number of babies born to mothers living in Rhode Island at the time of birth declined 18% from 12,375 babies in 2002 to 10,115 babies in 2022.
- In 2020 in Rhode Island, almost half (46%) of babies born were Babies of Color.
- In 2022, there were 6,346 newborns (65%) who had developmental, socio-economic and/or health factors that potentially put them at risk for poor outcomes later in life. Babies in families considered “at risk” are referred to First Connections at the Department of Health to help support healthy child development.
- Between 2017 and 2021, almost a quarter (23%) of children between the ages of five and 17 in Rhode Island spoke a language other than English at home.
- According to the 2021 Youth Risk Behavior Survey, 16% of high school students in Rhode Island described themselves as lesbian, gay, or bisexual, and 3% described themselves as transgender.

Racial and Ethnic Disparities

- 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 American Indians 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. 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 and Families of Color.
  - **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. 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.
Between 2017 and 2021, 15% of all Rhode Island children lived in poverty, 76% of whom were Children of Color.

Between 2017 and 2021 in Rhode Island, 15% of all children, 56% of American Indian children, 30% of Hispanic children, 25% of Black children, 12% of Asian/Pacific Islander children, and 10% of white children lived in poverty.

- **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. These social determinants of health, including economic stability, education access, 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.

**ECONOMIC WELL-BEING**

**Children in Poverty**

- In 2021, the federal poverty threshold was $23,578 for a family of three with two children and $29,678 for a family of four with two children.
  - According to the *2022 Rhode Island Standard of Need*, it costs a single-parent family with two young children $66,567 a year to pay basic living expenses.
  - People of Color are overrepresented among low-income working families. In Rhode Island, 51% of Latino two-parent families earn less than the income required to meet their basic needs, compared to 19% of white two-parent families.
  - Between 2017 and 2021, 16% (3,059) of Rhode Island families with incomes below the federal poverty threshold had at least one adult with full-time, year-round employment, and 39% (7,588) of Rhode Island families living in poverty had at least one adult working part-time.

- Between 2017 and 2021, 15% (31,854) of Rhode Island’s 208,925 children under age 18 with known poverty status lived in households with incomes below the federal poverty threshold.
- In Rhode Island between 2017 and 2021, Black and Hispanic children were about 16 and 13 times more likely, respectively, to live in high-poverty neighborhoods than non-Hispanic white children.

**Cash Assistance (RI Works)**
• The maximum monthly RI Works benefits for a family of three is $721 per month. Benefits were increased by 30% in 2021, the first increase in 30 years, but the maximum benefit is still only 37% of the federal poverty threshold and has lost value due to inflation.
  o Increasing the benefit to 50% FPL with a cost-of-living adjustment built in so the benefit would continue to be adjusted to follow increases in the FPL would protect Rhode Island children and families from deep poverty and the effects of inflation.
• In December 2022, there were 2,417 adults and 5,773 children under age 18 enrolled in RI Works. Seventy percent of RI Works beneficiaries were children.

Nutrition

• According to 2022 survey data from the RI Life Index, a survey conducted by Blue Cross & Blue Shield of RI and Brown University, 41% of households with children in Rhode Island reported *not being able to meet their basic food needs*, compared to 31% of all households, up from 25% for households with children and 18% for all households in 2021.
• The Rhode Island Community Food Bank network served, on average, 10,000 more people each month in 2022 than in 2021, with nearly one in three Rhode Island households unable to afford adequate food.
• Children who are undernourished are more likely to have poorer cognitive functioning when they miss breakfast. They are more likely to have behavior, emotional, and academic problems, more likely to repeat a grade, and more likely to be suspended. Children experiencing hunger are also more likely to be tardy or absent from school.

![Children Participating in the School Breakfast Program, Rhode Island, October 2022](image)

• The federal **Community Eligibility Provision** (CEP) allows schools and districts with 40% or more students identified as low-income, homeless or in foster care to provide free breakfast and lunch to all students and reduces administrative burdens. Rhode Island’s school district participation rate, which increased from 41% of eligible schools districts participating in the 2020-2021 school year to 45% of eligible school districts during the 2021-2022 school year, is still among the lowest in the nation.
• **Universal School Breakfast Programs**, which provide free breakfast to all children regardless of income, increase school breakfast participation by removing the stigma often associated with school breakfast and can reduce the administrative burden for schools. All schools in Rhode Island offered universal free breakfast during the 2020-2021 and 2021-2022 school years, due to the COVID-19 pandemic.
• The waiver authorizing free school meals for all students expired in June 2022.
  o California, Colorado, Maine, and Minnesota have passed *Healthy School Meals for All* bills making universal school meals permanent. Other states, including Connecticut, Massachusetts, and
Vermont, passed bills to provide free meals to all students for the 2022-2023 school year and are working to make these policies permanent.

Cost of Housing

- **In 2022, a worker would have to earn $38.38 an hour and work 40 hours a week year-round to be able to afford the average rent in Rhode Island without a cost burden.** This hourly wage was over three times the minimum wage of $12.25 per hour in 2022.
- In 2022, the median renter in Rhode Island could affordably rent in only one Rhode Island city or town – Burrillville.
- Rhode Island law establishes a goal that 10% of every community's housing stock qualify as Low- and Moderate-Income Housing. Currently, only six of Rhode Island’s 39 cities and towns meet that goal.
- In June 2022, the Providence metropolitan area had the fifth highest year-over-year increase in rent in the nation. Low rates of multifamily construction and low vacancy rates in Rhode Island have contributed to rising rents.
- Rhode Island’s FY 2023 budget included $250 million in federal funds from the American Rescue Plan Act dedicated to housing initiatives, including $30 million for downpayment assistance for homebuyers, $36.5 million to address homelessness, and $155 million toward housing production.
- In 2022, the Rhode Island General Assembly approved a package of bills addressing the state’s housing crisis. The new legislation updates the Low and Moderate Income Housing Act, streamlines the approval of construction of low and moderate income housing, creates a new Department of Housing and allows for the repurposing of school buildings for affordable housing.

Children Experiencing Homelessness

- In 2022, 280 families with 559 children stayed at an emergency homeless shelter, domestic violence shelter, or transitional housing facility in Rhode Island. Children made up almost one fifth (18%) of the 3,075 people who used emergency homeless shelters, domestic violence shelters, and transitional housing in 2022. One-third (32%) of these children were under age five. **As of January 20, 2023, there were 176 families with 357 children in the shelter queue awaiting shelter.**
- During the 2021-2022 school year, Rhode Island public school personnel identified 1,461 children as homeless (up from 1,109 the previous year).
- Over the past few years, an increasing number of states have been supporting postsecondary access and success for students experiencing homelessness by providing homeless liaisons on college campuses, housing support, and tuition and fee waivers.

Youth and Young Adult Homelessness

- In 2022, 170 youth or young adults stayed at an emergency shelter, or transitional housing facility in Rhode Island, including three unaccompanied minors, 115 unaccompanied young adults ages 18-24, 30 parenting young adults, and 22 young adults who were sheltered with their parents.
- In January 2023, outreach workers identified 49 youth or young adults ages 18 to 24 who had slept outside or in their cars for at least one night during the previous 30 days, including seven parenting youth or young adults.
- During the 2021-2022 school year, Rhode Island school personnel identified 19 unaccompanied homeless youth who were living in doubled up situations, in shelters, or unsheltered.

Paid Family Leave

- Access to — and being able to take — paid leave is a matter of equity. High-wage workers are much more likely to have access to paid family leave than low-wage workers. Women ages 18 to 34, Black and Hispanic
workers, those without a college degree, and low-income workers are less likely to have access to paid leave.

- There were 8,084 approved claims for TCI during 2022 (up from 7,031 in 2021); 77% were to bond with a new child and 23% were to care for a seriously ill family member.
- In 2022, 47% of individuals contributing to TCI earned less than $30,000, yet only 27% of all approved TCI claims were for individuals with wages in this category.

HEALTH

Health Insurance

- In 2021, 2.5% of Rhode Island’s children under age 19 were uninsured.
- Rhode Island ranked fourth best state in the U.S., with 97.5% of children covered.
- In Rhode Island, low-income children are now eligible to enroll in RIte Care regardless of their immigration status, so we anticipate that even more children will be covered in the coming years.
- 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. Approximately 55% of children under the age of three were enrolled in RIte Care/Medical Assistance in 2022.

Dental

- Forty-eight percent (64,562) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service on June 30, 2022 received dental services during State Fiscal Year 2022.
- The number of dentists accepting children with Medicaid coverage was 213 in 2022, a decrease from 312 providers in 2019.

Infant mortality

- In Rhode Island between 2017 and 2021, the Black infant mortality rate was 10.6 deaths per 1,000 live births, which is more than three times the white infant mortality rate of 2.9 deaths per 1,000 live births. The Black infant mortality rate is the highest of any racial or ethnic group even after controlling for risk factors such as socioeconomic status and educational attainment.
Structural racism 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 structural racism and work to identify and remove systemic barriers that keep Black mothers and their babies from receiving needed care.

The overall infant mortality rate in Rhode Island between 2017 and 2021 was 5.1 deaths per 1,000 live births. The infant mortality rate was higher in the four core cities (6.7 per 1,000 live births) than in the remainder of the state (4.1 per 1,000 live births).

Strategies to reduce racial and ethnic disparities in infant mortality 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 diversity of the health care workforce, and dismantling barriers to mental health care for Families of Color.

Policies that address the racial inequities in the social determinants of health (economic well-being, education access, health care, community/environment, social context) are important in reducing disparities. Reducing environmental, social, and economic stressors through laws and policies can help eliminate disparities in infant mortality (e.g., expanding access to health insurance and improving paid family leave policies, economic support policies, and smoke free laws).

Family Home Visiting:

- In 2022, 3,101 children received at least one First Connections home visit, down 9% from 2021. Fifty-two percent of children lived in one of the four core cities and 48% in the remainder of the state.
- As of October 2022, 1,038 families were participating in an evidence-based home visiting program in Rhode Island, down 21% from October 2021.
  - The decrease in participation can be attributed to a reduction in funded program capacity to increase wages for family home visitors in response to the ongoing staffing crisis and staffing challenges.

Children with Lead Poisoning

- Homes, schools, and child care settings can be contaminated with lead from paint or paint dust if built before 1978. Children can also be exposed to lead poisoning through corrosion of lead service lines where the water pipe from a house or building connects to the public water main.
- Low-income children continue to be at higher risk of lead exposure. In Rhode Island, children living in the four core cities are at increased risk for lead exposure because the housing stock tends to be older.
- In 2022, Rhode Island children living in the four core cities (3.9%) were more than three times as likely than children in the remainder of the state (1.1%) to have confirmed elevated blood lead levels of ≥5 μg/dL.

Asthma

- Asthma is a leading cause of emergency department visits and hospitalization for children under age 18 and school absenteeism.
- Puerto Rican and non-Hispanic Black children have much higher asthma rates than non-Hispanic white children. Social and environmental risk factors for asthma account for much of the pronounced racial and ethnic disparities in asthma rates and severity.
Pediatric asthma emergency department (ED) visit rates where asthma was the primary diagnosis decreased in each age group between 2017 and 2021.

Child Overweight and Obesity

- 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.
- A recent study of data collected in 2021 found that 16% of Rhode Island children ages two to 17 are overweight and 23% are obese.
- The COVID-19 pandemic limited children’s access to nutritious food and physical activity among other impacts. The rate of BMI increase for children ages 2 to 19 nearly doubled during the pandemic.

Births to Teens

- In 2021, the birth rate for U.S. teens (13.9 births per 1,000 teen girls) was the lowest ever recorded.
- In Rhode Island, the statewide five-year average teen birth rate declined 59% between 2008-2012 and 2017-2021, from 23.3 births per 1,000 teen girls to 9.6 per 1,000.
  - The teen birth rate in the four core cities declined 56% during that time but remains more than three times higher than the remainder of the state.

Substance Use

- In 2021, 17% of Rhode Island high school students reported currently smoking cigarettes or using electronic vapor products, down from 32% in 2019. Current use is defined as use on at least one day during the 30 days before the survey.
- In Rhode Island in 2021, 18% of high school students reported current use of e-cigarettes and 32% reported ever using e-cigarettes.
Among Rhode Island high school students in 2021, 17% reported current alcohol consumption, 16% reported current marijuana use, 18% reported current use of e-cigarettes, 8% reported current binge drinking, 3% reported current cigarette use, and 8% reported ever misusing prescription pain medication.

- This is a decrease from 2019 when 22% reported alcohol consumption, 23% reported current marijuana use, 30% reported current use of e-cigarettes, 11% reported binge drinking, 4% reported current cigarette use, and 10% reported ever missing prescription pain medication.

**Mental Health:** Mental health conditions and mental wellness must be addressed throughout all stages of life, including early childhood and as youth transition to adults. Infants who do not develop secure attachment with at least one caregiver are at risk for learning delays, relationship dysfunction, difficulty expressing emotions, and future mental health disorders. Children with mental health diagnoses often continue to have mental health needs and require a proper transition into the adult behavioral health system.

- In 2021, one in four (24%) children ages three to 17 had a mental, emotional, or behavioral health problem in Rhode Island. However, many children and youth have trouble getting mental health treatment. In Rhode Island in 2021, more than one-third (36%) of children ages three to 17 who needed mental health treatment or counseling had a problem obtaining needed care.
- In 2022, Rhode Island pediatric and behavioral health organizations declared a Child and Adolescent Mental Health State of Emergency.
- 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.
- In Federal Fiscal Year (FFY) 2022, there were 1,144 children and youth awaiting psychiatric inpatient admission (called psychiatric boarding), compared to FFY 2019 when there were 437 boarders. The average wait time for psychiatric admission in FFY 2022 was 6.2 days, compared to 3.2 days in FFY 2020. In FFY 2022, an average of two children per day were ready to leave the psychiatric hospital but were unable due to a lack of stepdown availability or there being no other safe placement (including at home).
  - Increasing the availability of outpatient services could reduce the dependency on higher-end care by intervening prior to mental health crises.

**Teen Suicide:** Children and youth with mental health conditions are at increased risk for suicide. In 2021, 38% of Rhode Island high school students reported feeling sad or hopeless for more than two weeks during the past year, continuing an upward trend. Girls were twice as likely as boys to report these feelings.

- Almost 10% of Rhode Island high school students reported attempting suicide one or more times during the past year.
- Of the 17 youth ages 15 to 19 who died from suicide between 2017 and 2021 in Rhode Island, 76% were male.
- In 2021 in Rhode Island, 521 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.
- In 2021 in Rhode Island, 325 teens ages 13 to 19 were hospitalized after a suicide attempt. Of these hospitalizations, 78% were girls, and 22% were boys.
SAFETY

Bullying

- Bullying adversely affects all children involved, including victims, perpetrators, and witnesses of bullying behaviors. Victims of bullying are at risk of emotional, behavioral, and mental health problems. Both victims and perpetrators of bullying are more likely to contemplate or attempt suicide.

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<tr>
<th>Bully Status, by Gender and Grade Level, Rhode Island, 2021</th>
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<tr>
<td>Bullied on School Property</td>
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<td>Bullied Electronically</td>
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<td>Been in a Physical Fight</td>
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- In 2021 in Rhode Island, 29% of middle school students (37% of females and 21% of males) and 12% of high school students (14% of females and 10% of males) reported being electronically bullied.
  - This is an increase from 2019 when, 20% of middle school students (27% of females and 15% of males) and 13% of high school students (17% of females and 9% of males) reported being electronically bullied.

Gun violence

- 2021 was the deadliest year for gun violence in U.S. history, and firearm-related injuries remain the leading cause of death in the U.S. among children and youth ages one to 19, surpassing motor vehicle deaths.
- Deaths due to firearms among children under age 18 increased by 12.7% from 2020 to 2021.
- In Rhode Island between 2017 and 2021, there were 184 emergency department visits, 20 hospitalizations, and 11 deaths of children and youth ages 1 to 19 attributed to firearms. All of the child deaths due to firearms were among youth over age 14.
- Preventing access to guns is an important measure in 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.
  - 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 high-capacity magazines. Rhode Island does not currently have a ban on assault weapons.
The number of juvenile offenses referred to the Family Court fell 25% from 2019 to 2020 during the COVID-19 pandemic; however, since then we have seen the number of referrals increasing, though the number has not yet risen to pre-pandemic levels. Although the number of offenses in 2022 is reflective of a recent increase over the past two years, the number of offense referrals have remained lower than prior to the COVID-19 pandemic.

- On January 3, 2023, there were 289 youth on probation, up 10% from 262 youth on January 4, 2022.
- In 2022, there were a total of 180 youth at the Training School, up 25% from 144 during 2021.
  - During 2022, the number of girls who passed through the Training School nearly doubled from 19 in 2021 to 32.
- Youth of Color continue to be disproportionately represented at every stage of the juvenile justice system:

  ![Racial and Ethnic Disparities in Rhode Island](image)

- During 2022, non-Hispanic Black youth made up 24% of youth at the Training School and 20% of youth on probation, while making up only 6% of the total child population. Hispanic youth made up 42% of youth at the Training School and 37% of youth on probation, while making up 27% of the total child population.
● **Children in the care of DCYF:**
  o As of December 31, 2022, there were 1,789 children under age 21 in the care of DCYF who were in out-of-home placements. This marks an 18% decrease in the number of children who were in out-of-home placements before the pandemic.
  o Older youth who age out of foster care without permanency are at risk for low educational attainment, homelessness, unemployment, and unintended pregnancy. The *Families First Prevention Services Act* allows states to extend eligibility for services up to age 23 to help youth transition to independent living with better outcomes into adulthood.
  o During calendar year 2022, 242 children in the care of DCYF were adopted in Rhode Island, up 91% from 2020.

**EARLY EDUCATION**

The development and retention of a highly qualified and appropriately compensated workforce for early childhood programs is critical.

● **Early Intervention:** Infants and toddlers with developmental delays and disabilities and those who face significant family circumstances need extra help and should receive high-quality Early Intervention services to develop essential language, social-emotional, and motor skills to reduce the need for services when they are older.
  o As of June 30, 2022, there were 1,921 infants and toddlers receiving Early Intervention (EI) services, 6% of the population under age three. The number of children enrolled was down 19% from 2,358 in June 2019.
  o Starting in November 2021, infants and toddlers referred to Early Intervention in Rhode Island have been placed on a statewide waiting list due to a staffing crisis in the program. From November 2022 to February 2023, the state transferred 1,171 infants and toddlers from the state waiting list to referral lists managed by Early Intervention agencies and removed 382 children when the family declined the referral or did not respond to outreach.

● **Child Care:** Staffing shortages caused by low compensation in the child care and early learning field are common nationally, causing classroom closures and reduced operating capacity. Nationally in October 2022, 67% of child care programs reported they were experiencing a staffing shortage. Among those, 45% reported they are serving fewer children and 37% reported a longer waiting list.
  o Child care educators, almost all of whom are women, and are disproportionally Women of Color, are responsible for the safety, health, learning, and development of our youngest children yet make very low wages and many are not able to meet their basic needs.
    ▪ In Rhode Island in 2021, the median hourly wage was $13.26 for a child care educator and $14.08 for a preschool educator, in the same range or lower than fast food workers.
  o In Rhode Island, nine out of 10 families cannot afford the average cost of child care for one infant. 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.
    ▪ Using the federal child care affordability guideline a Rhode Island family would need to earn at least $167,000 to afford the average annual cost for one preschooler at a licensed center in 2021.
  o In December 2022, there were 6,072 child care subsidies in Rhode Island, a historic low and down 43% from 2019 and 58% from the 2003 peak.
• In December 2022, more than half (52%) of subsidies were used by families with incomes at or below the federal poverty level.

• **Early Head Start**: 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.
  o As of October 2022 in Rhode Island, there were 424 individuals (infants, toddlers, and pregnant women) enrolled in Early Head Start, down 35% from 656 individuals in 2019.

• **Head Start/Pre-K**: Decades of research has 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.
  o In October 2022, there were 1,219 children enrolled in Head Start, down 39% from 2019 and down 50% from 2012. In October 2022, there were 2,364 children enrolled in RI Pre-K, up 66% from 2019.
    ▪ Of these, 24% were dually enrolled with braided funding.
    ▪ This means that Head Start/Pre-K is reaching approximately 14% of all three- and four-year-old children and 25% of low-income children in Rhode Island.
  o Inability to hire and retain qualified Head Start teachers due to noncompetitive wages caused the closure of 30 Head Start classrooms as well as reduced enrollment in 14 Head Start classrooms in Rhode Island during the 2022-2023 school year, despite a waiting list of 237 eligible children.
  o Nationally, 20% of Head Start and Early Head Start classrooms are closed and there is an estimated waiting list of over 100,000 children. Inadequate compensation for Head Start teachers is the primary reason for the closures and wait lists.

**Preschool Special Education**

• During the 2021-2022 school year in Rhode Island, districts completed developmental screenings for only 34% of children ages three to five, up from 23% 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 (31%) than children in the remainder of the state (36%).
Preschool children with disabilities who attend high-quality preschool with typically developing children and receive special education services in inclusive settings have improved outcomes. Children in the four core cities were less likely to receive preschool special education services in an inclusive early childhood setting (46%) than children in the remainder of the state (59%).

**EDUCATION**

**Suspensions**

- More than half (54%) of out-of-school suspensions of Rhode Island public school students during the 2020-2021 school year were for non-violent offenses.
  - Rhode Island students receiving special education services represented 16% of the student population but represented 30% of suspensions.
- For Rhode Island elementary school students, 76% of disciplinary actions were out-of-school suspensions.
- In 2021-2022 in Rhode Island, there were 65 kindergartners who were suspended for at least one day, 35% of whom had a developmental delay or disability. Kindergartners experienced 121 disciplinary actions, with 109 out-of-school suspensions and 12 in-school suspensions.
- As of 2018, approximately 16 states and Washington D.C. limit the use of suspension in the early grades.

**Kindergarten:**

**Chronic absence**

- 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).

**Chronic Absence Rates in Rhode Island by Grade, 2021-2022 School Year**

During the 2021-2022 school year, the average daily attendance rate for K-3 students in Rhode Island's four core cities was 88%, but 47% of students were chronically absent. **Across all grades, the chronic absence rates have increased substantially compared to pre-COVID rates.**
For example, the chronic absence rate among kindergartners doubled from 17% during the 2018-2019 school year to 34% during the 2021-2022 school year.

Among sixth graders, chronic absence rates more than doubled from 15% during the 2018-2019 school year to 32% during the 2021-2022 school year.

Groups with the highest levels of chronic absence were also hardest hit by the COVID-19 pandemic. Partnering with students, families, and community partners can help schools re-engage chronically absent students and address lost learning opportunities.

During the 2021-2022 school year in Rhode Island, 48% of middle school students and 43% of high school students were considered truant by RIDE.

Seventy six percent of absences by middle and high school students were unexcused absences.

During the 2021-2022 school year in Rhode Island, 13.3% of teachers were chronically absent.

Multilingual Learners:
The number of MLL/EL students in Rhode Island has nearly doubled (increased by 88%) from the 2011-2012 to 2021-2022 school years.

In Rhode Island, students in kindergarten through fourth grade are more likely to be a Multilingual Learner/English Learner (MLL/EL) than older students.

In October 2022, 3% (361) of Rhode Island public school teachers and instructional coordinators held an active Bilingual, Dual Language, or English to Speakers of Other Languages certification.

Math skills:

During the COVID-19 pandemic the percentage of Rhode Island students meeting expectations in math for third graders declined from 36% in 2019 to 25% in 2021 and then increased to 35% in 2022, while for eighth graders it declined from 24% in 2019 to 16% in 2021 and then increased to 21% in 2022.

Strong math skills predict higher college attendance and success rates and increase students' employability.
In 2022, Rhode Island adopted new graduation requirements which will require students beginning with the Class of 2024 to demonstrate proficiency in financial literacy and beginning with the Class of 2028 to also demonstrate proficiency in world languages, lab sciences, college preparation coursework, civics, and computer science.
There continue to be large gaps in college access, particularly four-year college enrollment, between low- and higher-income students as well as by language status and disability.
In Rhode Island, there are large gaps in college completion between low-income and higher-income students, with 43% of low-income students completing college within six years, compared to 75% of higher-income students. There are also large disparities by race and ethnicity, language status, and disability.

Rhode Island has a low overall youth disconnection rate. Between 2017 and 2021, an estimated 2,728 (4.3%) youth ages 16 to 19 in Rhode Island were not in school and not working. In 2021, Rhode Island had the lowest percentage of teens not in school and not working in the nation, 3% in Rhode Island compared to 7% in the nation as a whole.