



**W**here 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.



## Demographics

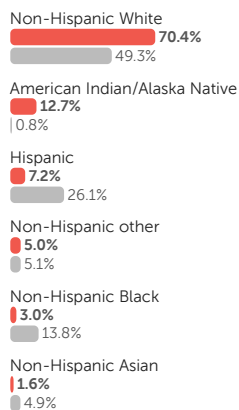
### Infants and toddlers in South Dakota

#### Overview

South Dakota is home to 37,013 infants and toddlers, representing 4.3 percent of the state's population. As many as 47 percent live in households with incomes less than twice the federal poverty line (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.

■ SOUTH DAKOTA ■ NATIONAL AVERAGE

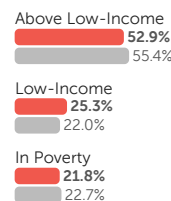
#### Race/ethnicity of infants and toddlers



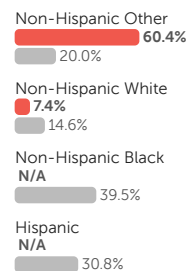
#### Working moms



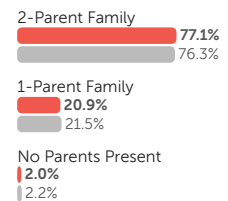
#### Poverty status of infants and toddlers



#### Infants and toddlers in poverty, by race



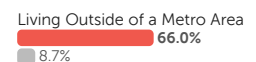
#### Family structure



#### Grandparent-headed households



#### Rural/Non-metro area





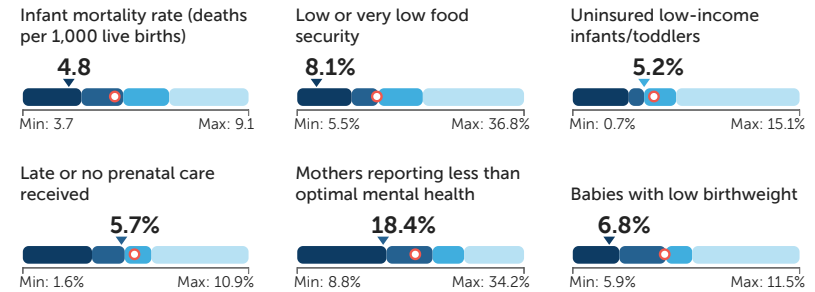
### What is Good Health?

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 3 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.

South Dakota falls in the Improving Outcomes (O) 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 maternal health indicators, such as the percentage of women in South Dakota receiving late or no prenatal care, which fall mainly in the Improving Outcomes (O) tier. The state's income eligibility limit for pregnant women in Medicaid (as a percentage of the federal poverty line) is in the Getting Started (G) tier. South Dakota's Medicaid plan covers early childhood mental health services in pediatric/family medicine practices, but not in home settings or early childhood education programs.

### Six Key Indicators of Good Health

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



### Good Health Policy in South Dakota

Medicaid expansion state	No ❌
State Medicaid policy for maternal depression screening in well-child visits	Recommended
Medicaid plan covers social-emotional screening for young children	Yes ✅
Medicaid plan covers IECMH services at home	No ❌
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes ✅
Medicaid plan covers IECMH services at ECE programs	No ❌



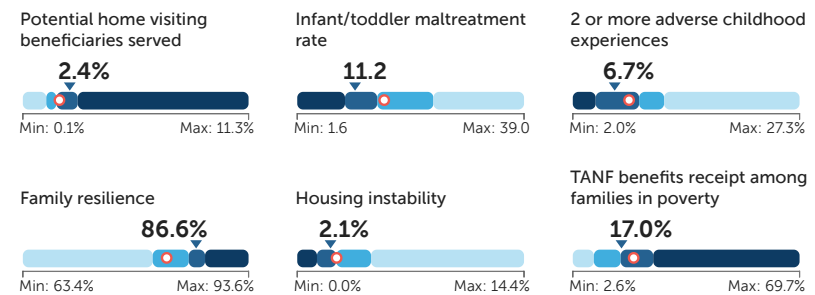
### What Defines Strong Families?

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.

South Dakota falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state's low ranking in this domain reflects the relatively lower percentage of young children exiting foster care to permanency, and the state's paid leave policies. However, in terms of access to basic needs and supports, the state is in the Improving Outcomes (O) tier. South Dakota does not require employers to offer paid sick days that cover care for children, nor does it have a paid family leave program.

### Six Key Indicators of Strong Families

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



### Strong Families Policy in South Dakota

Paid sick time that covers care for child	No ❌
Paid family leave	No ❌



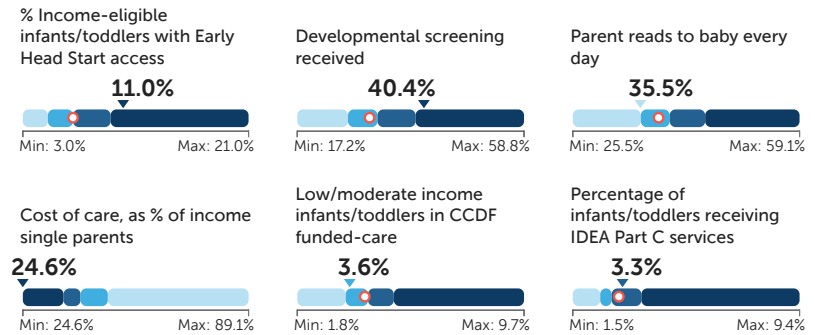
## What Defines Positive Early Learning Experiences?

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.

South Dakota 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 average infant care costs, as a percentage of single parents' and married parents' incomes, which are less burdensome for families in South Dakota than in most other states. For its performance on these indicators, and the percentage of eligible infants and toddlers with access to Early Head Start, South Dakota falls in the Working Effectively (W) tier. South Dakota's early intervention and prevention services indicators score primarily in the Reaching Forward (R) tier. However, the indicators of parents reading to and singing songs to their babies daily are in the Getting Started (G) tier.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in South Dakota

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

## All indicators for South Dakota

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

### Good Health

G Eligibility limit (% FPL) for pregnant women in Medicaid	138.0	National average: 200.0	R Uninsured low-income infants/toddlers	5.2%	National average: 5.8%
W Low or very low food security	8.1%	National average: 16.5%	R Infants ever breastfed	83.3%	National average: 83.2%
O Infants breastfed at 6 months	62.6%	National average: 57.6%	O Late or no prenatal care received	5.7%	National average: 6.2%
O Mothers reporting less than optimal mental health	18.4%	National average: 22.0%	R Preventive medical care received	92.8%	National average: 90.7%
R Preventive dental care received	28.4%	National average: 30.0%	W Babies with low birthweight	6.8%	National average: 8.2%
W Infant mortality rate (deaths per 1,000 live births)	4.8	National average: 5.9	R Received recommended vaccines	70.4%	National average: 70.7%

## Strong Families

<b>O</b> Housing instability	<b>2.1%</b> <i>National average: 2.5%</i>	<b>O</b> Crowded housing	<b>11.0%</b> <i>National average: 15.6%</i>
<b>O</b> TANF benefits receipt among families in poverty	<b>17.0%</b> <i>National average: 20.6%</i>	<b>O</b> Infant/toddler maltreatment rate	<b>11.2</b> <i>National average: 16.0</i>
<b>W</b> Unsafe neighborhoods	<b>1.6%</b> <i>National average: 6.3%</i>	<b>O</b> Family resilience	<b>86.6%</b> <i>National average: 82.6%</i>
<b>G</b> 1 adverse childhood experience	<b>26.9%</b> <i>National average: 21.9%</i>	<b>O</b> 2 or more adverse childhood experiences	<b>6.7%</b> <i>National average: 8.3%</i>
<b>G</b> Infants/toddlers exiting foster care to permanency	<b>82.1%</b> <i>National average: 98.4%</i>	<b>O</b> Potential home visiting beneficiaries served	<b>2.4%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>G</b> Parent reads to baby every day	<b>35.5%</b> <i>National average: 38.2%</i>	<b>G</b> Parent sings to baby every day	<b>52.1%</b> <i>National average: 56.4%</i>
<b>W</b> % Income-eligible infants/toddlers with Early Head Start access	<b>11.0%</b> <i>National average: 7.0%</i>	<b>W</b> Cost of care, as % of income married families	<b>7.7%</b> <i>National average: N/A</i>
<b>W</b> Cost of care, as % of income single parents	<b>24.6%</b> <i>National average: N/A</i>	<b>R</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>3.6%</b> <i>National average: 4.2%</i>
<b>W</b> Developmental screening received	<b>40.4%</b> <i>National average: 30.4%</i>	<b>O</b> Infants/toddlers with developmental delay	<b>0.0%</b> <i>National average: 1.1%</i>
<b>O</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>3.3%</b> <i>National average: 3.1%</i>		