



2025 Prenatal-to-3 State Policy Roadmap



A Roadmap to Strengthen Your State's Prenatal-to-3 System of Care

Grounded in the science of the developing child and based on comprehensive reviews of the most rigorous evidence available, this Prenatal-to-3 State Policy Roadmap provides evidence-based policy solutions that foster the nurturing environments infants and toddlers need to thrive.

The annual Roadmap includes:

- Policy profiles that summarize the research and related impacts on child and family outcomes, and the progress states have made towards full and equitable implementation, and
- State profiles that track implementation of each effective Roadmap policy and strategy, and 19 child and family outcome measures that assess the wellbeing of its infants and toddlers.

Few States Are Doing It All, But Many Are Moving Forward

Although no states newly implemented effective Roadmap policies in the last year, many states made progress to improve access to effective policies and strategies.

Number of Implemented Effective Roadmap Policies by State



State newly implemented at least one effective policy since October 1, 2024.

Explore South Dakota's Roadmap.

pn3policy.org/roadmap/sd

Contact us to inquire about our state services at pn3center@vanderbilt.edu or submit a request for our services online at pn3policy.org/state-services.



Prenatal-to-3 State Policy Roadmap

Align Policy Goals with Effective Policy Solutions Proven to Impact Outcomes

GOALS Access to Needed Service	ed Ability	Sufficient Household Resources	Healthy and Equitable Births	Parental Health and Emotional Wellbeing	Nurturing and Responsive Child-Parent Relationships	Nurturing and Responsive Child Care in Safe Settings	Optimal Child Health and Development
POLICIES Expanded Income Eligibility for							
Health Insurance Paid Family and Medical Leave for Families with a New Child							
State Minimum Wage of \$10.00 or Greater							
Refundable State Earned Income Tax Credit of at Least 10% STRATEGIES							
Reduced Administrative Burden for SNAP							
Comprehensive Screening and Connection Programs							
Child Care Subsidies Group Prenatal Care							
Community-Based Doulas)						
Evidence-Based Home Visiting Programs							
Early Head Start Early Intervention							
OUTCOMES Health Insur Adequat Prenatal C Developme Screening	e Employment are ntal	Child Poverty Crowded Housing Homelessness Food Insecurity	Preterm Births Infant Mortality	Maternal Mental Health Parenting Support	Daily Reading Daily Nurturing Behaviors Parenting Stress	Access to EHS	Breastfeeding Immunizations Child Maltreatment

2025 South Dakota Roadmap Summary

Explore a summary of your state's progress implementing effective policies and strategies.

Effective Roadmap Policy			2	2025 Policy Snapshot	:		
Expanded Income Eligibility for Health Insurance to 138%	138% of the FPL		South Dakota has expanded Medicaid eligibility under the Affordable Care Act; thus, parents earning up to 138% of the FPL are eligible for Medicaid coverage in SD.				
Paid Family and Medical Leave for Families with a New Child	•	O weeks		n, but it does have a pai	vide paid family and medical d family leave program for		
State Minimum Wage of \$10.00 or Greater	•	\$11.50 per hour		ate minimum wage in Stally for inflation.	South Dakota is \$11.50 and is		
Refundable State Earned Income Tax Credit of at Least 10%)	No EITC	have an incor	ne tax, which is the typ	EITC, and the state does not ical mechanism used to tructure for a state EITC.		
State has adopted and fully implemen	nted th	e policy	State has newly a	adopted and fully implemente	ed the policy since October 1, 2024		
Effective Roadmap Strategy			2	025 Strategy Snapsh	oot		
Reduced Administrative Burden for SNAP		O 12-mo	onth ication Period	Simplified Income Reporting	Online Case Management		
Comprehensive Screening and Connection Programs		State	wide Goal	Medicaid Funding	State Funding		
Child Care Subsidies			ne Eligibility SMI)	Limit Family Copayments	Equitable Reimbursement Rate		
Group Prenatal Care		()	nced Medicaid bursement Rate	State Funding			
Community-Based Doulas		Medio Cove		Fund Training and Credentialing	I		
Evidence-Based Home Visiting Programs		O Medio					
Early Head Start		State	Support				
Early Intervention Services			Low Birthweight fication	At-Risk Qualification	Eliminate Family Fees		
State implemented all key policy levers				has met the criteria for the le			
NEW State has met criteria for the lever sind	ce Octo	ober 1, 2024	State	has not met the criteria for th	e lever		

Policy Goal	Outcome Measure	Worst State	Best State	Rank
Access to Needed Services	% Low-Income Women Uninsured	30.0%* 40.7%	5.5%	50
	% Births to Women Not Receiving Adequate Prenatal Care	25.9% • 16.2% SD	6.2%	34
	% Children < 3 Not Receiving Developmental Screening	71.8% • 61.2% SD	41.3%	36
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	33.0% • 22.5%* SD	12.3%	21
	% Children < 3 in Poverty	26.7% • 15.0% SD	6.2%	28
Sufficient Household Resources	% Children < 3 Living in Crowded Households	35.3% • 16.6% SD	7.6%	31
	% Children < 3 Experiencing Homelessness	9.1% •	1.1%	11
	% Households Reporting Child Food Insecurity	7.4%* SD	1.6%	32
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	15.0% •12.5% • SD	7.7%	47
	# of Infant Deaths per 1,000 Births	8.9 • 6.3 SD	2.9	36
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	11.9% • 10.3% • SD	2.3%	46
	% Children < 3 Whose Parent Lacks Parenting Support	24.4% •	10.2% SD 6.2%	6
Nurturing and Responsive Child- Parent Relationships	% Children < 3 Not Read to Daily	71.2% • 56.8% SD	38.6%	18
	% Children < 3 Not Nurtured Daily	49.9% 42.9 % SD	27.7%	37
	% Children < 3 Whose Parent Reports Not Coping Very Well	44 1%	9% D 27.1%	11
Nurturing and Responsive Child Care in Safe Settings	% Children Without Access to EHS	95.5% • 87.9% SD	30.0%	24
Optimal Child Health and Development	% Children Whose Mother Reported Never Breastfeeding	30.3% • 13.1% SD	6.9%	17
	% Children < 3 Not Up to Date on Immunizations	39.6% 31.4% SD	9.9%	32
	Maltreatment Rate per 1,000 Children < 3	28.1 12.6 SD	2.0	25

Data marked with a * should be interpreted with caution. For additional information regarding calculation details, data quality, and source data please refer to Methods and Sources.





