Hospitals as Reporters: Determinants and Consequences of Early-Life Child Protection Contact*

Christopher Mills† Katherine Rittenhouse‡

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Extended Abstract

Hospitals serves as a first line of defense in detecting severe parental substance abuse and other indicators of child abuse and neglect (hereafter, maltreatment). While variation in other important hospital practices at and around birth have been well-documented (e.g., C-sections: Card et al., 2023; Robinson et al., 2023; Corredor-Waldron et al., 2025), child maltreatment reporting has been relatively overlooked despite widespread debate among experts concerning optimal reporting guidelines to child protective services (CPS). This paper documents the important role that hospitals play in detecting maltreatment, providing some of the first evidence on variation in child maltreatment reporting and accuracy from medical practitioners, and from any major reporting source in general (School reporting: Fitzpatrick et al., 2020; Baron et al., 2026). We show that (i) a large magnitude of early-life CPS contact – particularly for the most at-risk children – is driven by hospitals at birth, (ii) hospitals vary substantially in reporting rates and reporting accuracy, (iii) counterfactual reporting policies could reduce false positives and false negatives substantially (ongoing), and (iv) estimate the welfare effects of hospital reporting to CPS (ongoing).

First, using 27 years of high-quality linked administrative records (birth, CPS, death) from California, we show that a substantial fraction of children ever with severe CPS contact or otherwise at risk of harm are initially reported to CPS by hospitals at birth. For instance, approximately 22% of children who are ever placed in foster care are reported in the first month of life. Hospital reporting rates have also fluctuated substantially over time, rising from 1.5 percent of births in 2000 to 2.5 percent in 2020, and recently dropping.

Second, hospitals vary substantially in their risk-adjusted reporting rates and accuracy. Restricting to California hospital-years with 1,000 births, a large fraction of hospitals report less than 0.50 percent of newborns, and others report more than 10 percent. Hospital reporting quality is cross-validated using false positive rates (reports with no child substantiation by age 2), false negative rates (children substantiated by age 2 who were not reported), and reporting "risk ratios" (ratio of predicted substantiation

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†University of Notre Dame. E-mail: chris.mills@nd.edu.

‡University of Texas at Austin. E-mail: katherine.rittenhouse@austin.utexas.edu.

using birth characteristics for reported children relative to non-reported children). We cross-validate these estimates using a movers-style design that uses consecutive births to the same mother across different hospitals. There is significant variation in reporting tendencies and reporting rates by hospital type. For example, university-affiliated hospitals tend to have lower rates of false negatives, conditional on risk-adjusted reporting rates. We are currently estimating the association between other hospital practices (such as C-section rates and NICU capacity/utilization) and reporting rates, both in terms of magnitude, accuracy, and racial disparities (ongoing).

Finally, given hospitals' role in early detection of severe parental substance abuse and other indicators of maltreatment, and given CPS' relative aggression in investigating and removing infants, it is plausible that hospital reporting could either meaningfully benefit children *or* destabilize families who are falsely reported. Using a novel linkage of statewide vital statistics death records with CPS records, and leveraging additional variation from quasi-random assignment of CPS hotline workers with different propensities to investigate a hospital report, we have estimated the impact of hospital reporting on child mortality for the focal (birth) child and siblings, future fertility and prenatal care utilization for the birth mother, and later-life confirmed maltreatment and foster care placement for the focal (newborn) child and siblings. (These estimates are currently being refined and are not shown here.)

I Select Figures and Tables

Figure 1: Age of First Referral, Among Children Ever Placed in Foster Care

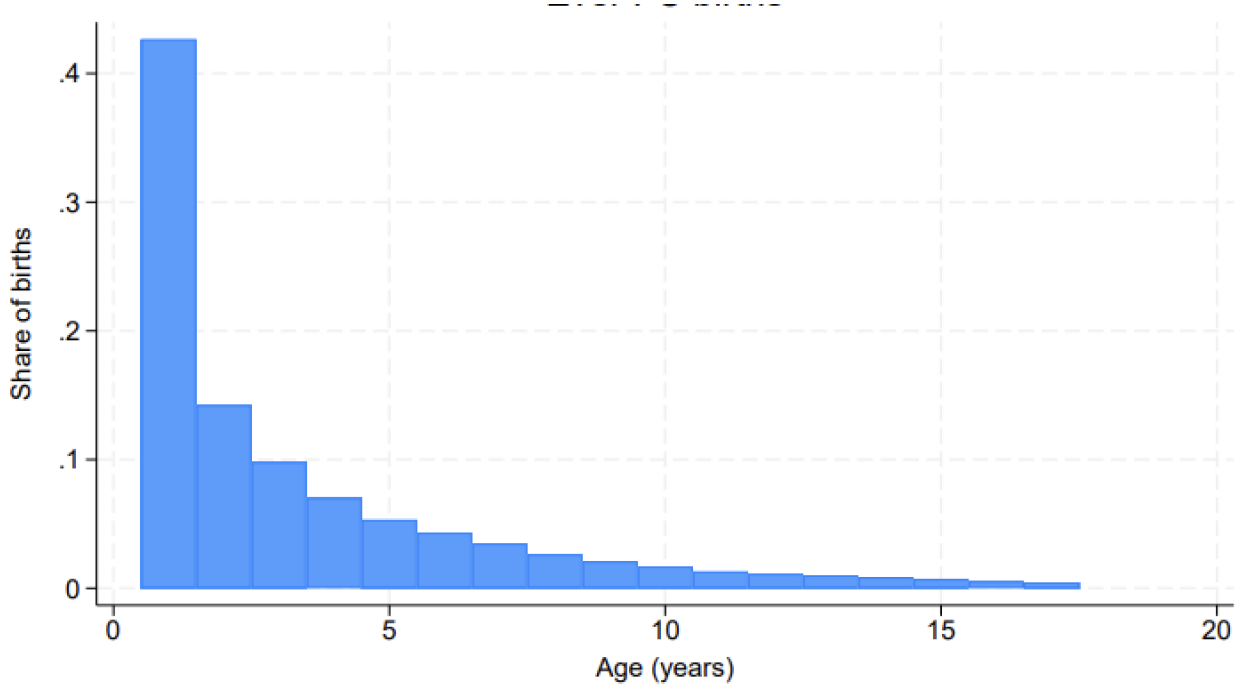


Figure 2: Foster Care by Age, Among Children Reported vs. Not Reported at Birth

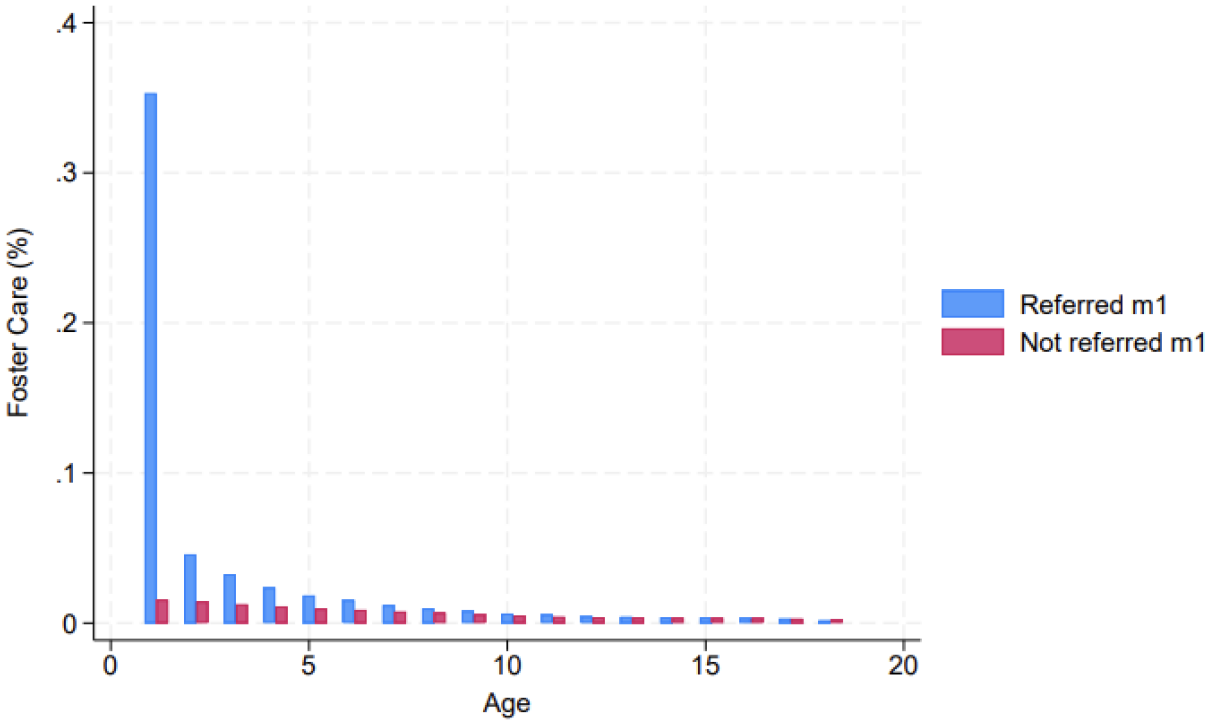
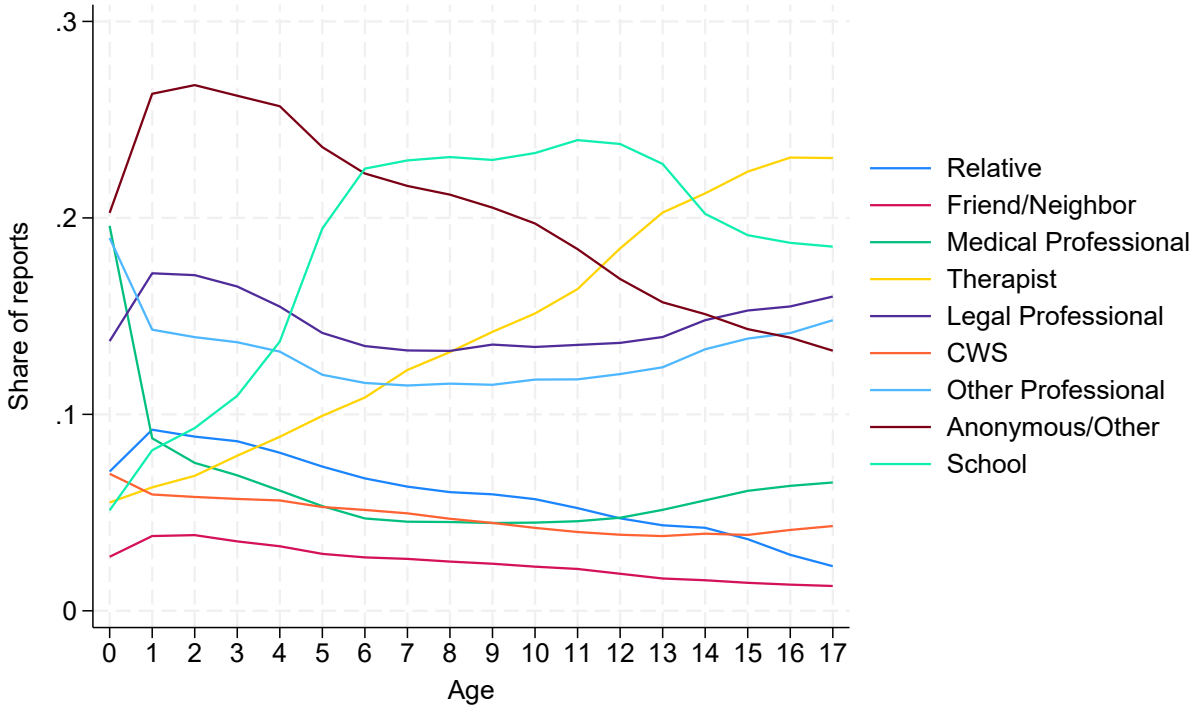


Figure 3: Source of CPS Referrals, by Child Age



Notes: This figure presents the primary reporting source for child maltreatment referrals in California by age, using a sample of reports from 2000-2024. Medical reporters, "other professionals" (often nurses and hospital staff), and social workers (sometimes stationed in hospitals) together are the largest reporters of infants, accounting for approximately 40 percent of child reports before age 1 and approximately 89 percent of reports within the first two weeks after birth.

Figure 4: Hospital Reporting Rates (At Least 1,000 Births)

