



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Alister F. Martin, MD, MPP
Commissioner

Testimony

of

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Deputy Commissioner of Environmental Health
New York City Department of Health and Mental Hygiene

before the

New York City Council
Committee on Health,
Committee on Oversight & Investigations, &
Subcommittee on Early Childhood Education

on

Child Care Program Background Checks

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Good afternoon, Chair Schulman, Chair Krishnan, Chair Gutiérrez, Majority Leader Abreu, and members of the Committees on Health and Oversight & Investigations, and the Subcommittee on Early Childhood Education. I am Corinne Schiff, Deputy Commissioner for Environmental Health at the New York City Health Department. On behalf of Commissioner Martin, thank you for the opportunity to testify today on our work to promote safe, quality child care.

The Health Department is charged with protecting and promoting the health of all New Yorkers. One of our critical responsibilities is oversight of child care programs. The Department regulates child care centers, programs that serve children under age six in stand-alone commercial locations, and school-based child care programs, which serve children ages three to five in a school with upper grades. New York State regulates home-based child care, which serves children six weeks to 12 years old in a residential setting, and school-age child care, which operates in non-residential settings to care for children in school, ages five to 13, after school and during school breaks. The Health Department holds a contract with New York State to conduct some aspects of the licensing and background check processes and to inspect.

Safe, quality child care sets children up for a lifetime of positive health outcomes, and New York City has some of the strongest and most protective health and safety requirements in the country. Mayor Mamdani has been clear that maintaining NYC's high health and safety standards is a key component of the city's universal child care plan.

Every provider who applies to open a child care center in NYC undergoes a rigorous vetting process, and once the program is operating, the Health Department conducts unannounced inspections to promote compliance with health and safety mandates. We make inspection results available on our website, Child Care Connect, and provide recent inspection history and other information on a Performance Summary Card, posted at the program entrance.

The Department's work on background clearances is the subject of today's oversight inquiry and of Introduction 15. Since 2019, the Health Department conducts a comprehensive background clearance for anyone working in a child care program who may have contact with children.

Federal law requires us to process the clearance application within 45 days, and I am pleased to report that after years of extensive backlogs, our median processing time is now below the 45-day mandate. We continue to upgrade our technology to improve efficiency and anticipate further improvements to our turnaround time. Some applications take longer than 45 days, including for reasons outside of the Department's control, such as when we must request clearance information from another state and do not receive a timely response.

Turning to Introduction 15, it would prohibit the Health Department from repeating a background check except where the law requires it. The Department already conducts a renewed background check only when required by law and would like to discuss with Council the concerns this bill aims to address.

Introduction 135 would require the Department to post summary inspection reports on our website within 24 hours, post closure orders at the entrance to the child care program, and provide the closure order to parents or caregivers. The Department already posts summary inspection reports on our Child Care Connect website. Our inspection system uploads these reports overnight, and they appear the next day.

Regarding closure, the vast majority of the city's child care providers offer safe and loving environments for children. There are times, however, when we identify programs operating unsafely. In those cases, we require the program to close, correct the deficiencies, and update their protocols. Only after the program demonstrates to us that it can operate safely, do we authorize reopening.

We know this closure can create a hardship for families, and we do not take this step lightly. As part of the closure process, we require the provider to post the closure order at the program entrance and distribute closure information to families. We would like to work with the Council regarding the best way for the Department to provide closure information directly to families.

Thank you for the opportunity to testify. I am happy to take questions.