Onondaga County Health Department of Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

By Onondaga County Comptroller Martin D. Masterpole

Report Index

SECTION I
INTRODUCTION

Introduction

The Onondaga County Health Department - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental nutritious foods at no cost to low-income pregnant, breastfeeding, and postpartum women, infants, and children up to age five who have been determined to be at nutritional risk. WIC promotes breastfeeding as the feeding method of choice for infants and provides support through education, peer counselors, nutrition education and referrals to other related social services of healthy living.

WIC is a federal reimbursement program and subject to a Federal Single Audit pursuant to the Code of Federal Regulations, (7 CFR 246). The WIC reimbursements for year-ending 2025 was $10.6 million dollars. Expenditures include payments to recipients and funding for the administration of all WIC related program functions.

Onondaga County currently operates two WIC sites located in Liverpool and Syracuse. A third site, Onondaga Nation, was closed in April 2025, and a fourth site, Camillus, closed in August 2025. These sites are used to facilitate eligibility determinations, which are based on category, residency, financial and nutritional risk. Once deemed eligible, a Nutrition Assistant or a Nutritionist will conduct the nutritional risk assessment. Eligible applicants also receive nutrition education, including breastfeeding support, and referrals to other health care services as needed through their local WIC clinic.

WIC participants receive benefits to purchase items from a food package tailored to their specific nutritional needs. eWIC Cards are pre-loaded with food items based on their particular nutritional needs on a tri-monthly basis for use at authorized retail stores. If cards are lost, stolen, or damaged, cards are canceled and a new card will be reissued.

In an effort to make County residents aware of the WIC Program, the Health Department distributes pamphlets to all other health agencies within the County as well as private medical practices and other public buildings. In addition, the WIC program has an official outreach program, which targets specific concentrations of individuals.

SECTION II
BACKGROUND

Background

In response to the growing public concern regarding the many low-income people suffering from malnutrition, various studies identified hunger as the major problem. The outcomes were:

- The Child Nutrition Act of 1966 enacted by President Lyndon B. Johnson began addressing the concern.
- In 1972, the Special Supplemental Food Program for Women, Infants, and Children, (WIC) was formally authorized by an amendment to the Child Nutrition Act of 1966.
- The same year, legislation started the WIC program as a 2-year pilot project.
- The WIC program was established, as a permanent program in 1974 to safeguard the health of low- income women, infants and children up to five years of age to provide supplemental nutritious food to assist during such critical times of growth and development and to help prevent the occurrence of health problems.

The WIC program has proven to be effective over the years in improving the health of pregnant women, new mothers, and their infants and is now available in all 50 states, 32 Indigenous State Agencies, 5 Territories, and the District of Columbia. Numerous studies show that women who participated in the program during their pregnancies had lower medical costs for themselves and their babies than did women who did not participate. WIC participation was also linked with longer gestation periods, higher birthweights and lower infant mortality.

WIC is a 100% federal grant program for which Congress authorizes a specific amount of funds each year for the program. The United States Department of Agriculture, (USDA)'s Food and Nutrition Service, (FNS) administers WIC at the federal level and makes funds available to participating state agencies. Local agencies such as Onondaga County WIC facilitate the program and determine eligibility. The primary focus is safeguarding the health of low- income women, infants and children up to five years of age by providing supplemental nutritious food to assist during such critical times of growth and development and to help prevent the occurrence of health problems.

SECTION III
EXECUTIVE SUMMARY

Executive Summary

The Onondaga County Comptroller's Office engaged in an audit of the Special Supplemental Nutrition Program for Women, Infants and Children, (WIC) to ensure the programs internal controls are operating sufficiently and in compliance with federal regulations to provide reasonable assurance that only eligible individuals receive WIC under the federal award programs in accordance with program requirements supported by proper documentation.

Over the course of the audit, we tested for compliance requirements to this specific federal program. Findings included:

- In some cases, anthropometric data was either missing or did not meet requirements outlined in WPM 1184 and its policy supplement, and there was no documentation of attempt to obtain updated anthropometric data. Ability to fully and correctly assess nutritional risk may be negatively affected as a result.

SECTION IV
SCOPE AND METHODOLOGY

Scope:

The purpose of this report is to provide Onondaga County's Health Department administrators and WIC program managers with information and recommendations on the internal controls and operating effectiveness as it pertains to eligibility for the WIC program. In order to gain an understanding of their current process we analyzed a variety of data during the audit period of January 1, 2025 through December 31, 2025.

Our objectives for the audit were to:

- Determine if expenditures associated with Special Supplemental Nutrition Program for WIC, made on behalf of eligible individuals for allowable activities and costs.

- Determine if expenditures associated with Special Supplemental Nutrition Program for WIC were allowable expenditures expended in the period of availability and the claims properly reported to NYS.

Methodology:

In order to complete our objectives we:

- Reviewed applicable laws, policies, procedures and regulations to attain an understanding of the WIC Program.

- Interviewed staff and management responsible for oversight and implementation of the aforementioned laws, policies, procedures and regulations.

- Selected and tested a sample of client cases in order to determine if internal controls are operating effectively to properly determine eligibility for the WIC Program.

- Selected and tested a sample of expenditures associated with the WIC Program to ensure they were allowable expenditures and properly reported to NYS.

- Discussed draft findings and recommendations with WIC administrators for their input and evaluation.

- Finalized our findings and recommendations and included them in this report.

SECTION V
FINDINGS AND RECOMMENDATIONS

During the course of the audit, we noted the following exceptions to the 2025 compliance requirements subject to audit as defined by the Federal Government's Office of Management and Budget.

- We noted that for 1 of 40 cases tested for compliance, there was no documentation of an attempt to obtain measurements and bloodwork at certification. The case contained a note that anthropometric measurements were retrieved via Health E Connections, however, it was confirmed during testing that the note was incorrect as the participant had declined Health E Connections consent. Failure to do so can affect ability to accurately assess Nutritional Risk.

  Requirement per WPM 1184 is to ensure length/height, weight, and hematology information are documented at certification using onsite or referral source data. When current measurements cannot be obtained, staff may use self-reported or duplicated previous data to complete the certification, but all attempts to obtain current data must be documented (verbally requesting that the participant text measurements using the Upload Documents link, sending a WIC Medical Referral Form, offering the participant the option to come to the WIC office for measurements, etc.)

  Administrative Directive NYS WIC 07/23 - #31 confirms that WIC benefits should not be denied, withheld, or limited based solely on the lack of anthropometric or hematologic data.

  - For 4 cases tested, anthropometric measurements and/or bloodwork documented at certification did not meet requirements outlined in WPM 1184 as the data used was older than 60 days, and there was no attempt to obtain current anthropometric measurements and/or bloodwork at Certification appointment.

  Per WIC Program Manual, Section 1184: If a participant's referral data is outdated (older than 60 days) or appears to be inaccurate, local agency staff must offer to complete measurements on-site, or obtain updated measurements via referral source. Current waiver in place confirms benefits should not be denied/withheld/limited if data is not provided.

  - For 2 cases tested, anthropometric measurements and/or bloodwork were available in Health E Connections, but were left blank in the case at certification.

Per WIC Program Manual, Section 1184: Local Agency Staff must document the following: height and weight, date of measurements, whether measurements were received from a referral source (Non-WIC indicated if so), and all attempts to obtain measurements, among other requirements. Waiver confirms benefits should not be denied/withheld/limited if data is not provided.

- For 1 case tested, Anthropometric data and/or bloodwork was entered at Certification, but no notes were made on whether the measurements were verbal, collected at a WIC office, or retrieved from a referral source (Non-WIC was not marked on case),

Per WIC Program Manual, Section 1184: Local Agency Staff must document the following: height and weight, date of measurements, whether measurements were received from a referral source (Non-WIC indicated if so), and all attempts to obtain measurements, among other requirements. Waiver confirms benefits should not be denied/withheld/limited if data is not provided.

***Recommendation**:*
We recommend WIC administration and staff re-familiarize themselves with the above waivers and eligibility documentation requirements.

SECTION VI
MANAGEMENT RESPONSE

Onondaga County Health Department
J. Ryan McMahon, II, County Executive
Kathryn Anderson, MD, PhD, MSPH, Commissioner of Health
Healthy Families – WIC · 307 Gifford Street, Syracuse, NY 13204
Phone 315.435.3304 · Fax 315.435.2224

June 4, 2026

Mr. Martin Masterpole
Onondaga County Comptroller
421 Montgomery Street, 14th Floor
Syracuse, NY 13202

Re: Response to Audit Report on Onondaga County Health Department's Women, Infants, and Children (WIC) Program

Dear Mr. Masterpole,

This letter is in response to the findings and recommendations in the above-mentioned report.

Findings:

1) We noted that for 1 of 40 cases tested for compliance, there was no documentation of an attempt to obtain measurements and bloodwork at certification. The case contained a note that anthropometric measurements were retrieved via HealtheConnections, however, it was confirmed during testing that the note was incorrect as the participant had declined HealtheConnections consent. Failure to do so can affect ability to accurately assess Nutritional Risk.

2) For 4 cases tested, anthropometric measurements and/or bloodwork documented at certification did not meet requirements outlined in WPM 1184 as the data used was older than 60 days, and there was no attempt to obtain current anthropometric measurements and/or bloodwork at Certification appointment.

3) For 2 cases tested, anthropometric measurements and/or bloodwork were available in HealtheConnections, but were left blank in the case at certification.

4) For 1 case tested, Anthropometric data and/or bloodwork was entered at Certification, but no notes were made on whether the measurements were verbal, collected at a WIC office, or retrieved from a referral source (Non-WIC was not marked on case).

Recommendation:
We recommend WIC administration and staff re-familiarize themselves with the above waivers and eligibility documentation requirements.

Response:
WIC administration and staff maintain a strong understanding of the ARPA Waiver Guidance and associated documentation requirements; nevertheless, we recognize that further refinement of processes is necessary to ensure complete compliance.

Corrective Actions:

1) Following the receipt of the 2024 audit findings, the Senior Nutritionist conducted a comprehensive review of ARPA waiver guidance and documentation procedures with all Nutrition staff.

2) Compliance with the collection and documentation of anthropometric data was selected as our FFY 2025 NYSDOH WIC Program Management Evaluation Goal. This goal included several action steps, such as additional staff training, development and implementation of an Anthropometry Record Review tool, and ongoing monthly record reviews. The record review conducted in July 2025 demonstrated substantial improvement from the baseline established during the October 2024 record review. Compliance with obtaining anthropometric measurements increased from 10% to 40%, while documentation of attempts to obtain measurements improved from 67% to 90%. Both measures exceeded the established performance target of a 10-percentage-point increase in compliance.

3) We employ multiple methods to obtain anthropometric and hematological information, including in-person appointments, drop-in opportunities for measurements and bloodwork checks, use of the WIC Medical Referral Form for completion by health care providers, acceptance of screenshots of visit summaries or patient portal records submitted by participants, and access to HealtheConnections, which allows staff to obtain height, weight, and bloodwork data directly from the platform. Consistent with ARPA waiver requirements, benefits are never denied, withheld, or limited based solely on the lack of anthropometric or hematologic data.

4) The specific issues identified in the 2025 audit have been reviewed individually with the staff members involved.

5) The OCHD WIC Program conducts ongoing monthly record reviews to ensure staff are following procedures related to obtaining and documenting anthropometric and hematological measurements. Findings from these reviews are addressed directly with the relevant staff members and discussed during staff meetings to promote program-wide awareness and support continued compliance. In addition, record review results are shared with NYS to facilitate ongoing monitoring and quality improvement efforts.

Please let me know if you have any questions or require any additional information.

Thank you.

Sincerely,

MSA MAH RDN CLC

Kristina Schoonmaker
WIC Program Coordinator