



To: Rachel Parker, Kikawinaw
Okimaw Ohci Healing Lodge
PO Box 1929, Maple Creek, Saskatchewan, S0N 1N0

November 14th, 2025

Dear Rachel,

Thank you to you and the Okimaw Ohci Healing Lodge (OOHL) Management Team for meeting with us on October 27, 2025. This letter summarizes observations and reports from our visit to OOHL from October 15–19, 2025, the discussions between the Canadian Association of Elizabeth Fry Society (CAEFS) advocates and the OOHL Management Team, and includes relevant legislation, policies, and recommendations.

Thank you, and we look forward to your response.

Respectfully,

Chanelle Lajoie
Regional Advocate, Prairies

Jacqueline Omstead
Senior Advocate



Disciplinary Process – Serious Disciplinary Hearings

Description: CAEFS received reports of delays between the laying of institutional charges and hearings for serious disciplinary offences, sometimes lasting months. It was shared that the delays cause stress for those awaiting their institutional hearings. One individual awaiting a Parole Board of Canada (“PBC”) hearing expressed concern that a pending institutional charge would negatively impact their chances to return to the community.

Discussion: the Institutional Management Team (IMT) shared with CAEFS that there are regional delays related to the availability of Independent Chairpersons (ICPs) across the Prairie Region. The IMT indicated that the Correctional Service of Canada is moving toward a model where Institutional Heads could be able to hear serious disciplinary charges in future. CAEFS inquired as to whether the IMT would consider withdrawing institutional charges that were not heard within the legislated timeframes. The IMT shared that this decision remains in the hands of the ICP.

Law & Policy:

CCRA s.38: The purpose of the disciplinary system established by sections 40 to 44 and the regulations is to encourage [incarcerated persons] to conduct themselves in a manner that promotes the good order of the penitentiary, through a process that contributes to the [incarcerated person's] rehabilitation and successful reintegration into the community.

CCRA s.43(1): A charge of a disciplinary offence shall be dealt with in accordance with the prescribed procedure, including a hearing conducted in the prescribed manner.

CCRR s.28: A hearing of a disciplinary offence shall take place as soon as practicable but in any event not less than three working days after the inmate receives written notice of the disciplinary charge, unless the [incarcerated person] consents to a shorter period.

CD 580, s. 25: A charge may also be withdrawn after a prescribed timeframe has lapsed (e.g., submission of notification of charge to [the incarcerated person], timing of hearing after laying of the charge, time between reception of written notice and hearing).

CAEFS' Recommendations: CAEFS encourages OOHL to ensure disciplinary hearings occur within prescribed timeframes and to withdraw charges when deadlines lapse. This approach supports procedural fairness, successful reintegration, and the wellness of individuals in federal custody. Use of informal resolution can also support the timely resolution of disciplinary matters in general, and where there are shortages of Independent Chair Persons.

Access to Family – Escorted Temporary Absences and Telephone Access

Description: Reports from people at OOHL indicate difficulties maintaining close family contact through both Escorted Temporary Absences (ETAs) and phone calls. Individuals shared that out-of-province ETAs are not accessible in a timely way. In one instance, an individual reported that she had been scheduled to visit her family in another Prairie province in July and August 2025, but neither ETA occurred, and she has yet to complete a visit.

PIN list approvals, the institutional process required before people can make phone calls to their loved ones, reportedly take weeks or months, and sometimes delays are linked to staff absences and / or process inefficiencies,



including family and/or community members accidentally screen calls from unknown phone numbers or are unable to respond to a telephone call during working hours.

Discussion: The IMT acknowledged challenges with ETAs, noting that delays are often the result of circumstances outside of their control, including provincial institutions unable to host due to capacity; escorts needing to postpone or cancel, and poor weather disallowing for safe travels. It was also mentioned that OOHL's location poses challenges for travel, whether due to weather conditions and / or distance. The IMT referenced a travel radius and limitations on staff travel time that also pose challenges to out-of-province ETAs. The IMT suggested that people apply for UTAs where possible. Concerning PIN Lists, the IMT agreed to review PIN list delays.

Law & Policy:

CCRA s. 17(1)(b): The institutional head may [...] authorize the temporary absence of an [incarcerated person], other than an [incarcerated person] described in subsection 17.1(1), if the [incarcerated person] is escorted by a staff member or other person authorized by the institutional head and, in the opinion of the institutional head [...] it is desirable for the [incarcerated person] to be absent from the penitentiary for [...] family contact, including parental responsibilities, personal development for rehabilitative purposes or compassionate reasons.

CCRA s. 17(5): In addition to the period authorized for the purposes of a temporary absence, an [incarcerated person] may be granted the time necessary to travel to and from the place where the absence is authorized to be spent.

CCRA s. 71(1): In order to promote relationships between [incarcerated persons] and the community, an [incarcerated person] is entitled to have reasonable contact, including visits and correspondence, with family, friends and other persons from outside the penitentiary, subject to such reasonable limits as are prescribed for protecting the security of the penitentiary or the safety of persons.

CD 085: Correspondence and telephone communication, section 18: Telephone communication is a part of the overall program of reintegration into the community, similar to visits and temporary absences.

CAEFS' Recommendations: A key rationale for establishing regional penitentiaries designated for women was to promote close community and familial contact—a goal clearly articulated in Creating Choices. All CSC decisions should be guided by a commitment to facilitating the broadest and most accessible opportunities for connection with community and family. At minimum, phone contact with family members should be widely facilitated, and to achieve this, CAEFS encourages CSC to modernize its PIN list approval processes, and assign secondary staff during absences. In relation to ETA's, we encourage the clear communication of travel limitations as CAEFS was unable to locate public-facing policy regarding staff travel limitations.

Access to Programs for People with Longer Sentences and Life Sentences

Description: Individuals with long or life sentences reported delays in accessing core programs, hindering applications for Section 81 agreements and conditional release, and resulting longer periods in custody.

Discussion: The IMT shared that sentence length does impact when people access programs, and that longer sentences allow for more time to finish core programs. They also shared that programs at OOHL run at full capacity



and that programs are seen as a strength of OOHL's. In response to CAEFS' inquiry on whether an increase in facilitators would support the demand for programs, OOHL shared that there is a limit of 10 people per program.

Law & Policy:

CCRA paragraph 3(b): The purpose of the federal correctional system is to contribute to the maintenance of a just, peaceful and safe society by [...] assisting the rehabilitation of [federally sentenced persons] and their reintegration into the community as law-abiding citizens through the provision of programs in penitentiaries and in the community.

CCRA paragraph 4(c.2): The principles that guide the Service in achieving the purpose referred to in section 3 are as follows[...]the Service ensures the effective delivery of programs to [incarcerated persons], including correctional, educational, vocational training and volunteer programs, with a view to improving access to alternatives to custody in a penitentiary and to promoting rehabilitation.

CCRA, section 76: The Service shall provide a range of programs designed to address the needs of [incarcerated persons] and contribute to their successful reintegration into the community.

CAEFS' Recommendations: CAEFS strongly recommends that OOHL prioritize timely access to core programs for individuals serving long and life sentences by reserving seats in each program cycle and enabling enrollment upon intake. Leaving these people waiting for programs creates poor outcomes for them, and for the prison environment overall. CAEFS suggests exploring capacity expansion through larger group sizes and encourages staff to provide transparent timelines for program access. These measures will reduce delays, uphold CCRA principles, and support successful reintegration.

Access to Healthcare

Description: Many people reported healthcare issues to us. CAEFS received signed consent forms from the incarcerated persons providing reports, and the details of the individual's reported concerns were discussed with the IMT to support resolution. To preserve privacy, the details of the reports are not documented in this letter.

Generally, people reported delays in accessing dental services, resulting in delayed diagnosis and treatment. They also shared of prescribed medication being withheld based on allegations of diversion, leading to interruptions in treatment. Concerns were reported about reproductive healthcare services, such as that people have been subjected to unsafe medical procedures which have resulted in pain, trauma, and long-term health complications. Additional concerns include the continuation of care by healthcare providers who are the subject of complaints and the potential risk posed to others awaiting similar medical procedures.

Discussion: The IMT shared that the reported issue with dental services have been resolved. The IMT shared that decisions regarding the dispensing of medication fall solely under healthcare services and that operational staff have limited oversight or authority in these matters. The IMT emphasized that contracted medical professionals operate independently from CSC staff and that healthcare services are administratively separate from institutional leadership.

Law & Policy:



CCRA s. 86(1): The Service shall provide every [incarcerated person] with (a) essential health care; and (b) reasonable access to non-essential health care.

CCRA s. 86.(1): When health care is provided to [incarcerated persons], the Service shall (a) support the professional autonomy and the clinical independence of registered health care professionals and their freedom to exercise, without undue influence, their professional judgment in the care and treatment of [incarcerated persons]; (b) support those registered health care professionals in their promotion, in accordance with their respective professional code of ethics, of patient-centred care and patient advocacy; and (c) promote decision-making that is based on the appropriate medical care, dental care and mental health care criteria.

CD 800: Health Services, paragraphs 11(a)(b): All institutional staff/contractors (including those in Community Correctional Centres) will: (a) inform a health care professional of the condition of any [incarcerated person] who appears to have a physical or mental health concern, whether or not the [incarcerated person] identifies a health concern; (b) relay an [incarcerated person's] request for health services to a health care professional in a timely manner.

CAEFS' Recommendations: CSC must center the dignity and care of individuals in their care and custody. CAEFS encourages OOHL to seek patient centered and trauma-informed healthcare as a best practice aligned with the least restrictive measures. We also recommend that all individuals receive the most appropriate level of care possible, and that contracted healthcare providers consistently meet the standards and obligations set out in their agreements. CAEFS recommends the transfer of healthcare from the correctional service of Canada to provincial health authorities, as there is nothing in scope of a criminal sentence which should preclude or limit an individual from receiving the same healthcare services as the general public.

Conditional Release – Suspensions and Revocations

Description: CAEFS received reports from individuals who were returned to custody following periods of long stability in the community while on parole. It was shared with CAEFS that the parole suspensions followed instances of significant personal loss or other life disruptions have led to minor breaches of parole conditions, often substance use, and that community parole reincarcerated them a first measure, rather than providing support, care, or alternatives to reincarceration. These individuals expressed to CAEFS that greater access to community supports, such as counselling, treatment, or financial support, could have prevented suspension or enabled them to safely remain in community following a breach. They reported that these options were not presented to them nor discussed prior to their suspension.

Discussion: OOHL shared that they are not the decision-maker in these matters and that their role is to support individuals on their way towards release, in part by creating a strong plan.

Law & Policy:

CCRA s. 4(c): The principles that guide the Service in achieving the purpose referred to in section 3 are as follows [...] the Service uses the least restrictive measures consistent with the protection of society, staff members and [federally sentenced persons].



CCRA s. 4(c.1): The principles that guide the Service in achieving the purpose referred to in section 3 are as follows[...]the Service considers alternatives to custody in a penitentiary, including the alternatives referred to in sections 29 and 81.

CAEFS' Recommendations: CAEFS encourages the CSC to work with community parole offices to apply least restrictive measures and care driven practices, prioritizes community-based supports, consistent with the Creating Choices framework and CSC's reintegration mandate.

