



To: Angela Beecher, Warden
Grand Valley Institution for Women
1575 Homer Watson Blvd, Kitchener, ON, N2P 2C5

December 19th, 2025

CAEFS' November 2025 Advocacy Letter

Dear Angela,

We want to thank members of the institutional management team (IMT) at GVI for taking the time to meet with our advocacy team on December 3rd via Teams.

This letter summarizes reports we received and conditions we observed during our visit to the Grand Valley Institution on November 25th-27th as well as summaries of the discussion between the Canadian Association of Elizabeth Fry Societies (CAEFS) and members of the institutional management team following the visit, the relevant laws and policies, and CAEFS' recommendations.

We look forward to your response.

Respectfully,

Tise Ogunleye
Lead Advocate



Access to Health Care

Description: CAEFS received reports of barriers to accessing adequate health care and supplies. These reports included that nurses were offering pap smears despite indicating that they had not received proper training to perform these procedures. People shared that they feel uncomfortable undergoing procedures from nurses who state they are not adequately trained.

CAEFS was also informed that there is a long wait list to see the dentist and that people at GVI have been left in pain and discomfort for extended periods while waiting for dental care.

Individuals also reported that, despite what they were previously told, first aid kits are not accessible in the living units. People shared that this forces them to rely on Correctional Service of Canada (CSC) staff for basic medical supplies when injured. Finally, CAEFS received a report from one individual who developed a medical condition and has not received adequate support since their diagnosis (Details not shared to maintain the privacy of the individual).

Discussion: The institutional management team (IMT) shared that all nurses are offered a supplementary course on women's health needs after they are hired. They stated that, after consulting with their team, they were not aware of any nurse who had not completed this training. The IMT emphasized that while staff are encouraged to expand their skillsets, no one would be required to perform tasks beyond their comfort level. Regarding dental services, the IMT reported that appointments have been cancelled due to the recent resignation of the dental assistant. They noted that a new assistant will be starting shortly. The IMT stated that the dental waitlist is monitored monthly, with a dedicated assessment process in place to triage dental requests as they arise. They also offered to review the current processes with the healthcare team.

In relation to first aid kits, the IMT explained that they are not intended to be kept within living units. Individuals are expected to contact staff when injured so that staff remain informed of all injuries and can respond accordingly.

Lastly, the IMT stated that to their knowledge, the individual who developed a serious medical condition has been provided with as much support as the institution is able to offer, including all necessary referrals. They noted that referral wait times are similar to those experienced in the community.

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. 70: the Service shall take all reasonable steps to ensure that penitentiaries, the penitentiary environment, the living and working conditions of [incarcerated people] and the working conditions of staff members are safe, healthful and free of practices that undermine a person's sense of personal dignity

CD 800 s.2: The Regional Director, Health Services, will ensure:

(a) the provision of health services to [incarcerated persons] in Correctional Service of Canada (CSC) institutions and in the community, in accordance with relevant legislation, professionally accepted standards, CSC policies and practice directives

(b) implementation of procedures to monitor and evaluate the quality and timeliness of health services and in a manner that promotes patient safety and quality improvement.



CAEFS' Recommendations: Considering CSC's unique responsibility to provide safe and humane custody to people in federal penitentiaries, and wherein those same people are reliant on penitentiary staff and contractors to provide health services, referrals, emergency care, timeframes etc., it is incumbent on CSC to center the dignity and care of these individuals in ways unique from community health care standards. CAEFS encourages Grand Valley Institution (GVI) to ensure that the health care needs of people in your care and custody are prioritized and centered.

Physical Conditions of Confinement in Medium and Maximum-Security Units

Description: CAEFS received reports that the washing machine in house eleven is not functioning, and individuals were advised that the interim solution was to dilute the detergent. People shared that this has been frustrating, as their laundry has not been cleaned properly for an extended period of time. CAEFS also received reports that several houses within the medium-security unit have rotting floorboards. Individuals shared that they were informed the issue would be addressed; however, several months have passed without repairs or an update on the expected timeline.

In the maximum-security unit, individuals reported that the heating system is not functioning properly, resulting in some areas being significantly colder than others. People shared that although staff inspected the unit after the issue was raised, no improvements have been made.

Discussion: The IMT shared that, to their knowledge, the washing machine in house eleven is functioning normally. They stated that they have not received any requests or reports indicating otherwise and are not aware of any current issues. The IMT reported that repairs to the flooring fall under their bathroom renovation project, which is scheduled to begin in late January. Regarding the heating concerns in the maximum-security unit, the IMT shared that an inspection was conducted, and the temperature was recorded to be within a normal range. They noted that individuals present at the time of the inspection appeared comfortable with the temperature.

Law & Policy:

CCRA s.70: The Service shall take all reasonable steps ensure that penitentiaries, the penitentiary environment, the living and working conditions of [incarcerated people] and the working conditions of staff members are safe, healthful and free of practices that undermine a person's sense of personal dignity

CCRR s.83 (1): The Service shall, to ensure a safe and healthful penitentiary environment, ensure that all applicable federal health, safety, sanitation and fire laws are complied with in each penitentiary and that every penitentiary is inspected regularly by the persons responsible for enforcing those laws

CAEFS' Recommendations: People in prison maintain their constitutional right to live in a safe environment and to be free from conditions which produce adverse physical, mental, and emotional impacts. CAEFS encourages GVI and the CSC broadly to address and be responsive to the individual impacts produced by physical conditions of confinement. Adverse impacts of incarceration are not undocumented or speculative; protection and mitigation from them are entrenched throughout Canadian and international laws and protocols related to the administration of incarceration. It is the CSC's responsibility, in carrying out federal sentences in Canada, to be attentive to the lawful limits to the restrictions and deprivations that systems of incarceration may impose, in order to carry out the mandate of Canada's federal prison system.

Procedural and Institutional Barriers to Community, Family, and Reintegrative Priorities



Description: During our visit, CAEFS heard directly from individuals about multiple concerns related to barriers to keeping connected to their community supports. Individuals reported lengthy processing times for visitor applications and for adding family people to be approved on their phone PIN lists. They described the experience of waiting weeks without contact with the outside world as extremely distressing. Individuals also informed CAEFS that the institution will not hold the second family day event this year.

Individuals reported that phone frequently drop mid-call while they are speaking with their families, which they described as distressing and disruptive to maintaining family connections. People further raised concerns about the conversion of private family visit (PFV) rooms into living units and expressed worry about cancelled scheduled visits and the possibility of being unable to see their families as the holidays approach.

Discussion: The institutional management team (IMT) shared that delays in adding individuals to PIN lists are often caused by family members not answering verification calls. The IMT noted that they encourage people to advise their family and friends to expect a call from a government number and to answer it promptly to avoid processing delays. The IMT reported that the second private family visit (PFV) unit is now active again, and visits have resumed; however, they are operating on a week-to-week basis, and visits may be cancelled at any time due to limited capacity. The IMT clarified that family day has not been cancelled but is now only held once per year, with this year's event already having taken place. Regarding concerns about calls dropping, the IMT stated that they have not received reports of issues with the phone system. They indicated that if problems continue, they will request that the service provider inspect and address the issue.

Law & Policy:

CCRA s. 71 (1): In order to promote relationships between [incarcerated people] 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.

Creating Choices, Principle #4: Supportive Environment: This principle is committed to fostering environments that actively support physical, psychological, spiritual, and personal well-being.

CD 085 s. 2: Institutional Standing Orders shall set out the following: (b) procedures for establishing or amending an [an incarcerated person's] authorized call list (Call Allow List) - normally this should be processed within 15 working days of the [incarcerated person's] written request

CAEFS' Recommendations: A primary reason that Canadian penitentiaries designated for women were built in each region was to promote close community and familial contact for federally sentenced women and gender-diverse people. All CSC decisions should be made in the spirit of facilitating the most broad and accessible access to community and family as possible. As such, CAEFS recommends augmenting the process for processing visitor applications and confirming numbers on people's PIN lists to ensure timely access to family.

Access to institutionally issued hygiene items

Description: CAEFS received reports that people are only provided with twelve menstrual pads per month, and that the monthly allotment of toothpaste is insufficient, forcing individuals to ration it carefully. People shared that receiving such a limited number of hygiene items each month is frustrating, because these items are basic necessities needed to support the well-being of everyone.



Discussion: The IMT shared that individuals are provided with twenty-four menstrual pads per month, along with the option to choose either twelve pads or twelve tampons. The IMT stated that the toothpaste distributed one 60 ml tube per month is considered an adequate amount, and they believe the concerns arise because individuals may be using more than the recommended amount.

Law & Policy:

CCRA s.70: The Service shall take all reasonable steps ensure that penitentiaries, the penitentiary environment, the living and working conditions of [incarcerated people] and the working conditions of staff members are safe, healthful and free of practices that undermine a person's sense of personal dignity

CCRR s. 83 (2): The Service shall take all reasonable steps to ensure the safety of every [incarcerated person] and that every [incarcerated person] is: [...] (c) provided with toilet articles and all other articles necessary for personal health and cleanliness

CCRA, s.4(d): [incarcerated people] retain the rights of all members of society except those that are, as a consequence of the sentence, lawfully and necessarily removed or restricted.

CAEFS' Recommendations: Federally incarcerated individuals consistently describe being unable to afford and access essential hygiene items necessary for their health and well-being. The high cost of hygiene items and reduced provisions raises serious concerns about long-term mental and physical health outcomes, and it is not disconnected that long-term incarceration in Canada has been found to accelerate aging and reduce an individual's lifespan significantly from the general population (Iftene, 2020¹). This is unacceptable and every effort should be made to resolve this by emphasizing the legislated requirement that Correctional Service of Canada's (CSC) treat incarcerated people with dignity. The principle that individuals in prison retain all rights except those necessarily restricted by incarceration is enshrined in the law, and ensuring that all federally incarcerated people have reliable and affordable access to essential hygiene products is foundational for their dignity, health, and cleanliness— in both the short and long term.

¹ Iftene A. (2020). Life and death in Canadian penitentiaries. *Canadian family physician Medecin de famille canadien*, 66(10), 759.

