

RIDOC ADULT CORRECTIONAL INSTITUTIONS

VISITOR DRESS CODE

All visitors MUST wear undergarments.

Visitors to any RIDOC facility are **prohibited** from wearing:

- See-through clothing of any kind
- Low-cut and V-neck sweaters, blouses, shirts and tank, halter, or "tube" tops
- Skirts, dresses, shorts with slits that are two (2) inches or more above the knee
- Blouses or shirts too short to tuck in; blouses or shirts which expose the midriff
- Tight-fitting or athletic type clothing
- Spandex, stirrup, sweat and/or "swish" pants
- Clothing the Visiting Room Lieutenant determines is provocative/inappropriate
- Hats, headbands and/or hooded clothing
- Clothes with holes, rips, tears (clothing must be completely intact)
- Clothing with the pockets torn out or torn to allow access beneath the garment
- Sleeveless garments
- "Farmer" jeans
- Camouflage garments
- Khaki, beige, or any other clothing which could be mistaken for inmate clothing
- Military clothing (actual uniforms and look-alikes)
- Clothing which closely resembles uniforms (Correctional Officer, police, sheriff, marshal, etc.)
- Nursing uniforms (including "scrubs")
- Jewelry (except wedding and/or engagement rings and medical alert jewelry)
- Under wire bras, metal buttons, buckles which cannot be removed and set off the metal detector
- Metal hair ornaments
- No sandals, open toe shoes and/or backless shoes; shoes must cover entire foot

Exception: Children under twelve (12) years of age may be allowed to visit if wearing shorts, skirts, and/or dresses shorter than mid-thigh, rompers, sleeveless shirts, etc. The Visiting Room Lieutenants' discretion will prevail.

**FAILURE TO COMPLY WITH THIS DRESS CODE MAY RESULT IN
DENIAL OF VISITS.**

RHODE ISLAND DEPARTMENT OF CORRECTIONS

VISITOR CONSENT TO SEARCH

I, _____, of
Visitor's Name

Visitor's Address

desire to visit _____
Name of Offender

presently confined in the custody of the Department of Corrections at _____

Name of Hospital

In exchange for the privilege of visiting, I hereby consent to a non-invasive search of my person and effects that may include a hand-held metal detector by employees of the Department of Corrections, State of Rhode Island and hereby waive my claims as a result of said search, against the Department of Corrections, State of Rhode Island, its staff, agents, and servants.

Visitor's Signature

Date

Witness's Signature

Date

Distribution

Original - Inmate's File
Copies - Security Specialist
Warden/designee

RHODE ISLAND DEPARTMENT OF CORRECTIONS

**RULES AND REGULATIONS FOR HOSPITALIZED OFFENDERS AND
THEIR VISITORS**

DUPLICATE TO BE GIVEN TO OFFENDER

You (the hospitalized offender) are to familiarize yourself with the following rules and also alert those people in your immediate family who you will want to visit you in the hospital.

1. *While at an outside hospital, your visits shall be from 1:00 p.m. to 3:00 p.m., Mondays through Fridays. NO SATURDAY, SUNDAY, OR EVENING VISITS ARE ALLOWED.*
2. *While at the hospital, you may be visited only by immediate family on your approved visiting list, and you may have only two (2) authorized visitors at one time. If the hospital requests you be allowed only one (1) visitor at one time, we will honor that request.*
3. *No items may be brought in by your visitors.*
4. *No visitors are allowed to sit or lie on the hospital beds.*
5. *All visitors are subject to search (metal detector, pat down, and/or narcotics detection equipment).*

I, _____, have read and understand the above rules and regulations, and I will notify my immediate family as to who may visit, the visiting schedule, and any other rules which they must follow.

Offender's Signature
(unless unable to sign due to illness or injury)

Date

I acknowledge that I have given a copy of these rules to the offender.

Witness's Signature

Date

Distribution:

Original – Offender's Institutional File

Duplicate – Offender