



The Commonwealth of Massachusetts
Executive Office of Public Safety & Security

Department of Correction
50 Maple Street, Suite 3
Milford, MA 01757
Tel: (508) 422-3300
www.mass.gov/doc



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To: All Inmates/Patients
From: Carol A. Mici, Commissioner
Date: January 28, 2021
Subject: Earned Good Time Opportunity

I am proud that the Massachusetts Department of Correction (DOC) is one of only a few states throughout the country to offer the COVID-19 vaccine to the inmate population in Phase I. Thus far, over 3,500 DOC inmates have received their first dose of the vaccine.

I have determined that receiving the vaccine is significantly valuable to rehabilitation and will therefore be offering Earned Good Time (EGT) pursuant to G.L. c. 127, sec.129D. Inmates will be required to read educational flyers/literature, watch relevant videos and receive both vaccine doses to receive said EGT.

Upon receipt of the second dose, inmates will be required to attest in writing that they have viewed and read the required videos and educational materials. Subsequently, a total of 7.5 days of EGT will be awarded to inmates/patients for their satisfactory performance in the Vaccine Rehabilitative Program. This will be the sole opportunity to earn EGT in this program category for the remainder of the COVID-19 pandemic.

While we are working together to stifle this virus through “herd immunity,” we are not there yet. We must remain vigilant by properly wearing our masks, regularly hand washing/sanitizing and social distancing, as these practices continue to be our best defense.

I look forward to the day when we can return to our normal activities and social outlets.



Massachusetts Department of Correction
Vaccine Rehabilitative Program

By signing below, I attest that I have:

- Watched the Wellpath public service announcement on *UNDERSTANDING THE COVID-19 VACCINE*.
- Watched Parts 1, 2 and 3 of *THE MESSAGE ABOUT THE COVID-19 VACCINATION* produced by Commonwealth Medicine.
- Read or had read to me the fact sheet for *THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019*.

I was administered the first dose of the Vaccine on: _____
(Date)

at _____
(Facility)

I was administered the second dose of the Vaccine on: _____
(Date)

at _____
(Facility)

Inmate Name: _____ Commitment Number: _____

Earned Good Time approved

Earned Good Time denied based on the following:

Staff Verification: _____ Date: _____

Please submit completed form to your respective Director of Treatment for processing.