

Community-Driven Approaches to Crime Reduction - District Strategic Plan Progress Report

CHICAGO POLICE DEPARTMENT

DISTRICT	YEAR	QUARTER			
		<input type="checkbox"/> Quarter 1	<input type="checkbox"/> Quarter 2	<input type="checkbox"/> Quarter 3	<input type="checkbox"/> Quarter 4

PROBLEM SOLVING PRIORITY #1

Scanning	Priority Title				
	Priority Type	<input type="checkbox"/> Violent Crime	<input type="checkbox"/> Property Crime	<input type="checkbox"/> Quality of Life	
	Problem Analysis <i>Summarize the problem</i>	<i>Who is / are the victim(s)? Describe the methods / actions used by the offenders (do not include demographic information).</i>			
	<i>[Consider copying this section from Strategic Plan or previous quarterly report]</i>	<i>Typical Time of Day (select all that apply):</i>	<input type="checkbox"/> 1 st Watch	<input type="checkbox"/> 2 nd Watch	<input type="checkbox"/> 3 rd Watch
Analysis	<i>What is the location of this problematic activity? Use street names to delineate boundaries:</i>				
	<ul style="list-style-type: none"> • Eastern Boundary: • Western Boundary: • Northern Boundary: • Southern Boundary: 				
	Focus Metric Progress	<i>Focus Metric for this Priority (copy from this section from Strategic Plan or previous quarterly report):</i>			
	Previous Year Data	Q1 (01 JAN - 31 MAR)	Q2 (01 APR - 30 JUN)	Q3 (01 JUL - 30 SEP)	Q4 (01 OCT - 31 DEC)
Current Year Data					
Response	Actions Taken During Quarter <i>Describe actions take for this priority during this quarter</i>	<i>Non-enforcement Actions:</i>			
		<i>Enforcement Actions:</i>			

Community-Driven Approaches to Crime Reduction - District Strategic Plan Progress Report

CHICAGO POLICE DEPARTMENT

		<u>Relevant CLEAR Mission ID Numbers</u>		<u>Relevant CEMS Engagement ID Numbers</u>	
Resources Utilized <i>Identify the teams and non-personnel resources that played a role in executing the actions listed above.</i>	District Teams (select only those that apply)		Other District (non-personnel) Resources		Other CPD (non-District) Resources
	<input type="checkbox"/> Watch Personnel		<input type="checkbox"/> _____		<input type="checkbox"/> Bureau of Detectives
	<input type="checkbox"/> District Coordination Team		<input type="checkbox"/> _____		<input type="checkbox"/> Bureau of Counter-Terrorism
	<input type="checkbox"/> Community Policing		<input type="checkbox"/> _____		<input type="checkbox"/> _____
	<input type="checkbox"/> Tactical / Specialized Units		<input type="checkbox"/> _____		<input type="checkbox"/> _____
	<input type="checkbox"/> SDSC Room		<input type="checkbox"/> _____		<input type="checkbox"/> _____
	Non-CPD City Departments		Community Org Partners		Other Resources
	<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____
	<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____
	<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____
	<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____
	<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____
Next Steps for Upcoming Quarter <i>Describe next steps for this priority. What adjustments is the District expecting to make to improve the effectiveness of its response efforts?</i>					

Assessment

Community-Driven Approaches to Crime Reduction - District Strategic Plan Progress Report

CHICAGO POLICE DEPARTMENT

Status of Mitigation Criteria <i>Describe the District's progress regarding previously identified criteria by which the District will consider the priority "addressed". Is the priority still on track to be addressed within the timeframe originally identified by the District?</i>	
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END PRIORITY #1

PROBLEM SOLVING PRIORITY #1					
Scanning	Priority Title				
	Priority Type	<input type="checkbox"/> Violent Crime	<input type="checkbox"/> Property Crime	<input type="checkbox"/> Quality of Life	
	Problem Analysis <i>Summarize the problem</i>	<i>Who is / are the victim(s)? Describe the methods / actions used by the offenders (do not include demographic information).</i>			
	<i>[Consider copying this section from Strategic Plan or previous quarterly report]</i>	<i>Typical Time of Day (select all that apply):</i>	<input type="checkbox"/> 1 st Watch	<input type="checkbox"/> 2 nd Watch	<input type="checkbox"/> 3 rd Watch
		<i>What is the location of this problematic activity? Use street names to delineate boundaries:</i>			
		<ul style="list-style-type: none"> Eastern Boundary: Western Boundary: Northern Boundary: Southern Boundary: 			
Analysis	Focus Metric Progress	<i>Focus Metric for this Priority (copy from this section from Strategic Plan or previous quarterly report):</i>			
	Previous Year Data	Q1 (01 JAN - 31 MAR)	Q2 (01 APR - 30 JUN)	Q3 (01 JUL - 30 SEP)	Q4 (01 OCT - 31 DEC)
	Current Year Data				

Community-Driven Approaches to Crime Reduction - District Strategic Plan Progress Report
CHICAGO POLICE DEPARTMENT

Response	<p>Actions Taken During Quarter <i>Describe actions take for this priority during this quarter</i></p>	<p><i>Non-enforcement Actions:</i></p>		
		<p><i>Enforcement Actions:</i></p>		
		<p><u>Relevant CLEAR Mission ID Numbers</u></p>		<p><u>Relevant CEMS Engagement ID Numbers</u></p>
Response	<p>Resources Utilized <i>Identify the teams and non-personnel resources that played a role in executing the actions listed above.</i></p>	<p>District Teams (select only those that apply)</p>	<p>Other District (non-personnel) Resources</p>	<p>Other CPD (non-District) Resources</p>
		<input type="checkbox"/> Watch Personnel	<input type="checkbox"/> _____	<input type="checkbox"/> Bureau of Detectives
		<input type="checkbox"/> District Coordination Team	<input type="checkbox"/> _____	<input type="checkbox"/> Bureau of Counter-Terrorism
		<input type="checkbox"/> Community Policing	<input type="checkbox"/> _____	<input type="checkbox"/> _____
		<input type="checkbox"/> Tactical / Specialized Units	<input type="checkbox"/> _____	<input type="checkbox"/> _____
		<input type="checkbox"/> SDSC Room	<input type="checkbox"/> _____	<input type="checkbox"/> _____
		<p>Non-CPD City Departments</p>	<p>Community Org Partners</p>	<p>Other Resources</p>
		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Community-Driven Approaches to Crime Reduction - District Strategic Plan Progress Report

CHICAGO POLICE DEPARTMENT

Assessment	<p>Next Steps for Upcoming Quarter</p> <p><i>Describe next steps for this priority. What adjustments is the District expecting to make to improve the effectiveness of its response efforts?</i></p>	
	<p>Status of Mitigation Criteria</p> <p><i>Describe the District's progress regarding previously identified criteria by which the District will consider the priority "addressed". Is the priority still on track to be addressed within the timeframe originally identified by the District?</i></p>	

END PRIORITY #2

PROBLEM SOLVING PRIORITY #1				
Scanning	Priority Title			
	Priority Type	<input type="checkbox"/> Violent Crime	<input type="checkbox"/> Property Crime	<input type="checkbox"/> Quality of Life
	Problem Analysis <i>Summarize the problem</i>	<i>Who is / are the victim(s)? Describe the methods / actions used by the offenders (do not include demographic information).</i>		
	<i>[Consider copying this section from Strategic Plan or previous quarterly report]</i>	<i>Typical Time of Day (select all that apply):</i>	<input type="checkbox"/> 1 st Watch	<input type="checkbox"/> 2 nd Watch
	<i>What is the location of this problematic activity? Use street names to delineate boundaries:</i>			
	<ul style="list-style-type: none"> • Eastern Boundary: • Western Boundary: • Northern Boundary: • Southern Boundary: 			

Community-Driven Approaches to Crime Reduction - District Strategic Plan Progress Report

CHICAGO POLICE DEPARTMENT

Analysis	Focus Metric Progress	<i>Focus Metric for this Priority (copy from this section from Strategic Plan or previous quarterly report):</i>			
	Previous Year Data	Q1 (01 JAN - 31 MAR)	Q2 (01 APR - 30 JUN)	Q3 (01 JUL - 30 SEP)	Q4 (01 OCT - 31 DEC)
	Current Year Data				
Response	Actions Taken During Quarter <i>Describe actions take for this priority during this quarter</i>	<i>Non-enforcement Actions:</i>			
		<i>Enforcement Actions:</i>			
	Relevant CLEAR Mission ID Numbers		Relevant CEMS Engagement ID Numbers		
	Resources Utilized <i>Identify the teams and non-personnel resources that played a role in executing the actions listed above.</i>	District Teams (select only those that apply)	Other District (non-personnel) Resources		Other CPD (non-District) Resources
<input type="checkbox"/> Watch Personnel		<input type="checkbox"/> _____		<input type="checkbox"/> Bureau of Detectives	
<input type="checkbox"/> District Coordination Team		<input type="checkbox"/> _____		<input type="checkbox"/> Bureau of Counter-Terrorism	
<input type="checkbox"/> Community Policing		<input type="checkbox"/> _____		<input type="checkbox"/> _____	
<input type="checkbox"/> Tactical / Specialized Units		<input type="checkbox"/> _____		<input type="checkbox"/> _____	
<input type="checkbox"/> SDSC Room		<input type="checkbox"/> _____		<input type="checkbox"/> _____	
Non-CPD City Departments		Community Org Partners		Other Resources	
<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____	
<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____	
<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____	

Community-Driven Approaches to Crime Reduction - District Strategic Plan Progress Report

CHICAGO POLICE DEPARTMENT

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	<p>Next Steps for Upcoming Quarter</p> <p><i>Describe next steps for this priority. What adjustments is the District expecting to make to improve the effectiveness of its response efforts?</i></p>			
	<p>Status of Mitigation Criteria</p> <p><i>Describe the District's progress regarding previously identified criteria by which the District will consider the priority "addressed". Is the priority still on track to be addressed within the timeframe originally identified by the District?</i></p>			

END PRIORITY #3

YOUTH ENGAGEMENT GOALS			
	Goal 1	Goal 2 (if applicable)	Goal 3 (if applicable)
<p>Engagement Summary</p> <p><i>(Copy this section from Strategic Plan or previous quarterly report)</i></p>	<i>Engagement Description:</i>	<i>Engagement Description:</i>	<i>Engagement Description:</i>
	<i>District Point of Contact:</i>	<i>District Point of Contact:</i>	<i>District Point of Contact:</i>
	<input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____	<input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____	<input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____

Community-Driven Approaches to Crime Reduction - District Strategic Plan Progress Report
CHICAGO POLICE DEPARTMENT

<p>Activity During This Quarter <i>Describe the activity that took place for this engagement goal during this quarter</i></p>			
	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>
<p>Next Steps for Upcoming Quarter <i>Describe plans for this engagement priority for the the upcoming quarter</i></p>			

OLDER ADULTS ENGAGEMENT GOALS			
	Goal 1	Goal 2 (if applicable)	Goal 3 (if applicable)
<p>Engagement Summary <i>(Copy this section from Strategic Plan or previous quarterly report)</i></p>	<p><i>Engagement Description:</i></p>	<p><i>Engagement Description:</i></p>	<p><i>Engagement Description:</i></p>
	<p><i>District Point of Contact:</i></p>	<p><i>District Point of Contact:</i></p>	<p><i>District Point of Contact:</i></p>
	<p><input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____</p>	<p><input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____</p>	<p><input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____</p>

Community-Driven Approaches to Crime Reduction - District Strategic Plan Progress Report
CHICAGO POLICE DEPARTMENT

<p>Activity During This Quarter <i>Describe the activity that took place for this engagement goal during this quarter</i></p>			
	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>
<p>Next Steps for Upcoming Quarter <i>Describe plans for this engagement priority for the the upcoming quarter</i></p>			

BUSINESS ENGAGEMENT GOALS			
	Goal 1	Goal 2 (if applicable)	Goal 3 (if applicable)
<p>Engagement Summary <i>(Copy this section from Strategic Plan or previous quarterly report)</i></p>	<p><i>Engagement Description:</i></p>	<p><i>Engagement Description:</i></p>	<p><i>Engagement Description:</i></p>
	<p><i>District Point of Contact:</i></p>	<p><i>District Point of Contact:</i></p>	<p><i>District Point of Contact:</i></p>
	<p><input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____</p>	<p><input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____</p>	<p><input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____</p>

Community-Driven Approaches to Crime Reduction - District Strategic Plan Progress Report
CHICAGO POLICE DEPARTMENT

<p>Activity During This Quarter <i>Describe the activity that took place for this engagement goal during this quarter</i></p>			
	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>
<p>Next Steps for Upcoming Quarter <i>Describe plans for this engagement priority for the the upcoming quarter</i></p>			

DOMESTIC VIOLENCE ENGAGEMENT GOALS			
	Goal 1	Goal 2 (if applicable)	Goal 3 (if applicable)
<p>Engagement Summary <i>(Copy this section from Strategic Plan or previous quarterly report)</i></p>	<p><i>Engagement Description:</i></p>	<p><i>Engagement Description:</i></p>	<p><i>Engagement Description:</i></p>
	<p><i>District Point of Contact:</i></p>	<p><i>District Point of Contact:</i></p>	<p><i>District Point of Contact:</i></p>
	<p><input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____</p>	<p><input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____</p>	<p><input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____</p>

Community-Driven Approaches to Crime Reduction - District Strategic Plan Progress Report
CHICAGO POLICE DEPARTMENT

<p>Activity During This Quarter <i>Describe the activity that took place for this engagement goal during this quarter</i></p>			
	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>
<p>Next Steps for Upcoming Quarter <i>Describe plans for this engagement priority for the the upcoming quarter</i></p>			

ENGAGEMENT GOALS - AFFINITY GROUPS

	Goal 1	Goal 2 (if applicable)	Goal 3 (if applicable)
<p>Engagement Summary <i>(Copy this section from Strategic Plan or previous quarterly report)</i></p>	<p><i>Engagement Description:</i></p>	<p><i>Engagement Description:</i></p>	<p><i>Engagement Description:</i></p>
	<p><i>District Point of Contact:</i></p>	<p><i>District Point of Contact:</i></p>	<p><i>District Point of Contact:</i></p>
	<p> <input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____ </p>	<p> <input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____ </p>	<p> <input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____ </p>

Community-Driven Approaches to Crime Reduction - District Strategic Plan Progress Report
CHICAGO POLICE DEPARTMENT

<p>Activity During This Quarter <i>Describe the activity that took place for this engagement goal during this quarter</i></p>			
	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>
<p>Next Steps for Upcoming Quarter <i>Describe plans for this engagement priority for the the upcoming quarter</i></p>			

ENGAGEMENT GOALS – OTHERDISTRICT ENGAGEMENTS (OPTIONAL)

	Goal 1	Goal 2 (if applicable)	Goal 3 (if applicable)
<p>Engagement Summary <i>(Copy this section from Strategic Plan or previous quarterly report)</i></p>	<p><i>Engagement Description:</i></p>	<p><i>Engagement Description:</i></p>	<p><i>Engagement Description:</i></p>
	<p><i>District Point of Contact:</i></p>	<p><i>District Point of Contact:</i></p>	<p><i>District Point of Contact:</i></p>
	<p> <input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____ </p>	<p> <input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____ </p>	<p> <input type="checkbox"/> CPD-Driven <input type="checkbox"/> Community-Driven <input type="checkbox"/> Co-Created with _____ </p>

Community-Driven Approaches to Crime Reduction - District Strategic Plan Progress Report
CHICAGO POLICE DEPARTMENT

<p>Activity During This Quarter <i>Describe the activity that took place for this engagement goal during this quarter</i></p>			
	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>	<p><u>Relevant CEMS Engagement ID Numbers:</u></p>
<p>Next Steps for Upcoming Quarter <i>Describe plans for this engagement priority for the the upcoming quarter</i></p>			

BEAT AND COMMUNITY MEETING READ-OUTS ON STRATEGIC PLANS

*List the engagements at which progress on the Strategic Plans were shared with community members. All listed engagements **must** have supporting documentation (agenda and minutes) uploaded to the Community Engagement Management System (CEMS) to provide evidence that the strategic plan was discussed at that engagement. **At minimum, progress must be shared once per quarter at each beat's beat meeting.***

Engagement Title	CEMS Engagement ID Number	Engagement Date	Agenda Uploaded to CEMS	Minutes Uploaded to CEMS
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPROVED BY	Print Name	Signature	Date
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CHICAGO POLICE DEPARTMENT

Chief of Patrol			
Commanding Officer of Community Policing			
Area Deputy Chief			
District Commander			
District Captain			
District Advisory Committee Chair			