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Policy on Child Identification Programs

Originating Council

Council on Clinical Affairs

Review Council

Council on Clinical Affairs

Adopted

2003

Revised

~~2008~~ 2017

Reaffirmed

2012

Purpose

The American Academy of Pediatric Dentistry (**AAPD**), recognizing the role that dental records play in forensic identification, encourages dental practitioners and administrators of child identification programs to implement simple practices that can aid in identification of unknown infants, children, and adolescents. The AAPD recommends that parents establish a dental home, where clinical data is gathered, stored, and updated routinely and can be made available to assist in identification of missing and/or abducted persons.

Methods

~~This policy revision is based on a review of the current dental, medical, and public literature, and interviews with forensic odontologists, pathologists, and law enforcement agencies. A PubMed® search was conducted using the terms child, forensic, dental, and identification. An electronic search using child identification also was conducted. Manuals on forensics (Bowers 1997; Stimson 1997) utilized by the American Academy of Forensic Science and the American Society of Forensic Odontology demonstrate the vital role of dentistry in identification of missing and unknown persons.~~

This policy is an update of a previous document adopted 2003 and last revised 2008. The update included a new systematic literature search of the MEDLINE/ Pubmed® electronic database using the following parameters: Terms: child, forensic, dental and identification; Fields: all; Limits: within the

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last 10 years, English. One hundred twenty nine articles matched these criteria. Papers for review were chosen from this list and from references within selected articles. When information from these articles did not appear sufficient or was inconclusive; policies were based upon expert and/or consensus opinion by experienced re-searchers and clinicians.

Background

More than 800,000 children in America are reported missing each year ¹(~~National Child Identification Program~~). Since the passage of the Missing Children Act in 1982 and the creation of the National Crime Information Center, the dental profession has provided much of the information used to compare missing persons with the unidentified persons living and dead ^{2,3}(~~Sperber 1986~~). The Manual on Forensic Odontology utilized by the American Society of Forensic Odontology demonstrated the vital role of dentistry in identification of missing and unknown persons.³ Numerous cases have been published in which law enforcement agencies called upon dentistry to provide information that proved vital to the identification process^{4,5}. (~~Berthold 2012; Goodman 2002; Chen 2008~~). Dental records used for identification purposes have included dental radiographs, facial photographs, study casts, dental histories documenting teeth present and distinguishing features of oral structures and restorative. Treatment history documenting appliances (prosthetic and orthodontic) in place, orthodontic treatment, restored surfaces, and materials used, and bite registrations⁶⁻⁹(~~Adams 2003~~).

Nondental sources of distinguishing information currently include fingerprints, photographs, physical descriptions, and DNA from blood, saliva, and other tissue.¹⁰ Some of these nondental sources have practical limitations. Few children have fingerprint records. DNA sampling, while being state of the art, can be difficult to access as well as can be protracted and costly.¹¹ ~~Dentistry~~ Dentists can provide data without many of these limitations.

Many programs have been developed and sponsored by community groups that use various child identification methods. Examples are:

- Child Identification Program (CHIP), sponsored by the Masons. This program gathers a physical description and features card, fingerprint card or scanned print, several still photos of various profiles, a video recording of mannerisms with voice interview, and various DNA

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samples collected on dental impressions and/or cheek swabs. ~~Saliva samples for DNA fingerprinting, videos, toothprints, and fingerprints~~ (Grand Lodge of Massachusetts Masonic Youth Child Identification Program).¹²

- The National Child Identification Program, sponsored by the American Football Coaches Association with the Optimist International and Clear Channel Int. They provide an ID Kit that includes an inkless fingerprinting card, DNA collection envelope, and cut out wallet card.~~use an identification card, which includes fingerprints, a physical description, photographs, and the physician's office address/telephone number~~ (National Child Identification Program).^{13,14}
- New England Kids Identification System (**KIDS**) sponsored by the Massachusetts Free Masons and the Massachusetts Dental Society, ~~which~~ incorporated dental bite impression and cheek swabs to gather DNA material into the CHIP events.^{12,15,16}~~(Grand Lodge of Massachusetts Masonic Youth Child Identification Program; Ellis 2007; Tesini 2005).~~

The Federal Bureau of Investigation (FBI) has a free mobile phone application (app) "FBI Child ID", available for download on both iTunes and Google Play. This app provides an easily accessible way to electronically store photos and vital information about children. Additionally, there a special tab on the app that allows quick and easily access to e-mail to send information if necessary to authorities.¹⁷

Policy statement

The AAPD recognizes the importance of dentistry's role in the provision of data for identification of missing and/or deceased children and encourages dental professionals to assist in identifying such individuals through dental records and other mechanisms. The AAPD also encourages community identification programs to include a dental component documenting the child's dental home¹⁸ ~~(AAPD Dental Home Policy)~~ and encouraging consistent dental visits. A dental home should be established for every child by 12 months of age ^{18,19} ~~(AAPD Dental Home Policy; AAPD Infant Oral Health Guideline)~~. A detailed dental record, updated at recall appointments, economically establishes an excellent database of confidential, state-of-the-art child identification information that can be retrieved easily, stored safely, and updated periodically ~~properly~~. The dental record may contain a thorough description of the oral cavity documenting all anomalies, a record of restorative care delivered including materials used, appropriate dental radiographs ²⁰ ~~(ADA et al 2004)~~, photographs,

study casts, and bite registration.

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