

Policy on Child Identification Programs

Originating Council

Council on Clinical Affairs

Review Council

Council on Clinical Affairs

Adopted

2003

Revised

2008

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 MEDLINE search was conducted using the terms “child”, “forensic”, “dental”, and “identification”. An electronic search using “child identification” also was conducted. Manuals on forensics^{1,2} 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.

Background

More than 800,000 children in America are reported missing each year.³ 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 living and dead.⁴ Numerous cases have been published in which law enforcement agencies called upon dentistry to provide information that proved vital to the identification process.⁵⁻⁷ 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, restorative history documenting restored surfaces and materials used, and bite registrations.⁸

Nondental sources of distinguishing information currently include fingerprints, photographs, physical descriptions, and DNA from blood, saliva, and other tissue.⁹ Some of these

nondental sources have practical limitations. Few children have fingerprint records. DNA sampling, while being state of the art, can be protracted and costly. Dentistry 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:

1. Child Identification Program (CHIP), sponsored by the Masons. This program gathers saliva samples for DNA fingerprinting, videos, toothprints, and fingerprints.¹⁰
2. The National Child Identification Program, sponsored by the American Football Coaches Association with the Optimist International and Clear Channel Int. They use an identification card which includes fingerprints, a physical description, photographs, and the physician's office address/telephone number.³
3. 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.^{10,11}

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 home¹² and encouraging consistent dental visits. A dental home should be established for every child by 12 months of age.¹³ 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 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,¹⁴ photographs, study casts, and bite registration.

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