

Policy on Child Identification Programs

Latest Revision

2017

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 document was developed by the Council on Clinical Affairs and adopted in 2003. The last revision occurred in 2008 and was reaffirmed in 2012. This policy revision included a new literature search of the PubMed®/MEDLINE electronic database using the terms: child, forensic, dental, and identification; fields: all; limits: within the 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 researchers and clinicians.

Background

More than 800,000 children in America are reported missing each year.¹ 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 unidentified individuals.^{2,3} The Manual on Forensic Odontology utilized by the American Society of Forensic Odontology demonstrates 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} Dental records used for identification purposes have included dental radiographs, facial photographs, study casts, dental examinations documenting teeth present and distinguishing features of oral structures, and histories documenting appliances (prosthetic and orthodontic) in place, orthodontic treatment, restored surfaces and materials used, and bite registrations.⁶⁻⁹

Nondental sources of distinguishing information currently include fingerprints, photographs, physical descriptions, and

How to Cite: American Academy of Pediatric Dentistry. Policy on child identification programs. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2020:51-2.

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 protracted and costly.¹¹ 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 care, fingerprint card or scanned print, several still photos of various profiles, a video recording or mannerisms with voice interview, and various DNA samples collected on dental impressions and/or cheek swabs.¹²
- The National Child Identification Program, sponsored by the American Football Coaches Association with the Optimist International and Clear Channel Int. They provide an identification kit which includes an inkless fingerprinting card, DNA collection envelope, and cut out wallet card.^{13,14}
- New England Kids Identification System (KIDS) sponsored by the Massachusetts Free Masons and the Massachusetts Dental Society, which incorporates dental bite impression and cheek swabs to gather DNA material into the CHIP events.^{12,15,16}
- The Federal Bureau of Investigation (FBI) has a free mobile telephone application (app) “FBI Child ID”, available for download on both iTunes and Google Play. This application provides an easily accessible means to electronically store photos and vital information about children. Additionally, there is a special tab on the app that allows quick and easily access to e-mail to send information to authorities, if necessary.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

ABBREVIATIONS

AAPD: American Academy Pediatric Dentistry. **CHIP:** Child Identification Program. **FBI:** Federal Bureau of Investigation.

the child's dental home¹⁸ and encouraging consistent dental visits. A dental home should be established for every child by 12 months of age.^{18,19} 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. 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 photographs, study casts, and bite registration.

References

1. National Child Identification Program. Why should we fingerprint our children? National Child Identification Program. About us. Available at: "http://www.childidprogram.com/about-us". Accessed June 10, 2017. (Archived by WebCite® at: "http://www.webcitation.org/6o4u8Dfm2")
2. Sperber N. Identification of children and adults through federal and state identification systems: Recognition of human bite marks. *Forensic Sci Int* 1986;30(2-3):187-93.
3. Kavanaugh SA, Filippi JE. Missing and unidentified persons. In: Senn DR, Weems RA, eds. *Manual of Forensic Odontology*. 5th ed. Boca Raton, Fla.: CRC Press; 2013:195.
4. Chen H, Jain AK. Automatic forensic dental identification. In: Jain AK, Flynn P, Ross AA, eds. *Handbook of Biometrics*. New York, N.Y.: Springer Science+Business Media, LLC; 2008:231-51.
5. Debnath N, Gupta R, Nongthombam RS, Chandran P. Forensic odontology. *J Med Soc* 2016;30(1):20-3.
6. Cardoza AR, Wood JD. Atypical forensic dental identifications. *J Calif Dent Assoc* 2015;43(6):303-8.
7. Berman GM, Bush MA, Bush PI, Freeman AJ, et al. Dental identification. In: Senn DR, Weems RA, eds. *Manual of Forensic Odontology*. 5th ed. Boca Raton, Fla.: CRC Press; 2013:75-127.
8. Shanbhag VK. Significance of dental records in personal identification in forensic sciences. *J Forensic Sci Med* 2016;2(1):39-43.
9. Reddy G, Reddy VP, Sharma M, Aggarwal M. Role of orthodontics in forensic odontology – A social responsibility. *J Clin Diag Res* 2016;10(4):1-3.
10. Conceição L, da Silveira IA, Lund RG. Forensic dentistry: An overview of the human identification's techniques of this dental specialty. *J Forensic Res* 2015;6(1):1.
11. Aidar M, Line SR. A simple and cost-effective protocol for DNA isolation from buccal epithelial cells. *Braz Dent J* 2007;18(2):148-52.
12. Masonic Youth Child Identification Program (MYCHIP). Available at: "http://www.mychip.org". Accessed June 10, 2017. (Archived by WebCite® at: "http://www.webcitation.org/6o4uW4HhZ")
13. National Child Identification Program. The ID Kit. Available at: "http://www.childidprogram.com/the-id-kit". Accessed June 10, 2017. (Archived by WebCite® at: "http://www.webcitation.org/6o4utJUUU")
14. National Child Identification Program. Swab Instructions. Available at: "http://www.childidprogram.com/the-id-kit/swab-instructions". Accessed June 10, 2017. (Archived by WebCite® at: "http://www.webcitation.org/6o4ujbJKe")
15. Ellis MA, Song F, Parks ET, Eckert GJ, Dean JA, Windsor LJ. An evaluation of DNA yield, DNA quality and bite registration from a dental impression wafer. *J Am Dent Assoc* 2007;138(9):1234-40.
16. Tesini DA, Harte DB. Anatomy of a properly taken toothprint thermoplastic bite impression. *J Mass Dent Soc* 2005;54(2):22.
17. Federal Bureau of Investigation. The FBI's Child ID app putting safety in your hands. Available at "https://www.fbi.gov/file-repository/child-id-app-full-content.pdf." Accessed June 10, 2017. (Archived by WebCite® at: "http://www.webcitation.org/6o4zqog7Z")
18. American Academy of Pediatric Dentistry. Policy on the dental home. *Pediatr Dent* 2016;38(special issue):25-6. Accessed June 10, 2017. (Archived by WebCite® at: "http://www.webcitation.org/6o4vJ67uy")
19. American Academy of Pediatric Dentistry. Guideline on perinatal and infant oral health care. *Pediatr Dent* 2016;38(special issue):150-4. Accessed June 10, 2017. (Archived by WebCite® at: "http://www.webcitation.org/6o4vSI8IV")
20. American Dental Association, U.S. Department of Health and Human Services. *Dental radiographic examinations: Recommendations for patient selection and limiting radiation exposure*. Rockville, Md.: Food and Drug Administration; 2012. Available at: "http://www.fda.gov/downloads/Radiation-EmittingProducts/RadiationEmittingProductsandProcedures/MedicalImaging/MedicalX-Rays/UCM329746.pdf". Accessed June 10, 2017. (Archived by WebCite® at: "http://www.webcitation.org/6tHkUmUn3")