# Policy on Child Identification Programs

**Originating Council**
Council on Clinical Affairs

**Adopted**
2003

## 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 is based on a review of the current dental, medical, and public literature, review of the American Dental Association's (ADA) position on child identification programs, and interviews with forensic odontologists, pathologists, and law enforcement agencies. Often, the literature on dentistry's role in forensic identification of children was based on retrospective case studies and reports in the press. 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 are published in which law enforcement agencies called upon dentistry to provide information that proved vital to the identification process.[5,6] Data found in dental records used for identification purposes has included dental radiographs, facial photographs, study casts, dental histories with up-to-date documentation of teeth present, distinguishing features of oral structures, restorative history documenting restored surfaces and materials used, and bite registrations. In the 1980s, an identification button to be bonded on the buccal surface of the molars was developed, but it never gained widespread acceptance.

Nondental sources of distinguishing information currently include fingerprints, photographs, DNA from blood, saliva, and other tissue, and physical descriptions.[7] 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 (CHIPS), sponsored by the Masons. This program gathers blood samples to use for DNA fingerprinting.[8]
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. Recognized in 2001 by US Congressional Resolution 100, they have a stated goal of making records for 60 million children.[3]
3. New England Kids Identification System (K.I.D.S.) sponsored by the Massachusetts Free Masons and the Massachusetts Dental Society, which incorporated dental bite registrations into the CHIPS events.[9]

In 1985, the ADA adopted a resolution that stated "The ADA encourages dental societies, related dental organizations, and the membership to participate in efforts designed to assist in identifying missing and/or deceased individuals through dental records and other appropriate mechanisms."[10]

## Policy statement

The AAPD recognizes the importance of dentistry's role in the provision of data for identification of missing and/or deceased children. Any community identification program should include a dental component documenting the child's dental home[11] and encouraging consistent dental visits. The first dental visit should be within 6 months of the eruption of the first primary tooth and no later than 12 months of age.[12] 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,[13] photographs, study casts, and bite registration.

## References


1. Bowers CM, Bell GL, eds. Dental identification. *Manual of Forensic Odontology.* 3rd ed. Saratoga Springs, NY: American Society of Forensic Odontology; 1997:9-73.
2. Stimson PG, Mertz CA, eds. Scientific methods of investigation. *Forensic Dentistry.* New York, NY: Robert Stern, CRC Press; 1997:1-29.
3. American Football Coaches Association Web site. Available at: http://www.childidprogram.com. Accessed October 20, 2002.
4. Sperber N. Identification of children and adults through federal and state identification systems: Recognition of human bite marks. Forensic Sci Int 1986; 3:187-193.
5. Berthold M. Police seek ID in Illinois. ADA News 2002:33:27.
6. Goodman NR, Himmerberger LK. Identifying skeletal remains found in a sewer. J Am Dent Assoc 2002; 133:1508-1511.
7. Bowers CM, Johansen RJ. Digital analysis of bite marks and human identification. ASFO News 2001; Spring:1:15-19.
8. Child Identification Program Web site. Available at: http://www.mychip.org. Accessed October 20, 2002.
9. Tesini DA, Harte DB, Crowley K. Dentistry's role in identification of missing and unknown children: Update on the dental bite impression technique. J Mass Dent Soc 1999;48:29-34,50.
10. American Dental Association. ADA passes resolution supporting identification programs. ADA News 1986;17:3.
11. American Academy of Pediatric Dentistry. Policy on the dental home. Pediatr Dent 2002;24(suppl):12.
12. American Academy of Pediatric Dentistry. Clinical guideline on infant oral health. Pediatr Dent 2002: 24(suppl):46.
13. Joseph LP. *The Selection of Patients for X-ray Examinations: Dental Radiographic Examination.* Rockville, Md: The Dental Radiographic Patient Selection Criteria Panel, US Dept of Health and Human Services, Center for Devices and Radiologic Health; 1987. HHS Publication No. FDA 88-8273.