

VALLEY ISLE AQUATICS
TYPE III, NON-PROFIT ORGANIZATION
PERMIT REQUEST
FEBRUARY 29, 2012

VALLEY ISLE AQUATICS
TYPE III, NON-PROFIT ORGANIZATION
PERMIT REQUEST

TABLE OF CONTENTS

Title Page.....	1
Table of Contents	2
Letter of Request	3-8
Proof of Insurance	9
Articles of Incorporation	10
Hawaii State General Excise Tax	11
Certificate of Good Standing	12
State of Hawaii Non-Profit Status	13
Federal Tax ID	14
State of Hawaii Tax Clearance	15
State of Hawaii Drowning Fact Sheet	16
State of Hawaii Drowning Brief.....	17-18
State of Hawaii Drowning Statistics	19-44
2011 Consumer Product Safety Commission Report	45-62
Water Safety Statistics.....	63-66



VALLEY ISLE AQUATICS

~a non-profit organization

(808) 572-4665

PO Box 367

Haiku, HI 96708

valleyisleaquatics@valleyisleaquatics.com

<http://www.valleyisleaquatics.com>

To: Glenn Correa, Chief of Parks and Recreation, Maui County
From: Valley Isle Aquatics, a non-profit organization
Re: Type III, Non-profit organization, permit request
Date: February 28, 2012

This is a request for a Type III, non-profit organization, permit of use for the utilization of Maui County's aquatics facilities, to offer services to our community as follows:

- Learn-to-Swim
- Parent-Child Classes
- Adult Lessons
- Seniors Classes
- Special Needs Population classes
- Internships for high school and college students
- Year-round classes
- Professional Training Courses (WSI, CPR, AED, O2, First Aid, lifeguard training, etc.)
- Offer employment to community members

Let us share our history with you so you have a better understanding of who we are and what we provide for our Maui County community.

Maui County Aquatics Division approached Kelly E. Duell requesting her to teach swimming lessons to the community via the Community Courses Office. After careful consideration she decided it would be best to enter into this venture with partners. Everyone agreed to a partnership, signed the Community Courses Contract with Maui County, and set out to create the best possible swimming lessons offered on Maui.

We delivered fliers to the public schools, mainly in the Kihei area. We immediately received registrations for classes being offered on Sunday afternoons at the Kihei Aquatics Center. We conducted our first class in March 2008 with our instructors each teaching one class per hour; and handling customer service between classes.

Since that time our classes have remained steady in the Kihei location on Sundays with an increase of the number of participants in peak seasons such as summer months and school vacations. We added a weekday class to Kihei which has been steady, however not as large of numbers due to K-12 students attending school.

After the first year in Kihei being successful and the number of requests from the UpCountry area, with Maui County's blessing, we opened classes at the Pukalani Pool on Saturdays. It was a growing process in the beginning, however these classes have become popular, matching and even out-numbering the original Kihei classes. UpCountry now has a weekday option in addition to the Saturday classes.

Beginning in May 2009 we offered adult classes, which became quite the hit in this very selective population. We have taught folks with severe fears resulting from a childhood trauma; folks who wanted to perfect their strokes; folks needing to practice for a work-related test; folks wanting the benefits of exercise; folks with injuries who needed water movement to assist in the healing process; surfers needing confidence and efficient strokes; and even a professional windsurfer who needed to be a better swimmer to continue his tow-in career. Our oldest student to date was 72 years old (and she did fantastic!). Due to the

overwhelming number of requests for adult lessons, we have been developing a program designed with the adult learner as the focal point.¹

Entering our third year, we had many requests for lessons in the Central area. We offered classes during the school year one day per week; although the numbers were small, we anticipated growth once the community knew we were offering classes regularly. June and July 2010 we offered weekday classes, which had 12-15 participants, doubling the school-year numbers. In August of 2010, we were approved to teach classes on Saturdays, which doubled the June/July numbers. At this time, we only teach in the central area during the summer months due to lack of certified instructors.

We entered into an agreement with Kama'aina Kids Pi'ilani Center Pre-School to service their children during the school day, making the classes accessible for those families who are working during our regularly scheduled classes. We have a program developed, which can be used at any facility, and plan to implement it as soon as we receive our Type III non-profit organization permit.

The legal structure of Valley Isle Aquatics is a non-profit corporation in the State of Hawaii, as of January 2011. We have completed the paperwork for the federal 501(3)(c) and have submitted it to a consultant to ensure accuracy; once the review and revisions are completed, we will proceed with the next steps in the filing process. We do hold a general excise tax license both at the state and federal levels.

Our Mission:

Our mission is to serve both our local and global community through our swimming for life classes, safety preparedness trainings, educational opportunities, professional training courses, and service on committees, which enhances the quality of life for our aquatics Ohana. Through our mission, we assist with the development and advancement of stronger programs at the local, national, and global level; which provides a positive aquatics experience and assists in building a stronger community.

Our experience in this business far exceeds any other learn-to-swim organization on the island. Valley Isle Aquatics is an American Red Cross Authorized Provider, along with the CEO, Kelly E. Duell, who holds her own authorized provider agreement. We have worked hard to earn acceptance into nationally acclaimed organizations as well as formed various affiliations: USA Swimming/Splash Partnership; PECentral; AAHPERD; NASPE; AAPAR; Committee for Aquatics Professionals; Aquatics International; American Red Cross; American Heart Association; the Small Business Administration; and Maui Economic Opportunity, Inc.~ Business Development Corp.

We are an excellent asset and contribute to our Maui community on many levels:

- Valley Isle Aquatics offers services not currently being offered to the general community on a large scale at reasonable prices.
- We offer a valuable service to the community by conducting a variety of classes, levels, sessions, locations, and individualization at a more than reasonable rate.
- We provide a bridge from learn-to-swim participation to competitive swimming and life-long health and fitness.
- We work with adults to overcome their fears; teach basic safety skills while swimming; increase skill acquisition; train for various activities; and meet any other need brought to us.
- Encourages seniors to participate in hopes of providing therapeutic-like conditions, which may assist in relieving many of their bodily issues.

¹ A 1998 Gallup study showed that 46 percent of adults are afraid of deep water in pools. More recently, in a 2011 survey by the American Red Cross, 21 percent of respondents assessed their swimming skills as fair, poor or nonexistent. That data indicates more exposure to learn-to-swim opportunities are needed.

- We assist in forming a solid foundation for non-swimmers, novice and beginning swimmers to build upon their skills and assist them to become proficient swimmers, thus reducing the likelihood of drowning and near-drowning incidents.²
- We educate the parents/guardians on water safety; skill acquisition; expectations; and promote continued education in all areas, while providing a safe environment for their child to learn, grow, and develop.³
- We have high standards and expectations; require all instructors to be highly-qualified; have more than half a century in combined experience; and truly enjoy providing these services to our community.
- We positively contribute to our community.
- We bring the aquatics experience to a diverse population.

We offer services which the community members not only want but need, and are essential for the well-being of each participant.

- The ability to learn how to swim and know how to act/react in given situations.
- Participants need to know how to swim for many reasons, but the primary is for lifesaving, especially considering we live on an island.
- Participants want to feel secure knowing they or their child is confident in the water and will know what to do in any situation.
- Many of our participants enroll in our program to enhance their skills for fitness-related reasons, as well as to emotionally move past a negative experience they had previously.

² Consumer Product Safety Commission's new statistics show:

- An annual average of 383 pool and spa-related drownings for children younger than 15 occurred from 2006 to 2008; about 76 percent of the reported fatalities involved children younger than five.
- An estimated average of 5,100 pool or spa emergency department-treated submersions for children younger than 15 occurred each year from 2008 to 2010; children younger than five represented 79 percent of these-injuries.
- Children between the ages of one and three (12 to 47 months) represented 66 percent of these fatalities and 64 percent of the injuries.
- About 72 percent of the fatalities from 2006 through 2008, and 55 percent of the estimated injuries from 2008 through 2010 that involved children younger than 15 occurred in a residential pool or spa; children under five made up the majority of incidents at residential locations, with 84 percent of fatalities and 61 percent of injuries, respectively.
- Tragically, based on reported statistics, 96% of victims involved in a submersion incident will die. Fatalities usually occur the day of the drowning event (72%). For the victims who survive the event, most will succumb to their injuries within a week (24%). Only 4% of near drowning victims will survive beyond a week, and many will have severe injuries and require intensive medical care.

³ "Promoting swim lessons requires educating parents. They need to understand why learning to swim is so important for drowning prevention as well as how swimming skills can help with future careers," Sue Nelson, aquatic program specialist at *USA Swimming* in Colorado Springs, Colo.

Features and benefits of our services:

Benefits:	Features:
Learn-to-Swim lessons	Certified Instructors
Comfort in the water	Years experience teaching all ages
Introduction to water	Nationally approved curriculum
Stroke Development	USA~Splash Partner Program Partner
Feel safe/secure in the water ("safety")	Maui Economic Opportunity, Inc.~ Business Development Corp., Core Four Business Planning Course Graduates
Teach community responsibility; giving back to the 'aina	National level contributions: committees, recognition, recognized individually, & professionally connected
Assist in stress reduction for parent/guardian	Published curriculum and lesson plans
Physical Activity/Exercise	National keynote speaker, presenter, & session facilitator
Move the responsibility from the parent/guardian to teach the child to swim to professionals	Variety of classes offered (WSI, Lifeguard Training, 1 st Aid, CPR, AED, O2, Scuba, Learn-to-Swim, Seniors, Adult, Infants, Toddlers, Parent-Child, Senior Conditioning, Senior Movement
Build confidence in and out of the water	Community-based program
Parent-Child bonding	Non-Profit Organization
Physical Training	Small class size
Preparation for competitive swimming	Multiple levels of classes offered
Socialization for all ages	Individualization for each participant approach to teaching
Development of friendships, all ages	Flexibility in accommodating students' needs (i.e. changing which class time they attend)
Health and Fitness-related benefits	Easy, on-line registration and payment process
Lifetime Fitness Development	Least expensive on-island

We would like to continue to offer our services to the community at three (3) Maui County Facilities (Kihei Aquatics Center; Pukalani pool; and a facility in the central area), however reserve the right to request additional facilities to service more community members at a later date. As of this date, we plan on offering classes at various times during normal operational hours (at a later date, we may want to request before or after hour times). We will offer multiple levels, according to the need of the community. All instructors, who teach solely, shall be certified water safety instructors. These parameters will allow for all community members to have the opportunity to participate.

We have a wide range of participants from infants to adults, locals to visitors, and special interest groups, however the majority of our participants are local and under 10 years of age, with 3% adults. 17% of our participants are from the UpCountry area; 12.3% from Kihei; 5.8% from Central; and 65% are unknown. *Based on 2008-2010 statistics.

The majority of the families attend on a weekend day since they work during the week. We do have a small percentile of folks who attend the weekday due to their personal situation, or participate in our preschool program.

Organic numbers have reached almost 1000 total since 2008. Our total number served through July 2010 is 1827 participants. Kihei has boasted 1437 participants; Central has totaled 64 participants; and Upcountry has serviced 326 participants. *These numbers do not include the 2011 fiscal year as we have yet to do the calculations.

We have an estimated possible client base of 19,436 participants aged 0-10 years; 16,658 participants over the age of 62; and 73,928 adults between the ages of 18-61. In the next five years the population growth is estimated at 11,300 persons, thus increasing our possible client base significantly.

Our growth plan is to remain a non-profit organization, thus enabling us to utilize more facilities, longer time spans, and the utilization of natural breaks. We plan on initiating our pre-school program, offering their children lessons at a reduced rate for full classes, during the school day, while parents are at work. We would like to work with our local senior center to offer a variety of adult classes via their program.

All of which supports our decision to work diligently to increase our number of participants in the pre-school aged, adult-aged, senior populations, which in turn, will bring more participants to the county facilities, thus increasing the participation numbers of community members utilizing county facilities.

Valley Isle Aquatics is the “best bang for your buck” in the quality of services provided, availability, customer service, and flexibility. We offer convenient locations, at the best facilities on Maui. Our reputation precedes us as top in the field, with highly qualified instructors, and the most expertise throughout the County of Maui. Participants know they will have the same instructor throughout their session, as we are reliable and believe in consistency.

At this time, we plan on maintaining the same fee structure as we have for the last three years, which is more than reasonable; is lower than the local YMCA⁴; is priced considerably less than the national average⁵; and is used to cover the expenses of running the program only. No profit is made from the learn-to-swim class registration fees. Expenses may include, but are not limited to, permit fees; license fees, both business and professional; insurance; equipment and supplies; instructor salaries; operational expenses (i.e. server and website charges; maintenance; payment method fees); overhead expenses (i.e. utilities). Generally, each session barely breaks even, and in many, we take a loss in continuing to teach the classes.

Yearly we give free sessions to schools and other non-profit organizations for them to use to raise funds for their programs. Upon request, we review the family's situation, and make adjustments in the registration fees whenever possible. We qualify to apply for grants and scholarships to help off-set the cost of lessons for specific families, and plan on beginning to write these grant requests once we obtain our Type III nonprofit permit of use from Maui county. We have a multiple-child family discount program; a play group discount program; and other programs being considered such as offering classes for the special needs population at a reduced rate; a referral program, giving the person who gave the referral a discount; all of which is to assist all folks the opportunity to participate in our lessons.

We use the recommendation of charges from the American Red Cross as a guideline for the Professional Training courses. At this time, our courses are offered at a much reduced rate as the ARC recommends.

We have streamlined our registration progress, making it more convenient and user-friendly for participants. We have gone green by offering server-based registration, eliminating the excessive use of paper, and in addition, our entire website is green, being powered by 100% wind power⁶. We offer PayPal as our primary payment method, which participants may use credit cards, ATM/debit cards, checking accounts, saving accounts, or their personal/business PayPal account. For those folks who do not have access to a computer or are not computer literate, we assist them filling out the registration form on-line and then offer our new Intuit payment method right on the pool deck. Our Intuit account accepts credit cards and ATM/debit cards.

⁴ \$65.00 for members + membership (child membership monthly fee = \$19.00 + a \$25.00 joining fee; adult/family monthly fee = \$66.00 + \$100.00 joining fee), 7-8 classes; child average group class = \$16.00-\$18.29; \$130.00 for non-members, average price per group class \$16.25-\$18.57.

⁵ Group lessons (up to 15 participants) average price: \$30.00-\$50.00 (highest priced at \$330.00) per 30-45 minute class; individual or semi-private lessons (no more than 4) average price: \$50.00-\$150.00 (highest priced = \$350.00) per 30-60 minute class.

⁶ BizLand Green Certificate: BizLand, an EPA Green Power Partner, certifies that www.valleyisleaquatics.com is powered by 100% wind energy. That means the servers, data centers and offices supporting www.valleyisleaquatics.com are powered by renewable energy. BizLand certifies that www.valleyisleaquatics.com is completely generated by wind energy. For every KWH used to run this site, BizLand purchases twice that amount of wind energy in the form of Renewable Energy Certificates (RECs). Measuring the Environmental Impact: www.valleyisleaquatics.com is helping prevent the release of 3,764 metric tons of carbon into the atmosphere annually. Our company's energy efficiency is equivalent to planting 803 acres of trees, or taking 738 cars off the road.

Our mission, goals, objectives, and expectations are based on research, community need, and personal experience, thus making them essential to living a safe, healthy, and pono life for our Maui Ohana.

According to Maui County Code 13.04.080, we qualify under the Type III, non-profit organization, permit:

"Type III activity" means an activity organized and sponsored by a person, registered political candidate, political organization, or nonprofit entity which does not generate revenue by charges or donations for admission to attend the activity such as registration or participation fees, but excluding revenues generated from temporary refreshment concessions as defined in section 13.04.150(C). On-going (thirty days or longer) organized youth and adult sport leagues that assess registration or participation fees to their participants or members may qualify under this type III category, provided the director confirms that the fees assessed are solely being used to offset the expenses of operating such leagues such as equipment, insurance, officiating, and park/facility permit fees and expenses.

We humbly request we be granted a Type III, non-profit organization use of facilities permit from Maui County Parks and Recreation Division.

We anticipate receiving our Type III nonprofit organization permit of use in a timely manner, and continuing our partnership with Maui County, to better serve our community.

Mahalo Nui for your time and consideration in this matter,

Valley Isle Aquatics

Joseph A. Duran, Board of Directors, Chair

(808) 572-4665

(831) 238-0029

joe@valleyisleaquatics.com

Other pertinent information:

- Insurance agent: Don Baldwin.
- Attorney: at this time our attorney would like to remain un-named.
- Accountant: Hawaii Small Business Development Center; Maui County Business Resource Center-SCORE counseling services.
- Business management: Maui Economic Opportunity, Inc.~ Business Development Corp.
- Board of Trustees: Joseph A. Duran (chair); Michele Winham; Harvest Baisa; and Heidi Heller.

CERTIFICATE OF INSURANCE

05/18/2011

PRODUCER

Grizzly Insurance Agency, LLC
PO Box 630028
Littleton, CO 80163
888-868-1164

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

Company Letter	A	Starr Indemnity and Liability Company
Company Letter	B	Starr Indemnity and Liability Company
Company Letter	C	
Company Letter	D	
Company Letter	E	

INSURED

Valley Isle Aquatics
Kelly Duran
P. O. Box 367
Haiku, HI 96708

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. "This certificate of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy."

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	General Liability	P2GL-111326-02_2	4/21/2011	4/21/2012	General Agg	\$2,000,000
	<input checked="" type="checkbox"/> Commercial General Liability				Products - Agg.	\$1,000,000
	<input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur.				Personal & AI	\$1,000,000
	<input checked="" type="checkbox"/> Includes Athletic Participants				Property Damage	\$1,000,000
					Each Occurrence	\$1,000,000
					Fire Damage	\$300,000
					Deductible	\$0
B	Accident Medical Insurance	BAP-118465-1	4/21/2011	4/21/2012	Per Accident	\$100,000
					Deductible	\$250

Description of Operation

Teaching swim lessons at Kihei Aquatic Center, Up Country Aquatic Center and Kokua Pool

The Certificate Holder(s) is added as an additional insured but only with respect to liability arising out of operations of the named insured during the policy period.

Certificate Holder – Additional Insured

County of Maui
200 S. High St.
Wailuku, HI 96793

Cancellation

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE WILL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE-Don Baldwin

Don Baldwin

Martial Arts Insurance Program
www.karateinsurance.com
888-868-1164 · fax 303-484-4431

TNCN

Internet FORM DNP-1
0104201148484 7/2010FILED 01/18/2011 03:28 PM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of HawaiiSTATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 588-2727**ARTICLES OF INCORPORATION**
(Section 410-32, Hawaii Revised Statutes)*PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK*

The undersigned, desiring to form a nonprofit corporation under the laws of the State of Hawaii, certify as follows:

I

The name of the corporation shall be :
Valley Isle Aquatics

II

The mailing address of the corporation's initial principal office is:
PO Box 367, Haiku, HI 96708 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:
JOSEPH A. DURAN

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:
PO Box 367, Haiku, HI 96708 USA

01/19/2011 10:43:43

01/19/2011 12:02:43

BUSINESS START DATE: 1/4/2011

STATE OF HAWAII
DEPARTMENT OF TAXATION

FORM G-44A
(REV. 2001)

LICENSE ISSUED FOR THE PRIVILEGE OF ENGAGING IN BUSINESS AND OTHER ACTIVITIES UPON THE CONDITION THAT THE LICENSEE SHALL PAY THE TAXES ACCRUING TO THE STATE OF HAWAII UNDER THE PROVISIONS OF CHAPTER 237, HRS, AS AMENDED. LICENSEE'S ACTIVITIES ARE LISTED ON THE APPLICATION ON FILE WITH THE DIRECTOR OF TAXATION.

GENERAL EXCISE TAX LICENSE

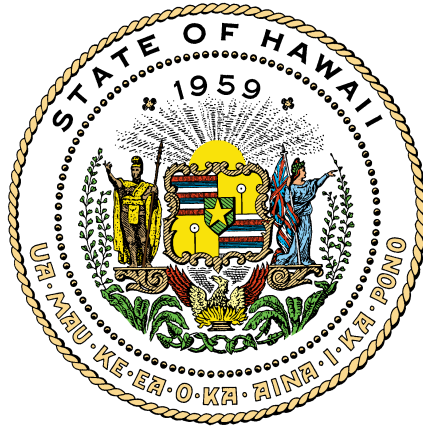
THIS LICENSE IS NOT TRANSFERABLE.
TO BE DISPLAYED CONSPICUOUSLY AT THE
PLACE OF BUSINESS FOR WHICH ISSUED.



Ronald Randall, Acting Director of Taxation

HAWAII TAX ID NUMBER: W52773422-01

VALLEY ISLE AQUATICS
PO BOX 367
HAIKU HI 96708-0367



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Interim Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

VALLEY ISLE AQUATICS

was incorporated under the laws of Hawaii on 01/18/2011 ;
that it is an existing nonprofit corporation; and that,
as far as the records of this Department reveal, has complied
with all of the provisions of the Hawaii Nonprofit Corporations
Act, regulating domestic nonprofit corporations.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed the seal of the
Department of Commerce and Consumer
Affairs, at Honolulu, Hawaii.

Dated: January 22, 2011

Interim Director of Commerce and Consumer Affairs



DCCA State of Hawaii

Downloaded on September 13, 2011.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

MASTER NAME	VALLEY ISLE AQUATICS
BUSINESS TYPE	Domestic Nonprofit Corporation
FILE NUMBER	231593 D2
STATUS	Active
PLACE INCORPORATED	Hawaii UNITED STATES
INCORPORATION DATE	Jan 18, 2011
MAILING ADDRESS	PO BOX 367 HAIKU, Hawaii 96708 UNITED STATES
TERM	PER
AGENT NAME	JOSEPH A. DURAN
AGENT ADDRESS	PO BOX 367 HAIKU, Hawaii 96708 UNITED STATES

Trade Names

NAME	TYPE	CATEGORY	REGISTRATION DATE	STATUS
VALLEY ISLE AQUATICS (& DESIGN OF A SWIMMING TURTLE...)	Service Mark	ADVERTISING AND BUSINESS (35)	Jan 22, 2011	Active
VIA (& DESIGN OF A STANDING TURTLE FACING RIGHT WE...)	Service Mark	ADVERTISING AND BUSINESS (35)	Jan 22, 2011	Active



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
OGDEN UT 84201-0023

004907.826320.0013.001 1 MB 0.382 852



VALLEY ISLE AQUATICS
% KELLY E DUELL
PO BOX 367
HAIKU HI 96708

Date of this notice: 01-11-2011

Employer Identification Number:
80-0672299

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 80-0672299. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941
Form 940

04/30/2011
01/31/2012

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

STATE OF HAWAII --- DEPARTMENT OF TAXATION
TAX CLEARANCE APPLICATION
PLEASE TYPE OR PRINT CLEARLY

1. APPLICANT INFORMATION:

(PLEASE PRINT CLEARLY)

Applicant's Name Valley Isle Aquatics

Address PO Box 367

City/State/Postal/Zip Code Haiku, HI 96708

DBA/Trade Name Valley Isle Aquatics

2. TAX IDENTIFICATION NUMBER:

HAWAII TAX ID # W

Last 4-digits of FEDERAL EMPLOYER ID # (FEIN) 90-0672299

Last 4-digits of SOCIAL SECURITY # (SSN)

3. APPLICANT IS A/AN: (MUST CHECK ONE BOX)

- | | | |
|---|--|--|
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> S CORPORATION | <input checked="" type="checkbox"/> TAX EXEMPT ORGANIZATION |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> ESTATE <input type="checkbox"/> TRUST |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP | |
| <input type="checkbox"/> Single Member LLC disregarded as separate from owner; enter owner's last 4-digits of FEIN/SSN: <u></u> | | |
| <input type="checkbox"/> Subsidiary Corporation; enter parent corporation's name and last 4-digits of FEIN. <u></u> | | |

4. THE TAX CLEARANCE IS REQUIRED FOR: (MUST CHECK AT LEAST ONE BOX)

- | | |
|---|--|
| <input type="checkbox"/> CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII * | <input type="checkbox"/> LIQUOR LICENSE * |
| <input type="checkbox"/> REAL ESTATE LICENSE | <input type="checkbox"/> CONTRACTOR LICENSE |
| <input type="checkbox"/> FINANCIAL CLOSING | <input type="checkbox"/> BULK SALES ** |
| <input type="checkbox"/> HAWAII STATE RESIDENCY | <input type="checkbox"/> PROGRESS PAYMENT |
| <input type="checkbox"/> SUBCONTRACT | <input type="checkbox"/> PERSONAL |
| | <input type="checkbox"/> FEDERAL CONTRACT |
| | <input type="checkbox"/> LOAN |
| | <input checked="" type="checkbox"/> OTHER <u>Non-Profit Organization</u> |

* IRS APPROVAL STAMP IS ONLY FOR PURPOSES INDICATED BY ASTERISK.

** ATTACH FORM G-8A, REPORT OF BULK SALE OR TRANSFER

5. NO. OF CERTIFIED COPIES REQUESTED:

3

6. SIGNATURE:

Filed via Internet

SIGNATURE

Kelly E. Duell

PRINT NAME

01/05/2011

DATE

CEO

PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

(808)572-4665

TELEPHONE

FAX

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII
IF APPLICABLE

/ /

HAWAII RETURNS FILED
IF APPLICABLE

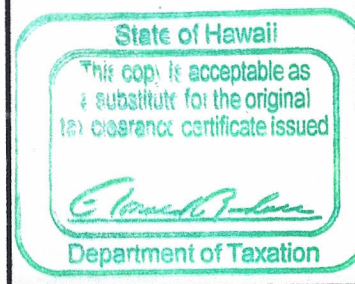
20 20 20

STATE APPROVAL STAMP
(Not valid unless stamped)



*IRS APPROVAL STAMP

CERTIFIED COPY STAMP



POWER OF ATTORNEY. If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. **If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required.** Applications submitted without proper authorization will be sent to the address of record with the taxing authority. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

PLEASE TYPE OR PRINT CLEARLY - THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.

SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS. Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.



Drowning and Near-Drowning Injury Factsheet

Injury Prevention & Control Program

August, 2005

Overview

Hawaii had the 2nd highest resident drowning rate in the United States, a rate that was twice the average for the rest of the country. If drownings among non-residents were included it is likely that Hawaii would have the highest rate, as half (50%) of the victims were non-residents.

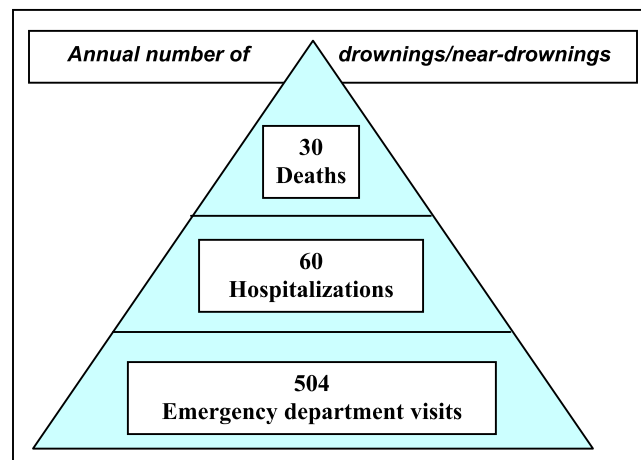
Drownings were the 5th leading cause of injury mortality, with an average of 30 deaths a year. For every resident who drowns in Hawaii, there are approximately 2 near-drownings that require hospitalization, and another 17 who are treated in emergency departments (ED) for near-drownings each year.

Mortality trends (2000-2004)

- No clear trend for drownings among residents (28 to 32 drownings per year).
- Drownings of non-residents generally increased over time, reaching a high of 39 in 2004.

Groups at risk

- Almost all victims of drownings (87%) and near-drownings (84%) were males.
- There was no high-risk age for drownings, while the highest rate for near-drownings was found for 15-24 year-old residents.
- Children under 5 years of age comprise 55% of victims who drown in swimming pools, and 44% of EMS calls for near-drownings in swimming pools on Oahu.



This factsheet describes injuries to Hawaii residents only, unless otherwise noted. Mortality data is mostly compiled from years 2000-2004. Hospitalization (2003) and ED data (2002) includes only non-fatal injuries.

Environment/geography

- Most (79%) drownings occur in the ocean or saltwater environments.
- Five-year drowning rates for residents of Hawaii County were twice that for Oahu (23/100,000 residents vs. 11/100,000).
- Of the 19 lifeguarded beaches on Oahu, Makapuu, Sandy, Waimea and Hanauma were all in the top 5 for both the number and rate of rescues.

Contributing factors

- Unintentional immersions (swept off rocks, boat crashes, etc.) led to 26% of ocean drownings.
- According to autopsy records (1996-2000) circulatory diseases, caused or contributed to 16% of the drownings, 10% were related to alcohol, 10% to drugs, and 5% to seizure disorders.



Drowning and Near-Drowning Injury Brief

Injury Prevention & Control Program

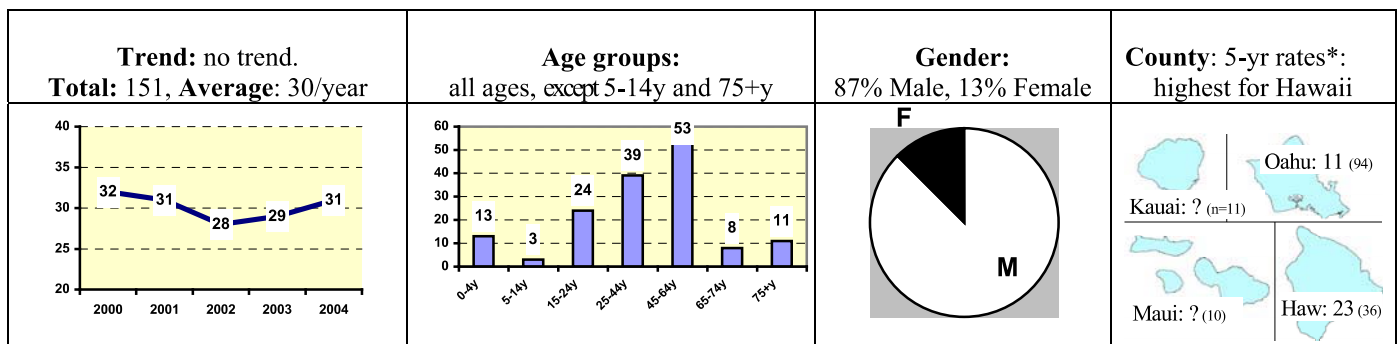
Overview of Drownings

Annual crude rate (1999-2002): 2.6 deaths per 100,000 residents (1.2/100,000 for rest of U.S.)

Hawaii state ranking (1999-2002): 2nd highest (AK highest: 4.0/100,000, NY lowest: 0.6/100,000)

Injury ranking (2000-2004): 5th leading cause of fatal injuries, 4th leading cause of unintentional

Hawaii had the 2nd highest resident drowning rate in the United States, a rate that was twice the average for the rest of the country. If drownings among non-residents were included, it is possible that Hawaii would have the highest rate, as half (50%) of the victims were non-residents. An average of 30 residents drown each year. If non-residents are included, however, the annual total doubles to 60 victims per year, with a generally increasing trend over the 2000-2004 period. The ages of the victims were very broadly distributed, with no obvious high-risk range. Most (87%) were males. Hawaii County had twice the drowning rate of Oahu (23.1/100,000 residents vs. 10.5/100,000). There were too few deaths to compute rates for Kauai (11 deaths) and Maui counties (10).



*Unadjusted rates per 100,000 residents over the 2000-2004 period. The number of deaths is shown in parentheses.

Contributing Factors

Over the 2000-2003 period, most (95 of 120, or 79%) of the resident victims drowned in the ocean or saltwater environments. Almost all (94%) were older than 18 years of age, and most (91%) were males. Unintentional immersions (e.g. boat crashes, being swept off rocks, etc.) led to 26% of the ocean drownings. The most common activities related to the drownings were swimming (16%), free diving (12%), and snorkeling (4%). (Victim activity was unknown for 31% of the cases.)

According to autopsy records (1996-2000), personal factors (unrelated to the ocean environment) probably or possibly contributed to almost half (44%) of the ocean drownings of residents off Oahu. Circulatory diseases, most commonly heart disease, caused or contributed to 16% of these drownings, 10% were alcohol related, 10% were drug related, and 5% were related to seizure disorders.

Seven (6%) of the 120 resident drownings over the 2000-2003 period were in swimming pools, including 2 victims who were 1 year-olds. There were also 8 drownings (5%) in freshwater environments, including 2 drownings in the Wailuku River near Hilo.

Near-Drownings

For every resident who drowned, there were approximately 2 near-drownings which required hospitalization, or about 60 per year, and another 504 residents are treated in emergency departments (ED) for near-drownings each year. (These estimates are 185 hospitalizations and 1,009 ED visits per year if non-resident patients are included.) The highest annual rates for near-drownings among residents were computed for 15 to 24 year-olds (8.2/10,000). Only 1% (6) of the patients were 65 years of age or older. Most (84%) of the patients were males.

Almost half (44%) of the swimming pool drowning and near-drownings that require an ambulance on Oahu are among children under 5 years of age. Of the 19 lifeguarded beaches on Oahu, Makapuu, Sandy, Waimea, and Hanauma were all in the top 5 for both the number and rate of rescues. Rescue rates differed by almost 20-fold across the beaches, and even more with certain beaches (e.g. Waimea) depending on the season, indicating risk of drowning differs greatly by beach and time of year. The characteristics of those rescued also varied by beach, for example, from mostly younger residents at Nanakuli, to mostly adult-aged non-residents at Hanauma Bay.



Profile: Drowning

Hawai'i Department of Health
Injury Prevention & Control Program

November 2004

Overview of presentation

- **Fatal drownings**
 - *Comparisons w/ rest of U.S.*
 - *Local description*
 - *By environment*
- **Near drownings in Hawaii**
 - *Hospitalizations*
 - *Oahu EMS data*
 - *Limitations*
- **Oahu Lifeguard data**

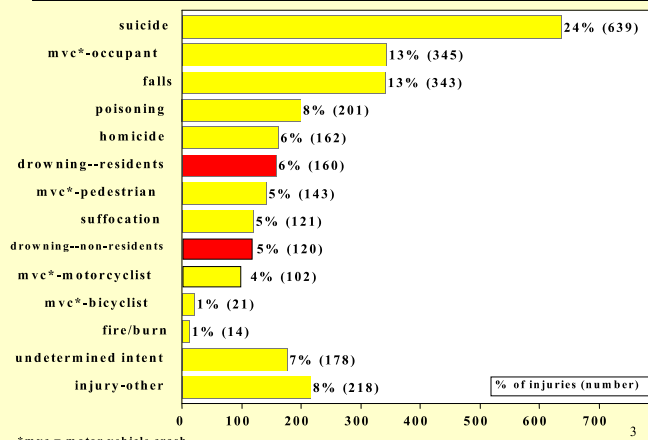
This profile addresses fatal drownings, including how drownings rank in comparison with other types of fatal injuries, and compare the drowning rates for Hawai'i to those of the rest of the U.S.

Characteristics of drownings in Hawai'i are described with

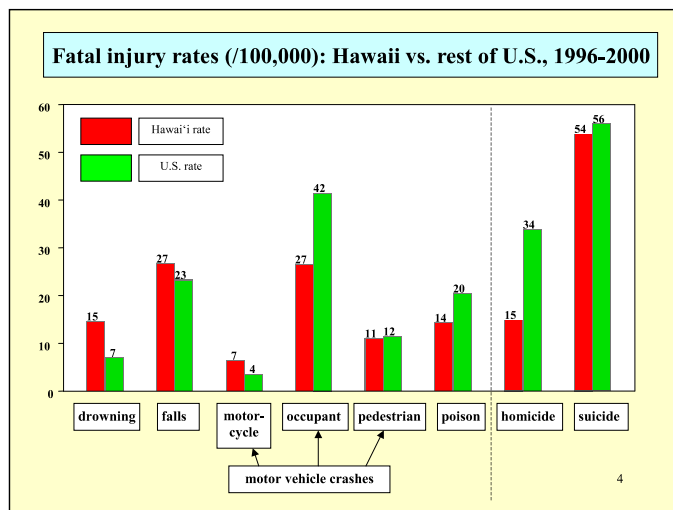
an emphasis on the environment of the incident. In addition, statistics on near-drownings in Hawai'i are reviewed through hospital admission data and EMS reports for O'ahu. Data collected at 19 O'ahu beaches staffed by lifeguards are also reviewed.

The leading causes of fatal injury among Hawai'i residents from 1998 to 2002 are presented in a bar graph. Suicide was the most common cause, attributed with nearly a fourth of fatalities. Injuries to car occupants and to victims of falls were both second.

Causes of fatal injuries in Hawaii, 1998-2002



Drowning data are highlighted by red bars, distinguishing between residents and non-residents. (There were 160 resident suicide victims and 120 non-residents). Drowning was the fourth leading cause of total injury death (i.e., residents and non-residents) in Hawai‘i.



Fatal injury rates for eight selected injury areas are compared by location (i.e., Hawai'i vs. rest of U.S.). The unintentional injury categories are drowning, falls, vehicular crashes (i.e., motorcycle, occupant, and pedestrian), and poisonings. The intentional injuries are homicide and suicide.

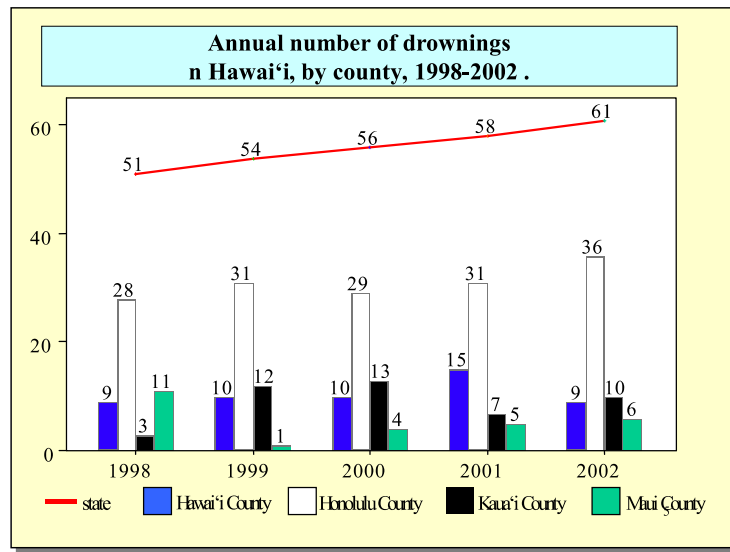
The rate of drowning¹ in Hawai‘i is high, relative to the rest of the U.S. Hawai‘i has the fifth highest drowning rate in the country. Drowning and motorcycle crash injury are the only types of injuries where the rates in Hawai‘i are significantly higher than the rates for the rest of the U.S. When the population at risk includes non-residents, the rate rises from 15 per 100,000 to 26 per 100,000.

The rate of falls is slightly higher in Hawai‘i, and the rate of fatal motorcycle crashes in Hawai‘i is almost twice that for the rest of the U.S. The higher rate of motorcycle crash fatality may be due to the clement weather in Hawai‘i which allows people to ride year-round, creating a wider window of exposure.

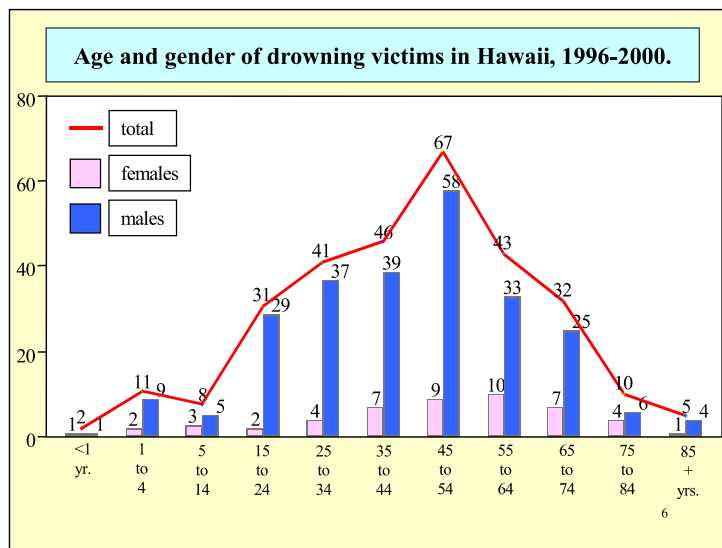
Fatality rates among car occupants are much lower in Hawai‘i compared to the U.S.; this difference accounts for most of the overall difference in unintentional injury rates. Pedestrian fatalities occur at about the same rate. The poisoning fatality rate is lower in Hawai‘i, compared to the rest of the U.S.

¹ Hawai'i residents only.

The annual numbers of drownings in Hawai‘i statewide as well as by county are presented. There was a steady increase in the number of drownings from 1998 to 2002. This pattern is most evident in the drowning data for O‘ahu².



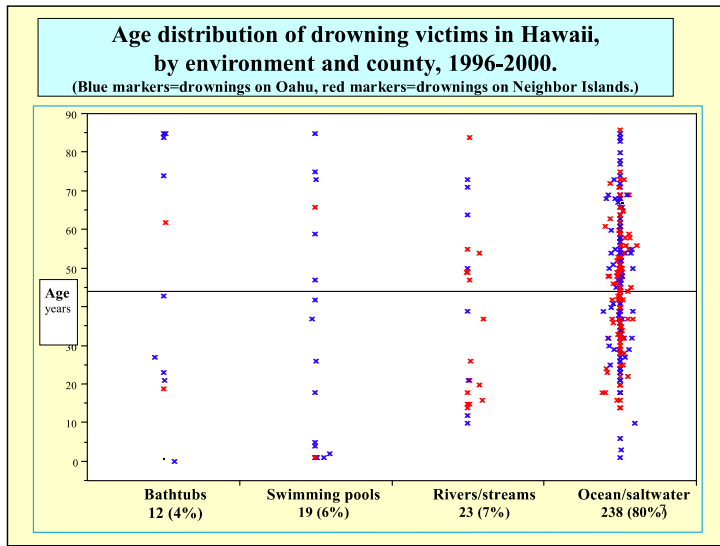
There were 280 drownings in the state, or an average of 56 per year. Slightly more than half (155, or 55%) occurred on O‘ahu. About a fifth (53, or 19%) took place on Hawai‘i, 45 (or 16%) on Kaua‘i, and 27 (or 10%) in Maui County. All but two of those in Maui County, which occurred on Moloka'i, took place on the island of Maui.



The majority (83%) of drowning victims were males, where male victims outnumbered females by more than 4-to-1. The gender ratio was narrower among the very young and very old victims.

Drownings occurred among victims of all ages, with a high peak of victims in the 25- to 64-year age range. About two-thirds (197, or 67%) of the victims were in this age range.

² The island of O'ahu is also known as the City & County of Honolulu.



The age distribution of drowning victims may differ, depending on the environment of the incident. Environments which pose a risk of drowning include bathtubs, buckets of water and water fountains; these were attributed with 6% of the drownings.

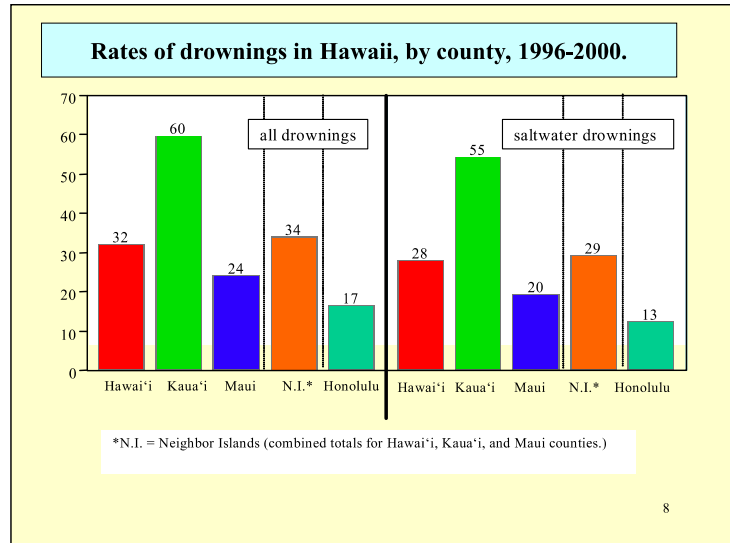
There were about equal numbers of drownings in swimming pools as in bodies of freshwater (most commonly rivers and streams). Drownings in the ocean or other saltwater environments accounted for 80% of all drownings statewide.

Of victims who drowned in swimming pools, the age distribution includes two age peaks: one at the very young ages and another at the older ages. Nine of the victims were 5 years old or younger, including six who were 1-year-olds. There were also four victims who were 66 years or older. Only two of these 20 pool drownings occurred on Neighbor Islands (both on Maui); the rest were on O‘ahu.

Many of the victims who drowned in rivers or streams were adolescents or young adults in the age range of 10 to 26 years. Most of these drownings occurred on the Neighbor Islands.

There was a broad age range among victims who drowned in the ocean, but almost all of them (97%) were 18 years of age or older. The locations of these drownings were almost equally divided between O‘ahu and the Neighbor Islands.

The rates of drownings were higher on the Neighbor Islands than on O‘ahu. Whether county-specific rates are compared for (1) all drownings or (2) for specifically saltwater or ocean drownings, the rates on O‘ahu are half the rates in Hawai‘i County as well as three to four times lower than



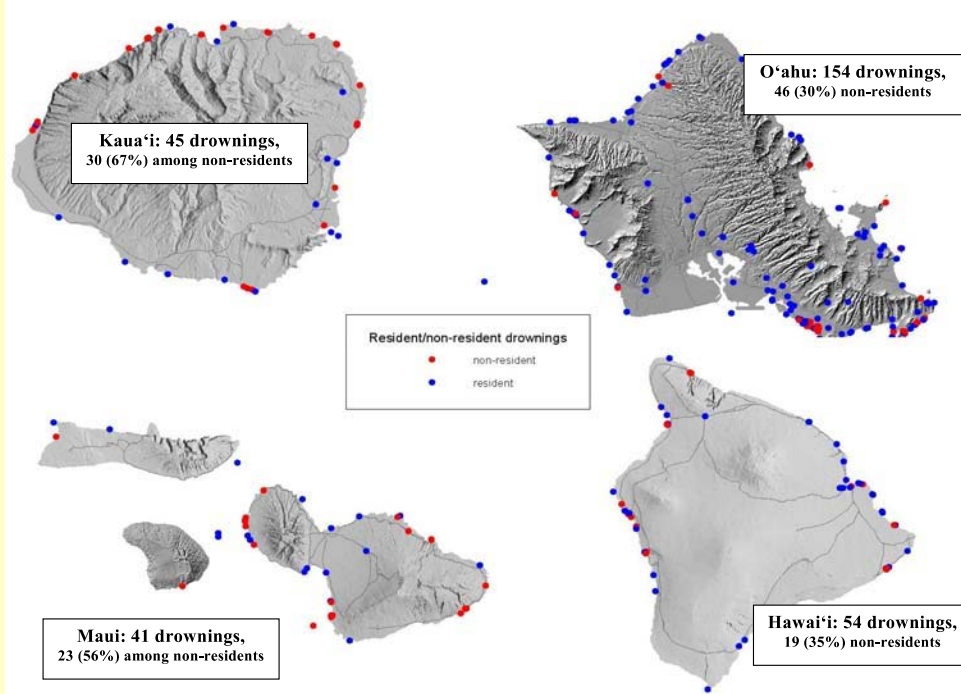
the rates for Kaua‘i County (which were the highest in the state). Rates for Maui County were closer to, but still higher than, the rates for O‘ahu.

The map on the next page shows the approximate location of the drownings in each county and the residence status of the victims. (Non-resident data are indicated by the red dots, and resident data by the blue.)

About two-thirds (30, or 67%) of the 45 drownings on the island of Kaua‘i were of non-residents. Drownings occurred all around the island, but almost one-third (13, or 29%) were along the Nā Pali coast. Most of these victims were non-residents.

Only 30% of the 154 drownings on O‘ahu were among non-residents. There were high numbers in metropolitan Honolulu, east O‘ahu, and the North Shore. About one-third (14 of 46) of the non-resident victims drowned off the coastal stretch from Ala Moana Beach Park to Kaimana Beach. Another 10 drowned off the eastern tip of the island from Portlock to Makapu‘u.

Drownings in Hawaii, by county and residence of victim, 1998-2002.



More than half (56%) of the victims in Maui County were non-residents, with high numbers in the Mākena and Kā'anapali areas of the island of Maui.

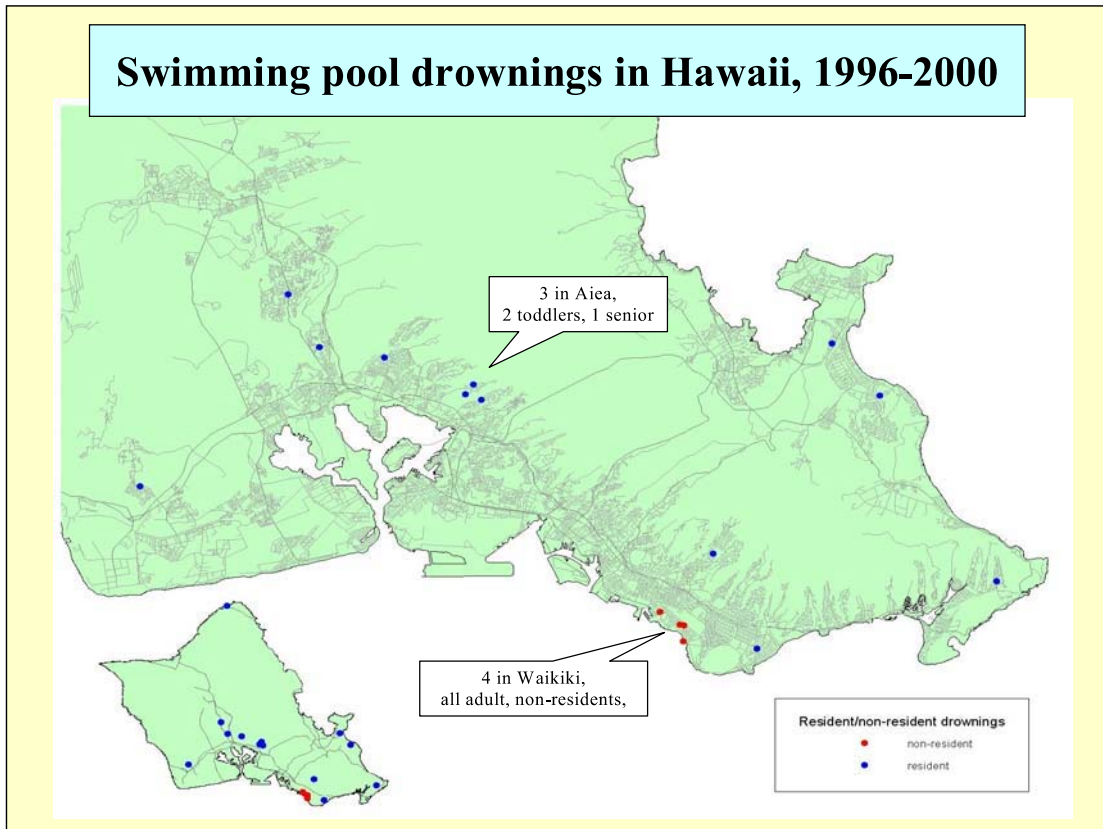
Non-residents comprised only about 35% of the victims who drowned on the island of Hawai'i. Areas with high numbers included Hilo and the Kona Coast, and the Puna district.

Most of the 19 swimming pool drownings occurred in home pools. All but 2 of the 19 were on O'ahu. Most of the victims were unintentionally immersed in the pool, including the seven who were 2 years of age or

Swimming pool drownings in Hawaii, 1996-2000

- **Pool drownings (6%, or 19)**
 - *Most (12 of 19 deaths) in home pools*
 - 5 in hotel pools
 - *All but 2 on Oahu*
 - *Half of the victims (10 of 19) had unintentional immersions*
 - 7 victims 2 years or younger; 3 were 59 years or older

younger and the three oldest victims. The problem of non-swimmers falling into pools occurs to both the very young and the elderly.

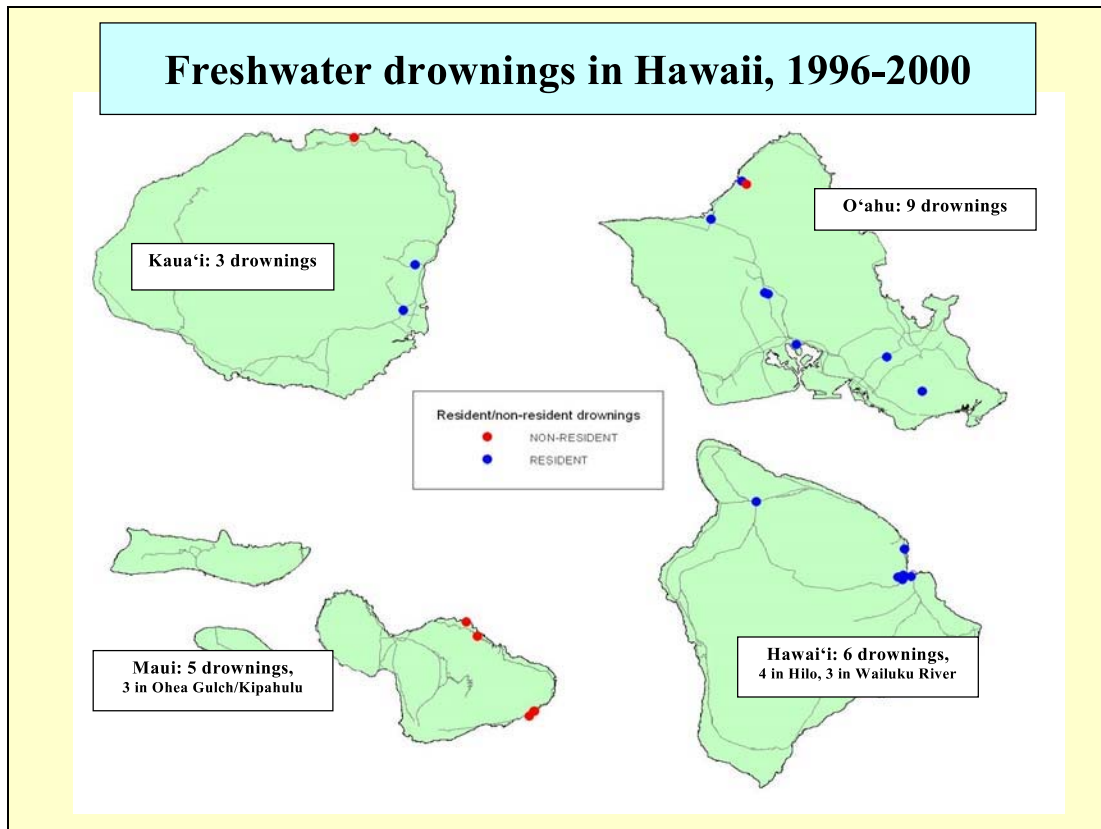


Most of the freshwater drownings were in rivers or streams; two occurred in a pond. There were a disproportionate number on Hawai'i Island and Maui.

Like pool drownings, most of these drownings were the result of unintentional immersions or people falling into the river or stream.

Freshwater drownings in Hawaii, 1996-2000

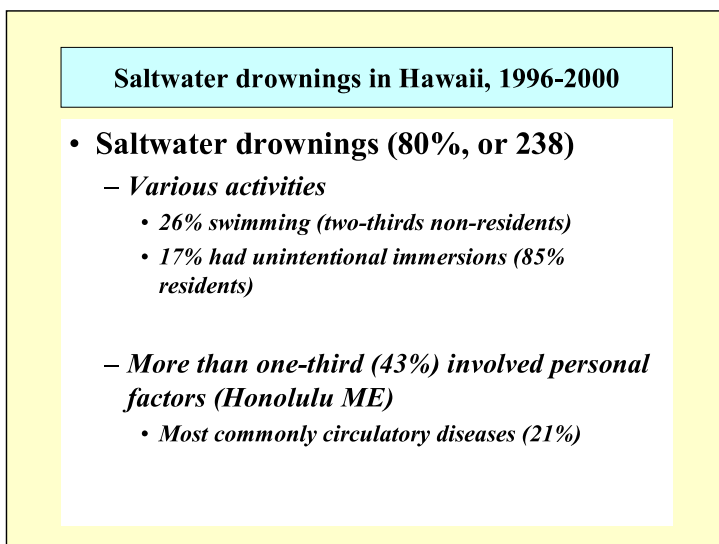
- **Freshwater drownings (6%, or 23)**
 - *Most (21) in rivers or streams*
 - 6 on Big Island; 3 in Wailuku River
 - 5 on Maui; 3 in Oheea Gulch/Kipahulu
 - *Most victims (10) had unintentional immersions*
 - Only 5 were known to be swimming
 - Activity unknown for 7 victims



This map shows approximate locations of the freshwater drownings. Again, there was a relatively high number (6) on the Big Island, where 4 occurred in the Hilo area and 3 in the Wailuku River. All the victims were residents.

There was also a high number (5) on the island of Maui, where three took place in the southeast area of Oheea Gulch/Kipahulu. All five victims on Maui were non-residents.

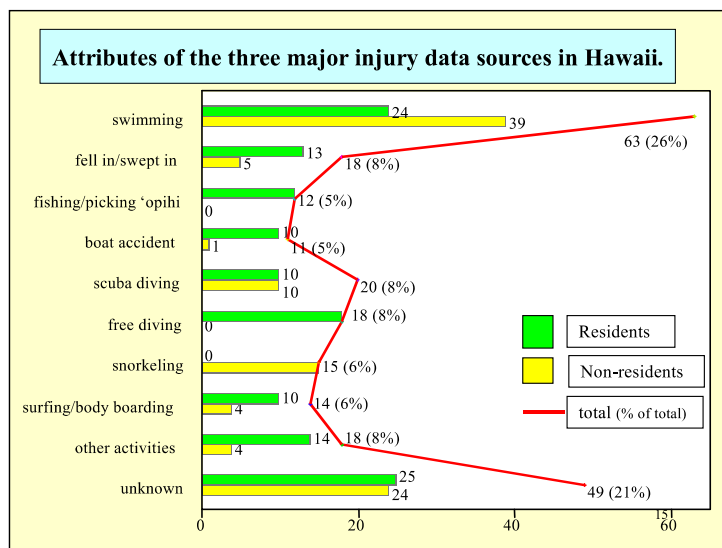
There were nine drownings on O'ahu at different locations around the island. Eight of the victims were residents.



Saltwater drownings accounted for over three-fourths of all drownings in the

state. The types of activities in which the victims were engaged at the time of the drownings were widely distributed. They included swimming, scuba diving, free diving, and other sports. As with other types of drownings, a significant proportion (17%) was due to unintentional immersion.

Autopsy records of drownings that occurred in Honolulu County were reviewed and the information linked to death certificate data. An important finding from this surveillance was that more than one-third (43%) of all saltwater drownings in Honolulu County were at least partly due to personal factors having little to do with the ocean environment. The most common personal factor was circulatory disease, usually heart attack.



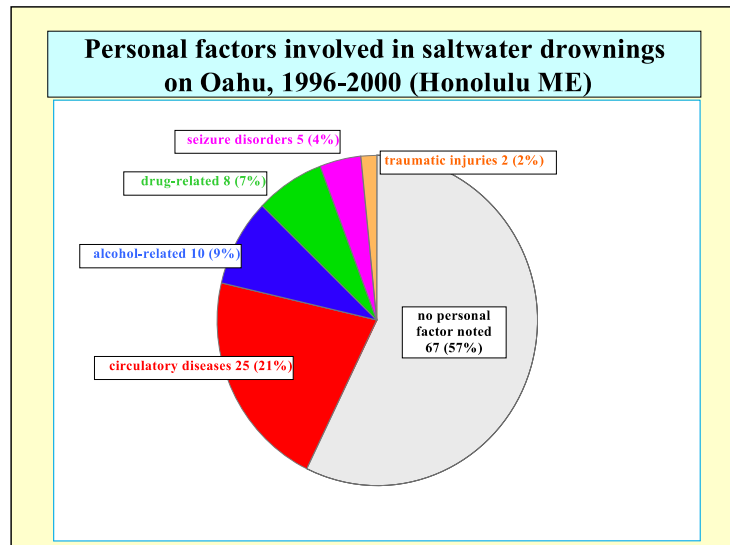
The most common activity engaged in by the 238 victims of saltwater drownings at the time of the incident was swimming, accounting for approximately one quarter (63, or 26%) of the total. Almost two-thirds of these victims (39, or 62%) were non-residents.

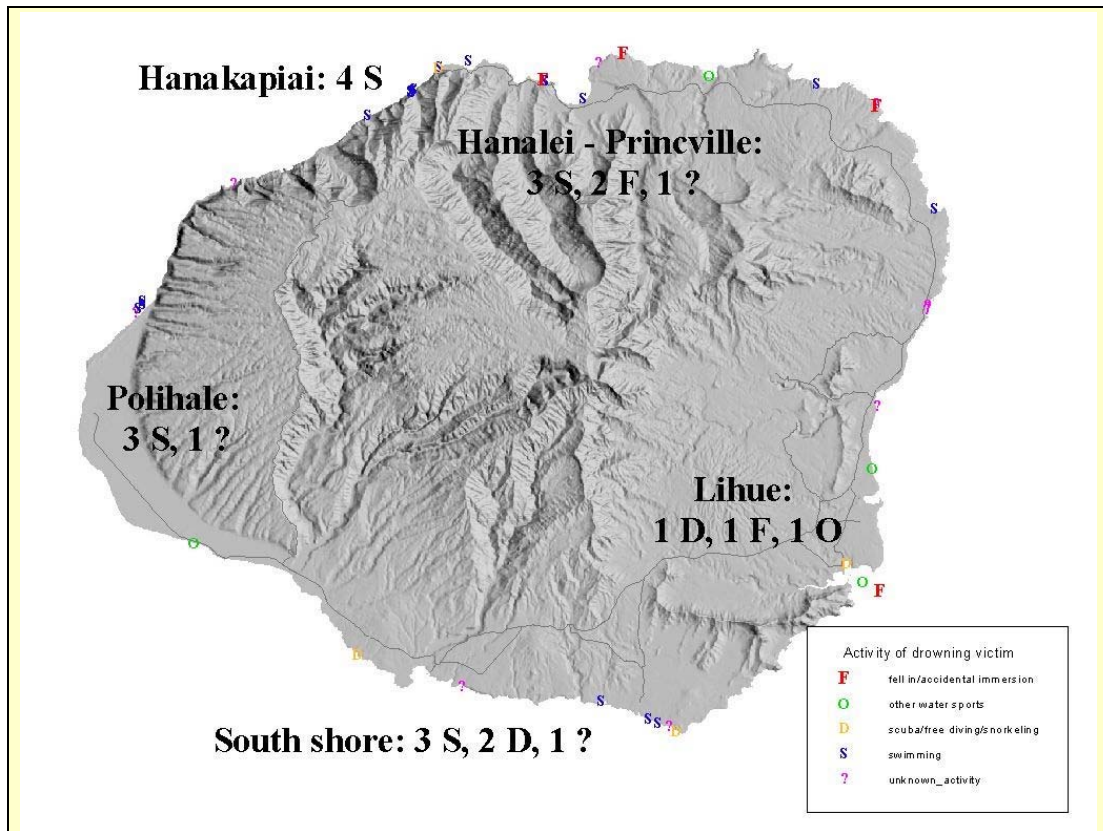
There were 41 drownings resulting from unintentional immersion, where victims included people who fell in or were swept in while fishing or gathering from shore, or who drowned after boat accidents. Nearly all of these victims (35, or 85%) were residents.

The 20 deaths of scuba divers were equally divided between residents and non-residents. All of the 18 victims who drowned while free diving were residents, while all of the 15 snorkelers were non-residents.

Most (24, or 75%) of the victims who were surfing, body boarding or engaged in other water sports were residents. There was a large group of victims (49, or 21%) whose activity at the time of drowning was not documented.

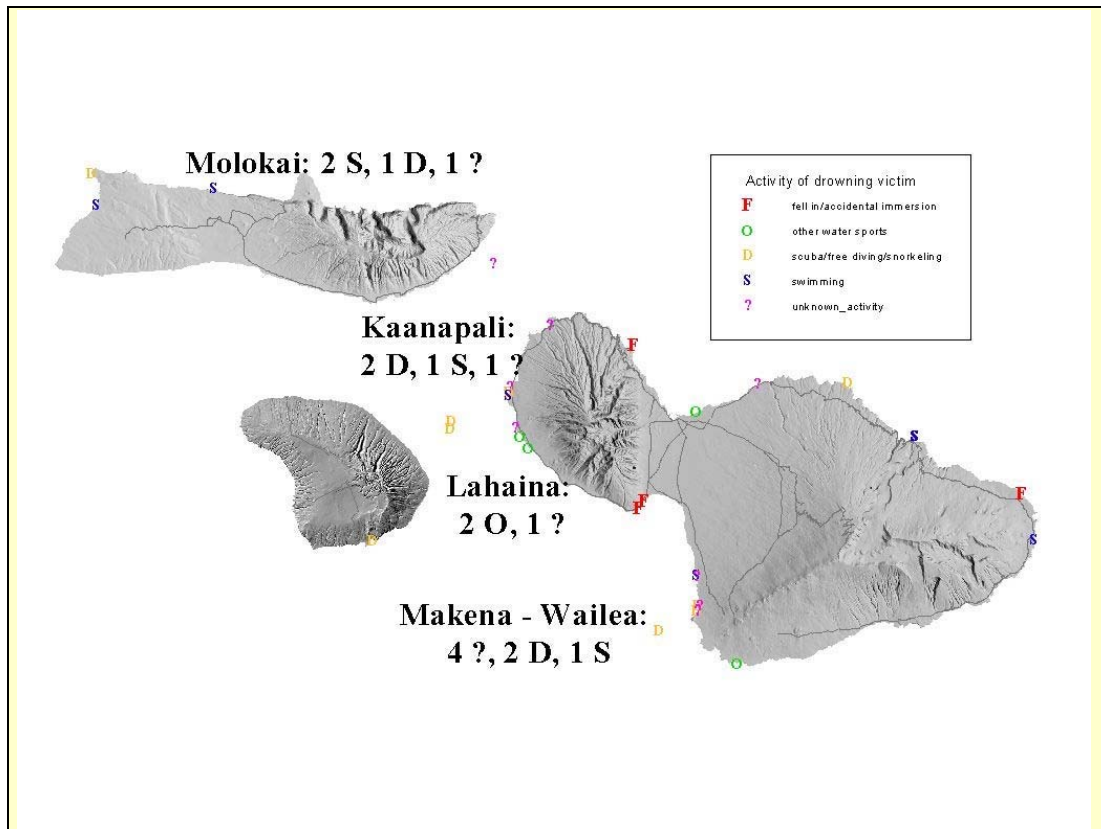
The most common personal factor was circulatory disease, which contributed to 21% of the drownings. Alcohol or illicit drugs were detected in the blood of 16% of the victims. Methamphetamine was the most commonly screened drug. Five of the drownings were related to seizure disorders, and two other victims sustained traumatic injuries which led to their drowning.



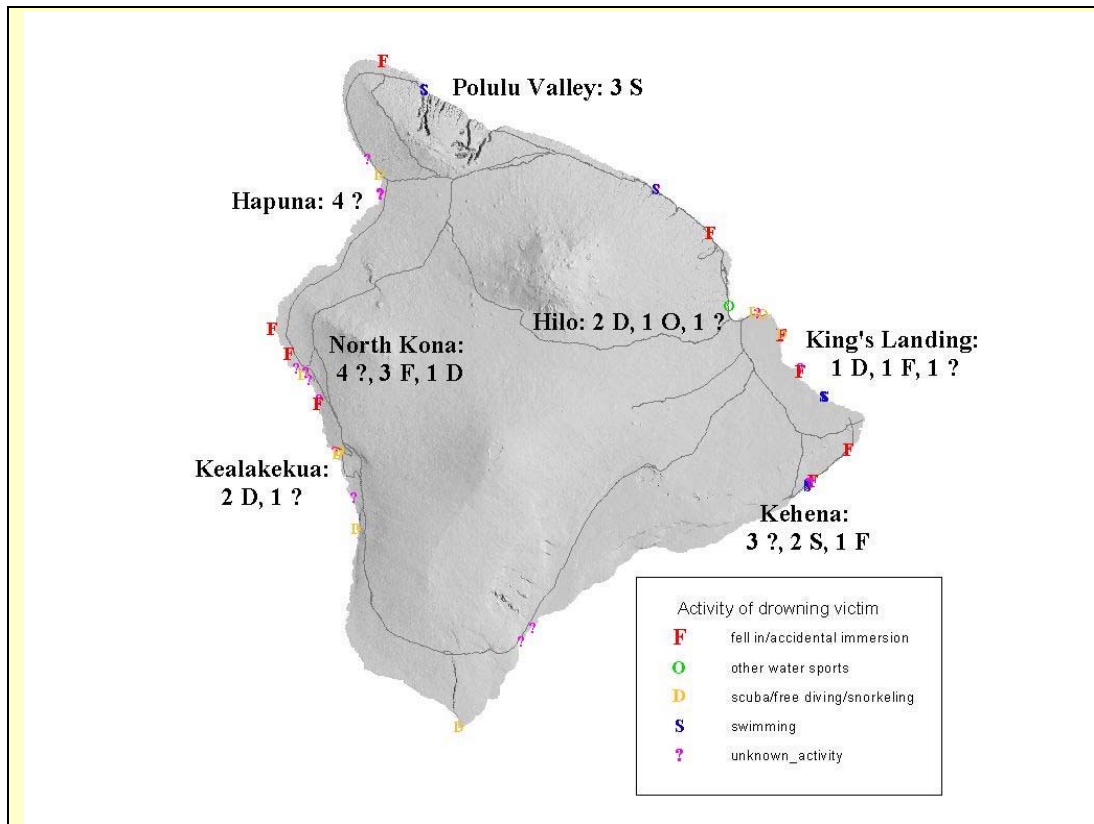


Locations of saltwater drownings on the island of Kaua'i from 1996 to 2000 have been mapped.

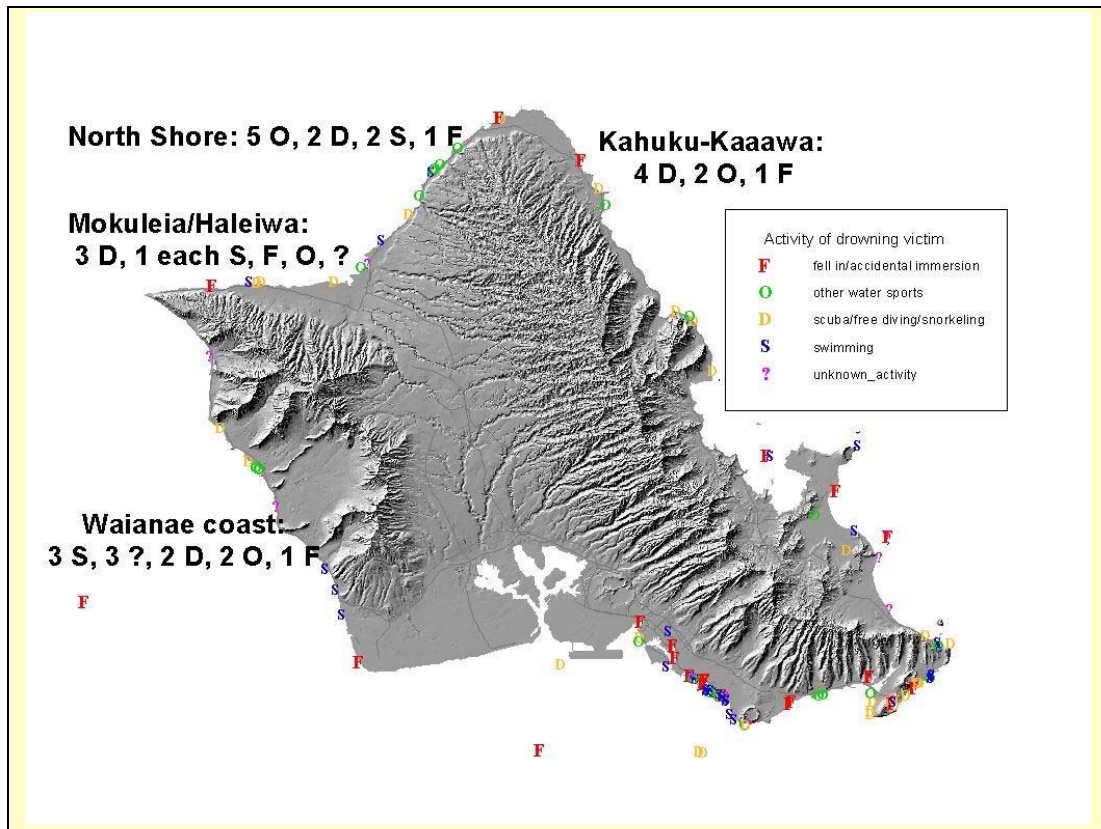
Almost all (10) of the 13 victims who drowned along the Nā Pali Coast of Kaua'i were swimming at the time of the incident, including four who drowned at Hanakāpī'ai and three at Polihale beach. (One victim was snorkeling, and the activity status for the other two was not known.) There were 3 to 4 drownings each year along Nā Pali, except for 1998, in which there were none. Swimming was generally less frequent of an activity among the remaining 28 victims of saltwater drownings on Kaua'i.



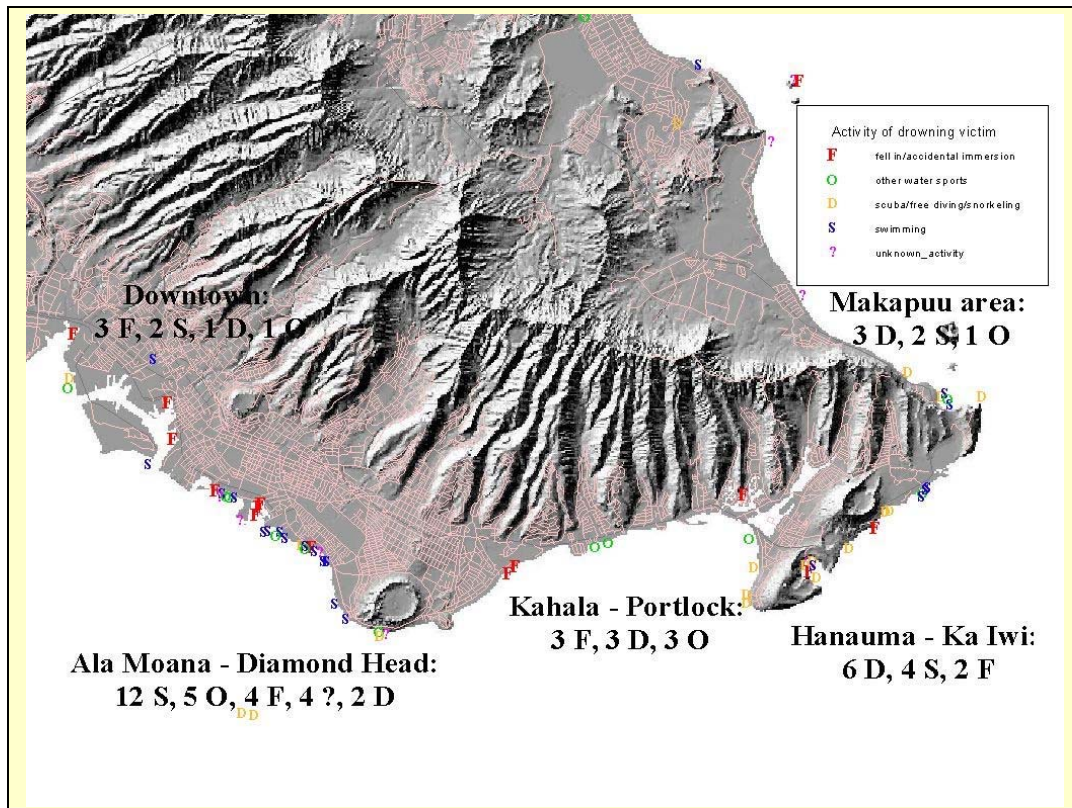
Only 5 (18%) of the 28 saltwater drownings on the island of Maui were among victims who had been swimming at the time of the incident. There were more victims (8) who had been diving, including 3 who were scuba diving off the west coast of the island and 4 who were snorkeling.



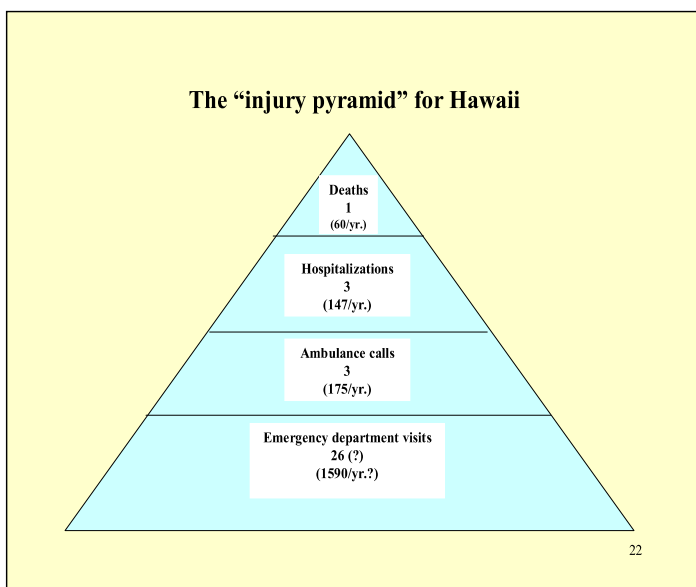
Unfortunately, the activity was not known for 40% (19) of the 47 victims of saltwater drownings on the island of Hawai'i, the highest such proportion in any county. There were 10 victims unintentionally immersed, 9 who were diving (i.e., 4 free diving, 3 snorkeling, and 2 scuba diving), and 8 others who had been swimming. The drownings due to unintentional immersions or diving were widely dispersed around the island.



Swimming (29 victims) was the single most common activity among the 116 saltwater drowning victims on O‘ahu, but most of the incidents occurred in the Honolulu area (14 drownings) or on the eastern side of the island (6). Relatively few of the drownings outside of the Honolulu area were related to swimming. Half (5) of the 10 drownings which involved surfing or body boarding occurred along the North Shore. (These incidents are denoted by the “O” for “other water sports” on the accompanying map.)



The map (above) shows the saltwater drownings in the Honolulu-to-east O'ahu section in greater detail.



In the field of injury prevention, there is the concept of the Injury Pyramid. For every death due to drowning, there are three near-drownings requiring hospitalization and perhaps as many as 26 that are treated in emergency departments, of which about 11% are transported via ambulance.

The four most common levels at which injury data may be collected are (1) death, (2) hospitalization, (3) ambulance-attended, and (4) emergency department visit. In Hawai'i, information on fatal injuries is available through death certificates, data on hospitalizations from the Hawaii Health Information Corporation (which archives all admission records in the state), and Emergency Medical Services (EMS) ambulance reports. These are the three main sources of data used by the Injury Prevention and Control Program, although data on injuries requiring emergency department treatment are currently unavailable.

The next slide describes the main sources of data used in injury prevention, along with their limitations. It's important to be aware of these limitations, since there are some fairly wide gaps in the injury surveillance data.

Hospitalizations for near drownings in Hawaii, 1996-2001

- **About 150 per year—no trend**
 - *Two-thirds (65%) are males (88% for drownings)*
 - *Ages widely distributed*
 - *Highest rates for 1-4 year-olds, 65-74 year-olds*
- **More than half (54%) non-residents**
 - *45% other states, 9% other countries*
 - *Highest in Maui (65%) and Kauai (62%)*
- **Most (67%) in bodies of water (ocean?)**
 - *13% in swimming pools, 20% unk*

There are about 150 hospitalizations for near-drownings in Hawai'i each year, but there is no trend over time visible in the annual total. About two-thirds (577, or 65%) of the victims from 1996 to 2000 were males, a much lower ratio than that seen in fatal drownings (88% male).

The ages of the victims were widely distributed over the 0 to 90-year range. The highest rates were computed for the 1- to 4-year-old group, and the 65- to 74-year-old group. Rates for males were higher than those for females at every age group, particularly in the 15- to 60-year age range.

More than half (436 of the 822 victims for whom residence was known, or 54%) of the victims were not residents of Hawai'i; 45% were from other states and 9% were from other countries. The proportion of non-residents was much higher among those

hospitalized in Maui County (64%) and Kaua'i (62%), compared to Honolulu (38%) and Hawai'i (28%).

Based on e-coding, about two-thirds (67%) of the incidents were thought to have occurred in bodies of water, most likely the ocean. (This estimate requires significant assumptions based on vague e-code categories, however.) Only 13% of the incidents were noted to have occurred in swimming pools; data were missing for the remaining 20% of cases.

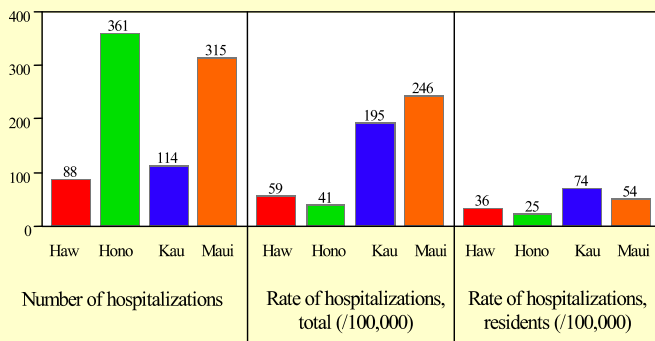
Almost all (94%) of the victims were ultimately discharged to home. About half (438, or 49%) were hospitalized for 1 day or less, 20% were hospitalized for 2 days, 20% for 3 to 7 days, and the remaining 10% for more than 1 week. The average charge for each hospitalization was about \$14,100 (\$12,000 if two extreme cases

are removed). Total charges were therefore nearly \$12.5 million, or more than \$2 million per year. Hospital charges do not include physician charges, which would roughly double the actual charge.

Hospitalizations for near drownings in Hawaii, 1996-2001 (cont.)

- **Hospital charges about \$2 million/year**
– *(doubled, counting physician charges)*
- **41% hospitalized in Honolulu County, 36% Maui, 13% Kauai, 10% Hawaii**
– *Rates higher on Neighbor Islands*
 - *Particularly Kauai and Maui counties*

Rates of hospitalizations for near drownings in Hawaii, by county, 1996-2001.



Forty-one percent of the victims were hospitalized in Honolulu County, 36% in Maui County, 13% in Kaua'i, and 10% on the island of Hawai'i. When adjusted for the resident population, however, the highest rates of hospitalization were computed

for the Neighbor Islands, particularly Kaua‘i and Maui County which were at least four times higher than the rates for Honolulu. These geographic differences remain even when only state residents are considered, although the magnitude is lower with proportionally more of the Maui and Kaua‘i victims identified as non-residents.

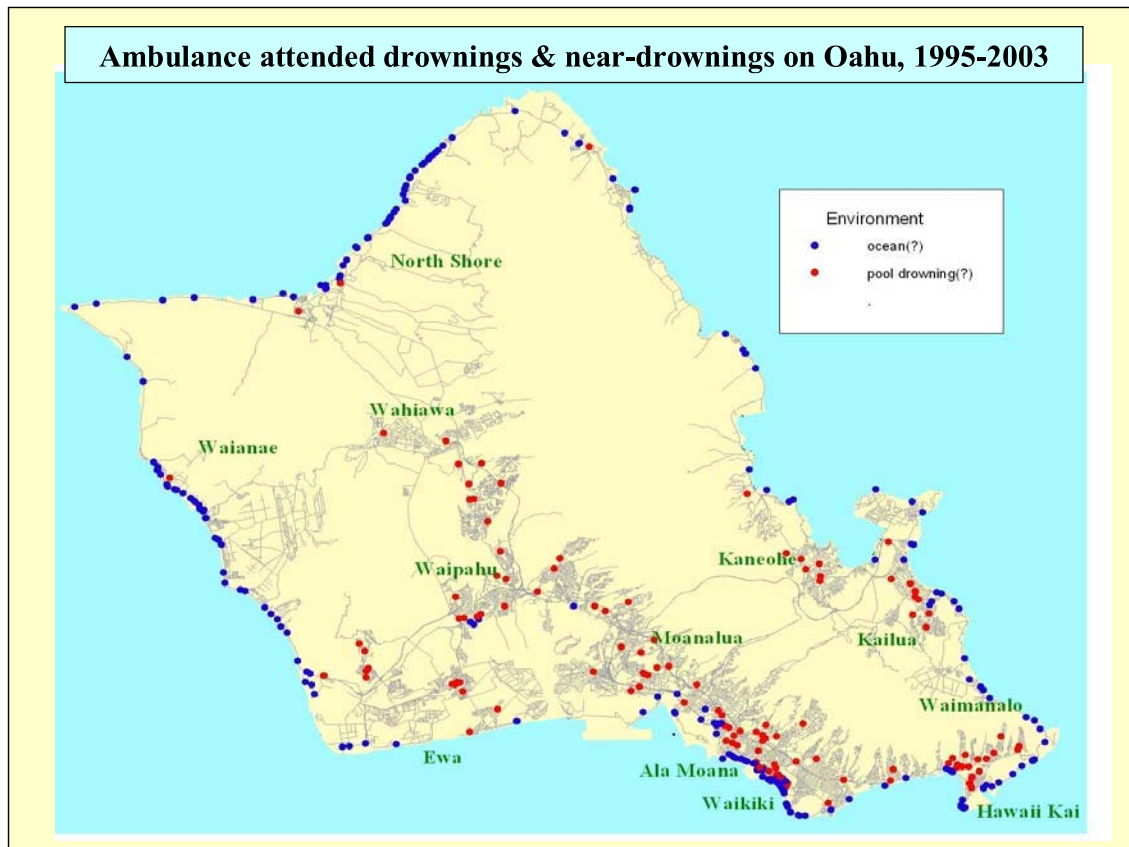
Ambulance attended drownings & near-drownings on Oahu

- **Approximately 120 per year—no trend**
 - *Weekends (38%), summer (32%) most common*
 - *Two-thirds (69%) male, wide age range*
 - *Mostly ocean (79%); 21% pool (?)*
 - *Almost half (46%) “serious”*
 - *One quarter (26%) critical/D.O.A.*
 - *Most (85%) transported to hospitals*

Ambulance personnel attend to about 120 drownings or near-drownings each year on O‘ahu. Weekends and summer months are the most common times. Most of the patients are males, and the age range is broad. Based on dispatch addresses, it is estimated that 79% of the

events occur in the ocean and perhaps 21% in swimming pools.

These are serious events; almost half were graded as serious, and over a quarter were critical or dead on arrival (D.O.A.).



Ambulance attended drownings & near-drownings on Oahu (cont.)

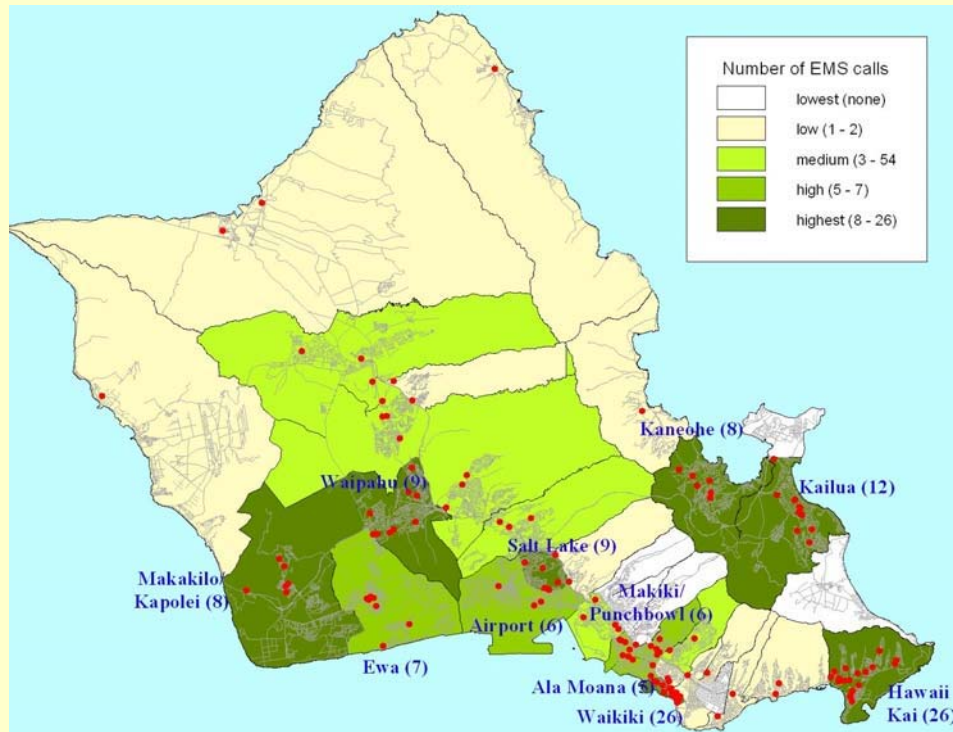
- **Pool drownings & near-drownings**
 - *Approximately 25/year*
 - *Half (53%) between May through August*
 - *Infant to 4 year age group highest risk (43%)*
 - *Especially 2 and 3 year-olds (27%)*
 - *Two-thirds (67%) male*
 - *Most are serious (57%) or critical/D.O.A. (15%)*
 - *Hawaii Kai (6) and Salt Lake (4) highest*

There are an estimated 25 swimming pool drownings and near-drownings on O‘ahu that involve EMS each year. Over half occur during the summer months of May through August.

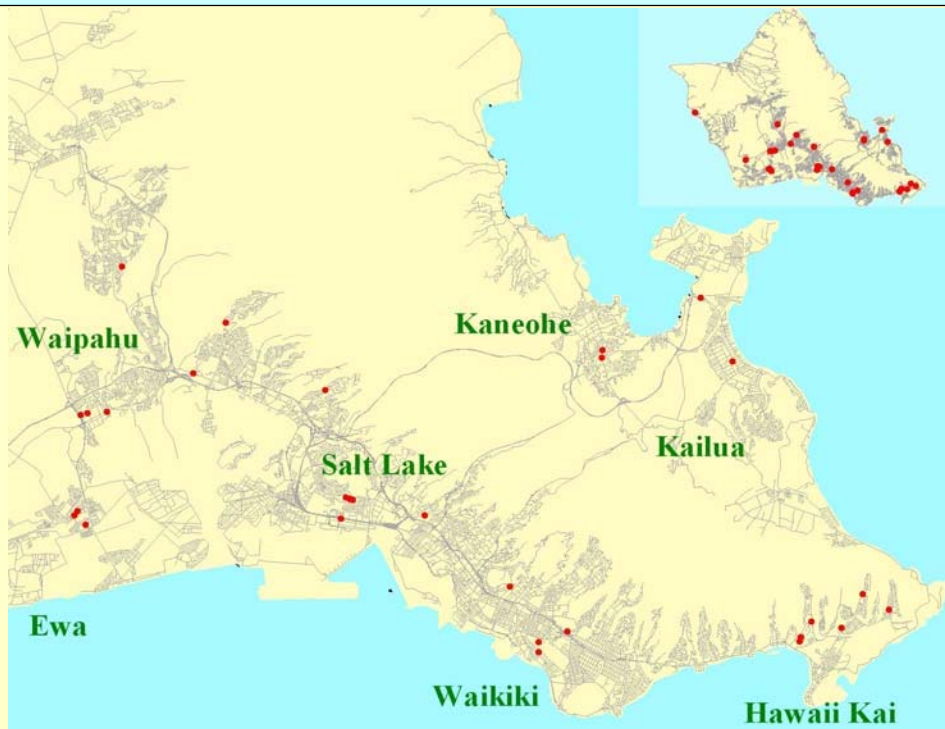
Very young children are at the greatest risk; 43% of the

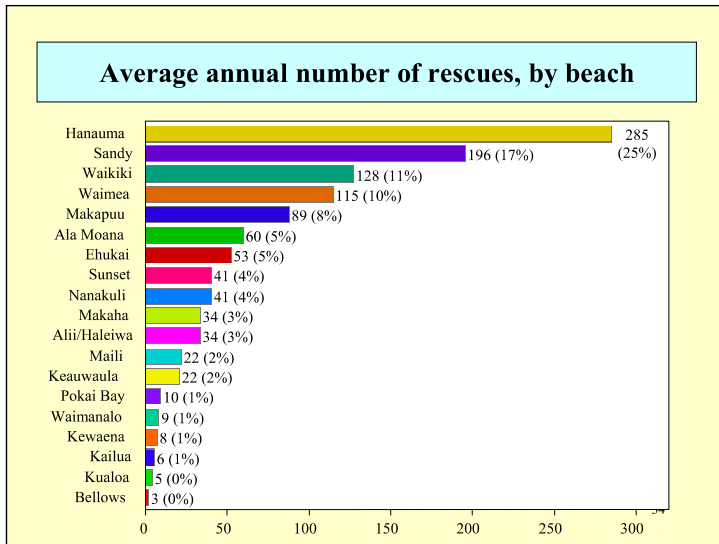
patients were 0 to 4 years of age. Two- and three-year-olds in particular were at the greatest risk. Most of these young patients were males (67%). Most of these events were graded as serious or critical by ambulance personnel. The highest total was seen in Hawai‘i Kai, followed by Salt Lake.

Ambulance attended pool drownings & near-drownings on Oahu, 1995-2003



Ambulance attended pool drownings & near-drownings among children 0-4 years





Of the 19 beaches manned by lifeguards, Hanauma reports the highest average annual number of rescues, 285, which is 25% of the total for all of O‘ahu.

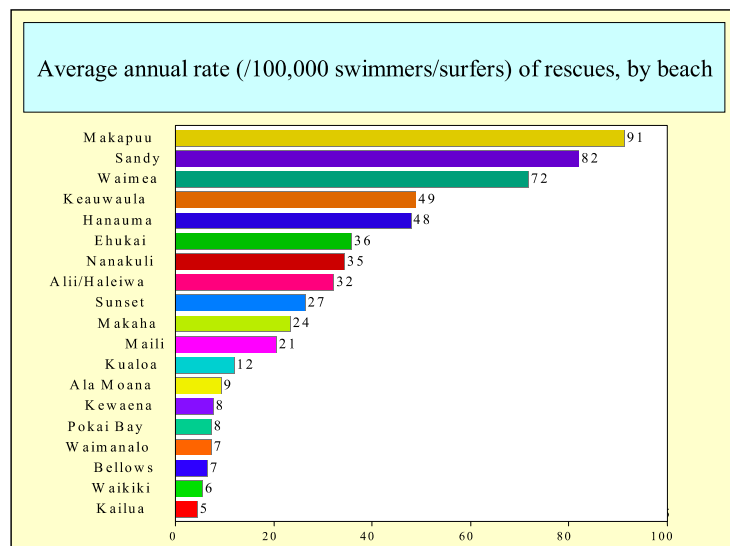
Other beaches with high totals are Sandy, with around 200 rescues per year, Waikīkī,

Waimea, and Makapū‘u. These five beaches report 71% of all the rescues in the county.

By using rates to adjust for the number of people in the water, we can compare how dangerous beaches are, relative to each other.

For example, the previous slide showed Waikīkī with the third highest total number of rescues each year. Few,

however, would consider Waikīkī to be a dangerous beach. The reason for the large number of rescues there is because of the large crowds. Lifeguards estimate an average of 2.2 million people in the waters off Waikīkī each year. Comparisons of rescue rates, however, show that Waikīkī is one of the safest beaches on the island (6 rescues per 100,000 individuals in the water).



The most dangerous beaches are Makapū‘u, Sandy, and Waimea, all with rescue rates at least 10 times greater than the rate for Waikīkī.

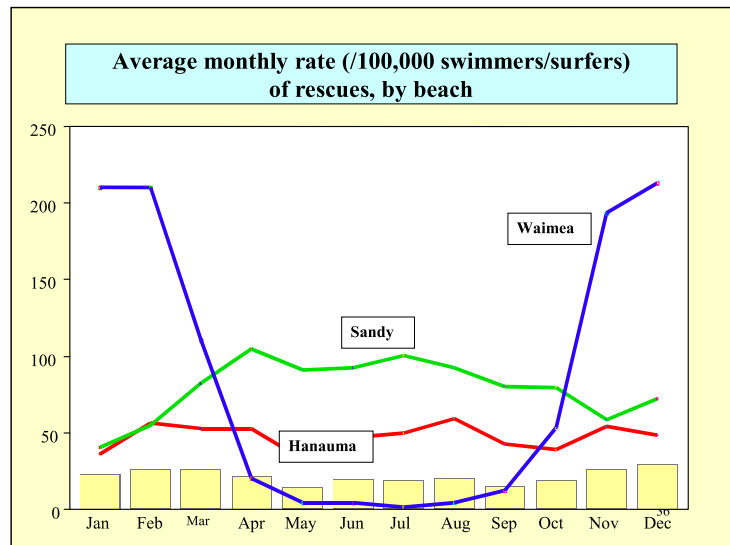
Keauwaula also has a high rate, but that is based on only about 20 total rescues each year.

Hanauma has the fifth highest rate, in addition to having the highest total number of rescues in the county.

Hanauma, Sandy, Makapu‘u and Waimea were all in the “top five,” with respect to both the number and rate of rescue; they are the most dangerous beaches in both absolute and relative terms.

The risk at a given beach can vary widely, depending on the ocean conditions. An examination of rescue rates by month for Hanauma, Sandy and Waimea illustrate this.

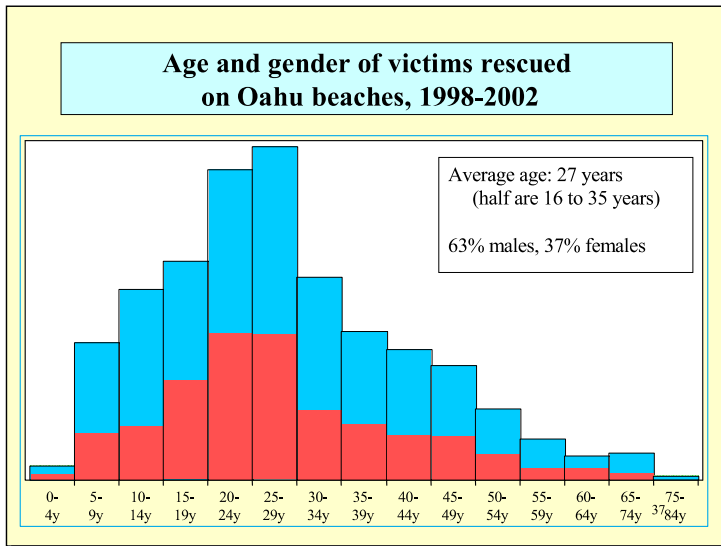
In the graph, the yellow bars represent the average monthly rate of rescue at the county level.



level. The rate varies little over a year. With respect to individual beaches, however, there may be great differences in the rate, depending on the time of year. The best example is Waimea Bay. During the winter months of November through February, Waimea has demonstrates the highest rate in the county, about 10 times higher than the overall average rate. In the summer months, however, it has the lowest rates as do the other North Shore beaches.

Sandy demonstrates a different pattern: the lowest rates are experienced in the winter months, peaking in April, May, and the summer months.

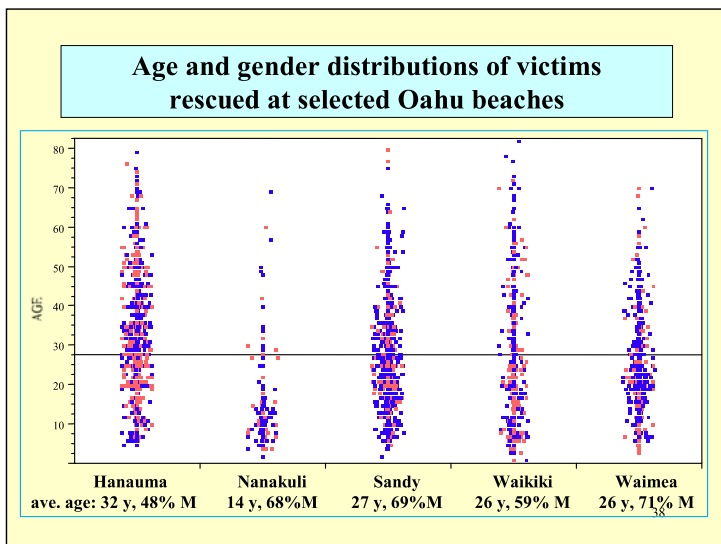
Finally, there are beaches like Hanauma where the rate does not change much at all over the year, remaining relatively high year-round.



Rescues take place for people of all ages; from 1998 to 2002, the ages of those rescued ranged from 1 to 87 years.

The average age was 27 years.

The males are shown in blue shading and the females in red. The age distributions by gender are similar. Overall, 63% of the victims were males, outnumbering females by a ratio of 2-to-1.

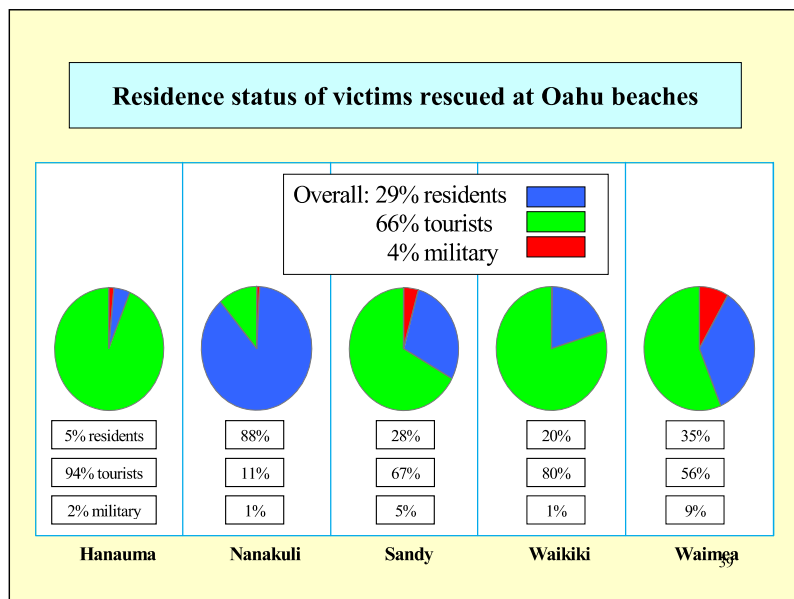


Demographics may vary widely, depending on the beach. The graph shows the age distribution of victims rescued at Hanauma, Nānākuli, Sandy, Waikīkī, and Waimea. Age is indicated on the vertical axis. Blue dots represent males and red dots represent females. The solid

line in the graph shows that the average age is 27 years.

Victims at Nānākuli were extremely young, compared to victims at other beaches. The average victim age there was 14 years. At Hanauma, the victims were generally much older with an average age of 32 years. The age distribution for Hanauma shows high numbers of victims in their 40's and 50's, which would be unusual at Nānākuli. The victim age distributions at Sandy, Waikīkī and Waimea were similar, where the average age was 26 to 27 years.

Victim gender also differs somewhat by beach. Overall, about two-thirds (63%) of the victims were males, but the gender ratio at Hanauma is 50:50.



For the county as a whole, most of the victims were tourists. Two-thirds (66%) of the victims were tourists, another 29% were residents, and a small proportion (4%) were military. About one quarter of the tourists were from Japan.

Like age and gender, residence status can differ widely across individual beaches. These pie charts show the residence status of the victims rescued at Hanauma, Nānākuli, Sandy, Waikīkī, and Waimea. The blue shading indicates the resident data, the green shading represents the tourists, and the red shading indicates the military. At Hanauma, 94% of the victims were tourists, but at Nānākuli, 88% were locals. The distribution at Sandy matched that for the county; about two-thirds were tourists. Victims at Waikīkī included about 80% tourists, while at Waimea, there were relatively high proportions of locals and military among those rescued.

The slide summarizes the characteristics of the three main sources of injury data in Hawaii: EMS ambulance reports, hospital admission records, and death certificates.

There are currently six years of data on hospital admissions and four years of ambulance

Attributes of the three major injury data sources in Hawaii.			
	EMS ambulance reports	Hospital admission records	Death certificates
<i>Available data</i>	1995-1999	1996-2001	1984-2002
<i>Comprehensiveness:</i> <i>Geographic:</i>	limited— Oahu data has most detail	all islands	all islands
<i>Demographic:</i>	limited— 15% of injured	complete	complete
<i>Volume</i>	high ~19,000/year	medium ~9,800/year	low ~600/year
<i>Injury-coding</i>	sort of	incomplete— ~ 50%	complete

reports. The longest-standing data source is death certificates which have been computerized since 1984. Ambulance data have been updated to 1999 for the Neighbor Islands, but due to the new computer-aided dispatch system instituted on O‘ahu in 1999, it is no longer possible to identify injury-related calls with the same degree of accuracy as during the 1995-1998 period. Hospitalization data are provided by the Hawai‘i Health Information Corporation, and death certificates are archived at the Department of Health.

Ambulance records are the least comprehensive data source; the quality of injury data is better on O‘ahu than on the Neighbor Islands, at least up until 1999. In short, dispatchers on O‘ahu used to record more detail on the causes of injuries than did dispatchers on the Neighbor Islands. Ambulance data is also least comprehensive in describing the basic demography of injuries in Hawai‘i, as not everyone utilizes ambulance services when they are injured. We estimate that only about 15% of the patients treated for injuries in emergency departments are transported by ambulance.

Data on injury-related hospitalizations and deaths is comprehensive for the state, as HHIC collects admission data from all acute care hospitals in the state. However, there are deficiencies in the coding of this data. Data from death certificates is the most complete in that the system captures all fatal injury data and all the records are injury-coded. In contrast to non-fatal injuries, however, there are relatively fewer injury deaths.

Since not everyone who receives ambulance services is hospitalized, there are many more ambulance records than hospital records. There are differences between these data sources, however, with respect to the extent of information they collect on injuries. O‘ahu ambulance records may be categorized by 17 different injury categories, but these are not the recommended standard categories. Ambulance data does not distinguish suicidal injuries from the non-suicidal. (Only four categories are available from Neighbor Island EMS records.) Both hospital records and death certificates are preferable in comparison, because they use the standard injury E-coding scheme. Although, injury E-coding is complete for fatal injuries, only about half of hospital admission records contain an injury E-code. Without these codes, it is not possible to determine the cause of the injury.



[REDACTED]

[REDACTED]

Pool or Spa Submersion: Estimated Injuries and Reported Fatalities, 2011 Report

[REDACTED]

[REDACTED]

May 2011

Kevin Gipson
Directorate for Epidemiology
Division of Hazard Analysis
U.S. Consumer Product Safety Commission
4330 East West Highway
Bethesda, MD 20814

This analysis was prepared by CPSC staff and has not been reviewed or approved by, and may not necessarily reflect the views of, the Commission.

CPSC Hotline: 1-800-638-CPSC (2772) ★ CPSC's Web Site: <http://www.cpsc.gov>

~~CPSA 60b(1) CLEARED for PUBLIC~~

~~NO MFRS/PRVTZBLRS OR
PRODUCTS IDENTIFIED~~

~~EXCEPTED BY: PETITION
RULEMAKING ADMIN. PRCDG~~

~~WITH PORTIONS REMOVED~~

Executive Summary

This report presents estimates of the number of pool- or spa¹-related submersion² injuries between 2008 and 2010, and presents counts of reported pool- or spa-related submersion fatalities involving children less than 15 years of age between 2006 and 2008. The subset of submersion injuries and fatalities involving children less than 5 years of age is also provided. Please note that injuries and fatalities associated with circulation/suction entrapments in pools or spas are presented in a separate document.³ It is important to note that incidents covered by this report were associated with a pool or spa, but the primary cause of the incident was not necessarily the pool or spa product.

Annual estimates for 2008 through 2010, and an average annual estimate of the number of emergency department-treated submersion injuries are presented. This is followed by a count of fatal submersions reported to CPSC staff for 2006 through 2008. The years for reported injury and fatality statistics differ as a result of the lag in fatality reporting.

Key findings include:

- There were, on average, 5,100 pool- or spa-related emergency department (ED)-treated submersion injuries each year for 2008 through 2010, and 383 pool- or spa-related fatalities reported per year for 2006 through 2008, involving children younger than 15 years of age.
- Seventy-six percent of the reported fatalities and 79 percent of the ED-treated injuries involved children younger than 5 years of age.
- The majority of the estimated ED-treated submersion injuries for 2008 through 2010 and the reported fatalities for 2006 through 2008 were associated with pools.
- Children between the ages of 1 and 3 (12 months through 47 months) represented 64 percent of estimated injuries for 2008 through 2010 and 66 percent of the reported fatalities for 2006 through 2008 involving children younger than 15 years.
- For children younger than 15 years old, 48 percent of the victims of ED-treated pool or spa submersion injuries for 2008 through 2010 were admitted to the hospital or treated and transferred to another hospital, compared to 4 percent for all product-related, ED-treated injuries involving children younger than 15 years old during the same time period.
- Injured children younger than 5 years old were treated and released more frequently (47 percent) than injured children between the ages of 5 and 14 years old (31 percent). Forty-four percent of children between the ages of 5 and 14 were admitted to the hospital, compared to 33 percent of children younger than age 5.

¹ The term “spa” is used to refer to spas and hot tubs.

² The term “submersion” is used in lieu of the term “drowning” to encompass a broader scope of incidents.

³ 1999–2010 “Reported Circulation/Suction Entrapments Associated with Pools, Spas, and Whirlpool Bathtubs, 2011 Report,” May 2011.

- Approximately 55 percent of the estimated injuries for 2008 through 2010 and 72 percent of the fatalities for 2006 through 2008, involving children younger than 15 occurred at a residence.
- Residential locations dominated incidents involving victims under 5 years of age (61 percent for injuries and 84 percent for fatalities). For incidents involving children 5 to 14 years of age, a greater share (41 percent for injuries and 45 percent for fatalities) occurred in public locations.
- Most reported fatalities occurred on the day of (72 percent) or within a week of (additional 24 percent) the submersion incident. Only 4 percent of fatal victims survived beyond a week of the submersion, and these victims had severe injuries and required intensive medical care.
- Parents, caregivers, and the media are encouraged to visit www.PoolSafely.gov for vital safety information regarding the prevention of child submersions in and around pools and spas.

Emergency Department-Treated Injuries

For 2008 through 2010, an estimated annual average of 5,100 children under 15 years of age were treated in U.S. hospital emergency departments (EDs) for injuries associated with pool or spa submersions. Estimates are shown in Table 1. Estimates are also provided for injured children under 5 years of age but are not provided for injured children 5 to 14 years of age due to the estimate being very small.⁴ Injury estimates came from National Electronic Injury Surveillance System (NEISS) data, where sampling weights are used to project the cases from NEISS hospitals to national estimates. The corresponding annual average estimates for the years 2007 through 2009 are 4,200 children younger than 15 and 3,200 children younger than 5 years of age treated in hospital emergency departments for submersion injuries related to pools or spas.

Table 1
Estimated Number of Emergency Department-Treated Pool or Spa Submersion Injuries
Children Less than 5 and 15 Years of Age, 2008–2010

Year	Estimated Emergency Department-Treated Injuries ⁵	
	Under 5 Years	Under 15 Years
Average	4,000	5,100
2010	4,400	5,600
2009	4,400	5,500
2008	3,100	4,100

Source: U. S. Consumer Product Safety Commission: National Electronic Injury Surveillance System (NEISS). Appendix A details the methodology for data extraction.

The 2010 estimates of children younger than 15 years of age and children younger than 5 years of age, who were treated in U.S. emergency departments for pool- or spa-related submersion injuries, are both marginally statistically different from the 2008 estimates.⁶ On average, during 2008 through 2010, 79 percent of children treated in emergency departments for pool- or spa-related submersion injuries were younger than 5 years of age. Children younger than 5 years of age comprised an estimated 76, 80, and 78 percent of the childhood pool- or spa-related treated injuries in 2008, 2009, and 2010, respectively.

⁴ Estimates less than 1,200 are not routinely reported.

⁵ The estimates are rounded to the nearest hundred.

⁶ The level of significance is 0.04 for younger than 15 years of age and younger than 5 years of age. The p-values are not corrected for multiple comparisons.

Table 2 shows the percent of estimates for 2008 through 2010 associated with pool or spa submersions by type of product. Spa-related submersions constitute 2 percent of the estimated number of treated injuries for children younger than 15, and 2 percent of the pool or spa submersion treated injuries for children younger than 5 years of age.

Table 2
Percent of Emergency Department-Treated Pool or Spa Submersion Injuries
Children Less than 5 and 15 Years of Age by Product Type, 2008–2010

Product Type	Emergency Department-Treated Injury Percentages	
	Under 5 Years	Under 15 Years
Pool	98	98
Spa	2	2

Source: U. S. Consumer Product Safety Commission: National Electronic Injury Surveillance System (NEISS). Appendix A details the methodology for data extraction.

Table 3 shows the percentage of the estimated number of pool- or spa-related submersion injuries by victim gender. Male children are more frequently treated for pool- or spa-related submersion injuries than female children. This is true of all injured children younger than 15 and the subset of children younger than 5 years of age.

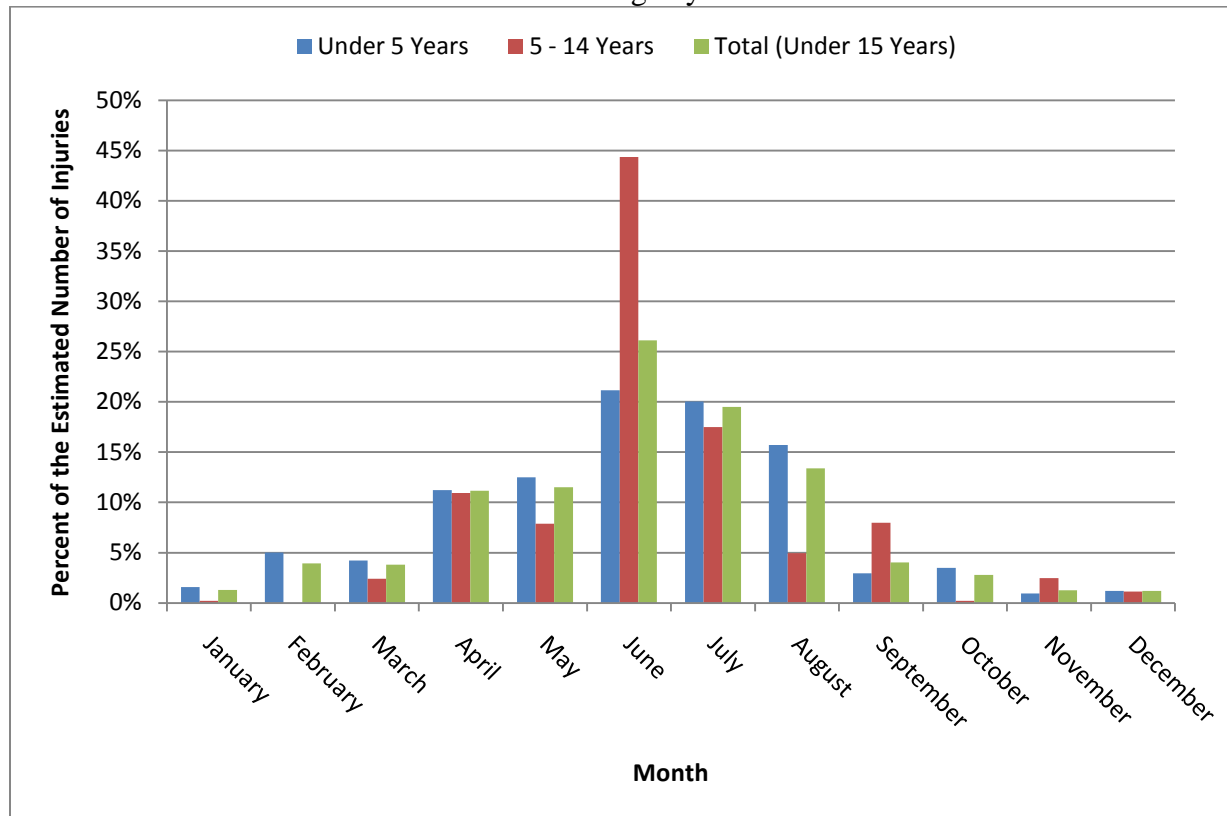
Table 3
Percent of Emergency Department-Treated Pool or Spa Submersion Injuries
Children Less than 5 and 15 Years of Age by Gender, 2008–2010

Gender	Estimated Emergency Department-Treated Injury Percentages	
	Under 5 Years	Under 15 Years
Male	59	59
Female	41	41

Source: U. S. Consumer Product Safety Commission: National Electronic Injury Surveillance System (NEISS). Appendix A details the methodology for data extraction.

Figure 1 illustrates the seasonal distribution of the percentages of the estimated emergency department-treated submersion injuries for each age group. The summer months of June, July, and August had the largest percentages.

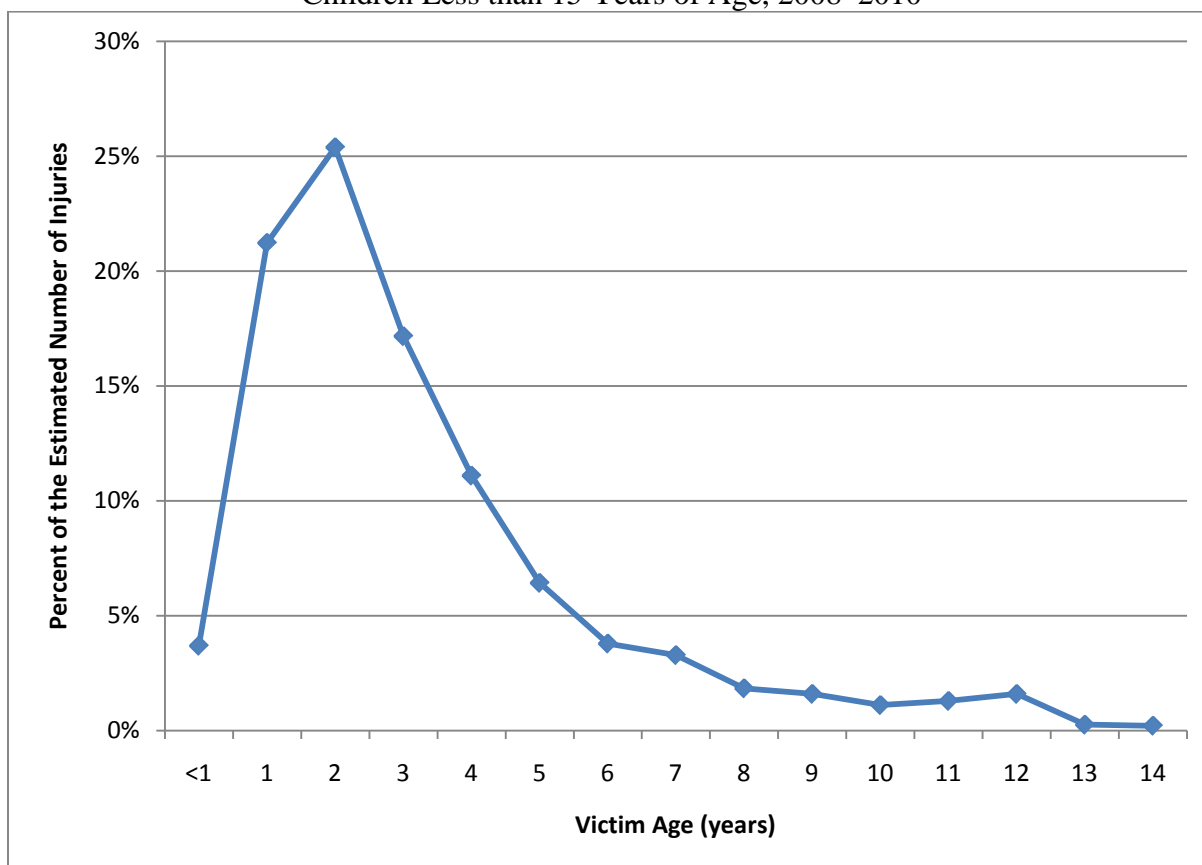
Figure 1
Percent of Emergency Department-Treated Pool or Spa Submersion Injuries
Children Less than 5 and 15 Years of Age by Month of Treatment 2008–2010



Source: U. S. Consumer Product Safety Commission: National Electronic Injury Surveillance System (NEISS).

Figure 2 plots the percent of the estimated number of ED-treated submersion injuries as a function of the victim's age. Children younger than 1 year of age accounted for 4 percent of the estimated pool- or spa-related submersion injuries. Children between the ages of 1 and 3 years (12 to 47 months) comprised approximately 64 percent of the estimated number of children treated for pool- or spa-related submersion injuries. An additional 11 percent of the estimated childhood pool- or spa-related submersion injuries occurred in children 4 years of age (48 to 59 months). Children ages 5 to 9 and 10 to 14 accounted for 17 and 4 percent, respectively, of the estimated ED-treated pool or spa related submersion injuries.⁷

Figure 2
Percent of Emergency Department-Treated Submersion Injuries by Age
Children Less than 15 Years of Age, 2008–2010



Source: U. S. Consumer Product Safety Commission: National Electronic Injury Surveillance System (NEISS).

⁷ Percentages may not add up to 100 due to rounding.

Table 4 gives a breakdown of submersion injuries by disposition. Injured children under 5 years had a higher percentage (47) of *examined/treated and released* compared to the children 5 to 14 years of age (31 percent). For *admitted to hospital* and *treated and transferred* dispositions, injured children under 5 years had a lower percentage (45) compared to the percentage (62) for children 5 to 14 years of age. *DOA or died in the emergency department* percentages are close for the two age groups. The deaths recorded in NEISS are also included in the fatality count in the section on reported fatalities. In contrast, for all consumer products in the CPSC's jurisdiction, only 4 percent of children in the younger than 5 and younger than 15 years of age categories treated or examined in an emergency department for a product-related injury were either admitted to the hospital or treated and transferred.

Table 4
Percent of Emergency Department-Treated Pool or Spa Submersion Injuries
Children Less than 5 and 15 Years of Age by Disposition, 2008–2010

Disposition	Estimated Emergency Department-Treated Injury Percentages ⁸		
	Under 5 Years	5–14 Years	Total (Under 15 Years)
Examined or Treated and Released	47	31	44
Admitted to Hospital	33	44	35
Treated and Transferred	12	18	13
DOA or Died in Emergency Department	4	3	4
Held for Observation	3	2	3
Left without Being Seen	1	1	1

Source: U. S. Consumer Product Safety Commission: National Electronic Injury Surveillance System (NEISS). Appendix A details the methodology for data extraction.

⁸ Percentages may not add up to 100 due to rounding.

Table 5 shows the percentages of the estimated number of injuries for each age group by the type of location of the submersion incident. Overall, the majority of the incidents that led to these emergency department visits occurred at a residence. Injured children under 5 years of age had the largest percentage (61) in a residential location, while children 5 to 14 years of age had the largest percentage (41) in a public location.

Table 5
Percent of Emergency Department-Treated Pool or Spa Submersion Injuries
Children Less than 5 and 15 Years of Age by Location, 2008–2010

Location	Estimated Emergency Department-Treated Injury Percentages⁹		
	Under 5 Years	5–14 Years	Total (Under 15 Years)
Residential	61	31	55
Undisclosed Location	28	28	28
Public	11	41	18

Source: U. S. Consumer Product Safety Commission: National Electronic Injury Surveillance System (NEISS). Appendix A details the methodology for data extraction.

⁹ Percentages may not add up to 100 due to rounding.

Reported Fatalities

On average, 383 fatalities associated with pool or spa submersions involving children less than 15 years of age were reported to CPSC staff annually during the period from 2006 through 2008. The years for reported injury and fatality statistics differ as a result of the lag in fatality reporting. Reported frequencies by year and age category are shown in Table 6. Seventy-six percent of the victims of the reported pool- or spa-related childhood submersion fatalities were younger than 5 years of age. Victims in this age category also accounted for 79 percent of the childhood submersion injuries related to pools or spas. Cases in NEISS that were classified as DOA or died in the ED are also included in fatality case counts for their respective years.

For the 1,150 reported submersion fatalities from 2006 through 2008, 1,131 or 98 percent of the incidents involved 1 victim; 16 incidents involved 2 victims; and 3 incidents involved 1 victim who was included in the count, plus a second victim who was older than 14 years of age and therefore excluded from the counts.

The numbers of fatal submersions related to pools or spas that are presented in the following section are based on all incidents reported to CPSC staff. These numbers are considered to be minimum counts only and cannot be used as generalized estimates for the U.S. population because they are derived from anecdotal data.

Table 6
Fatalities Reported to CPSC Staff Associated with Pool or Spa Submersion
Children Less than 15 Years of Age, 2006–2008

Year ¹⁰	Reported Fatality Frequencies			Total (Under 15 Years)
	Under 5 Years ¹¹	5–9 Years	10–14 Years	
Average	291	64	29	383 ¹²
2008	273	70	35	378
2007	286	62	27	375
2006	313	60	24	397
Totals 2006-2008	872	192	86	1150

Source: CPSC databases including NEISS, IPHI (Injury and Potential Injury Incidents), DTHS (Deaths) and INDP (In Depth Investigations). Appendix A details the methodology for data extraction.

¹⁰ Reporting is not considered complete for 2007 and 2008. The number of reported fatalities may change in the future.

¹¹ One case is included in this category where the age is unknown, but the term “toddler” was used to describe the victim.

¹² Average frequencies do not add up to total due to rounding.

Table 7 provides information on the interval between the submersion incident and the time of death for pool- or spa-related submersion fatalities. For most of the fatalities (82 percent), the date of death was either the same as the date of the incident or one day later. However, 18 percent of the victims less than 15 years of age succumbed days, weeks, and even years after the submersion, often after extensive medical treatment.

Table 7
Percentage of Fatalities Reported to CPSC Staff Associated with Pool or Spa Submersion
Children Less than 15 Years of Age by Interval Between Injury and Death¹³, 2006–2008

Days Between Incident & Death	Percentage of Reported Fatalities¹⁴			Total (Under 15 Years)
	Under 5 Years	5–9 Years	10–14 Years	
0 days	73	72	59	72
1 day	9	14	14	10
2–7 days	13	12	21	14
8–31 days	3	1	3	3
> 31 days	1	2	2	1

Source: CPSC databases including NEISS, IPII (Injury and Potential Injury Incidents), DTHS (Deaths) and INDP (In Depth Investigations). Appendix A details the methodology for data extraction.

¹³ Note that the age at time of death is used to determine the appropriate age category. In most cases, the difference between the date of incident and date of death is not sufficient to change the age category. There were 14 fatalities where the difference was more than 31 days.

¹⁴ Percentages may not add up to 100 due to rounding.

Reported fatalities occurred predominantly in pools. A small number of fatalities were associated with spas. Children younger than 5 years of age comprised the largest percentage of reported spa-related submersion fatalities compared to the other age subcategories. Table 8 records these percentages by product type.

Table 8
Percentage of Fatalities Reported to CPSC Staff Associated with Pool or Spa Submersion
Children Less than 15 Years of Age by Product Type, 2006–2008

Product	Percentage of Reported Fatalities			Total (Under 15 Years)
	Under 5 Years	5–9 Years	10–14 Years	
Pool	95	99	98	96
Spa	5	1	2	4

Source: CPSC databases including NEISS, IPII (Injury and Potential Injury Incidents), DTHS (Deaths) and INDP (In Depth Investigations). Appendix A details the methodology for data extraction.

Table 9 gives the estimated percentages of pool or spa submersion fatalities by victim age and gender. For all age groups, roughly two-thirds of victims were males. This is consistent with the injury data which show more male children were treated in emergency departments for pool- or spa-related submersion injuries.

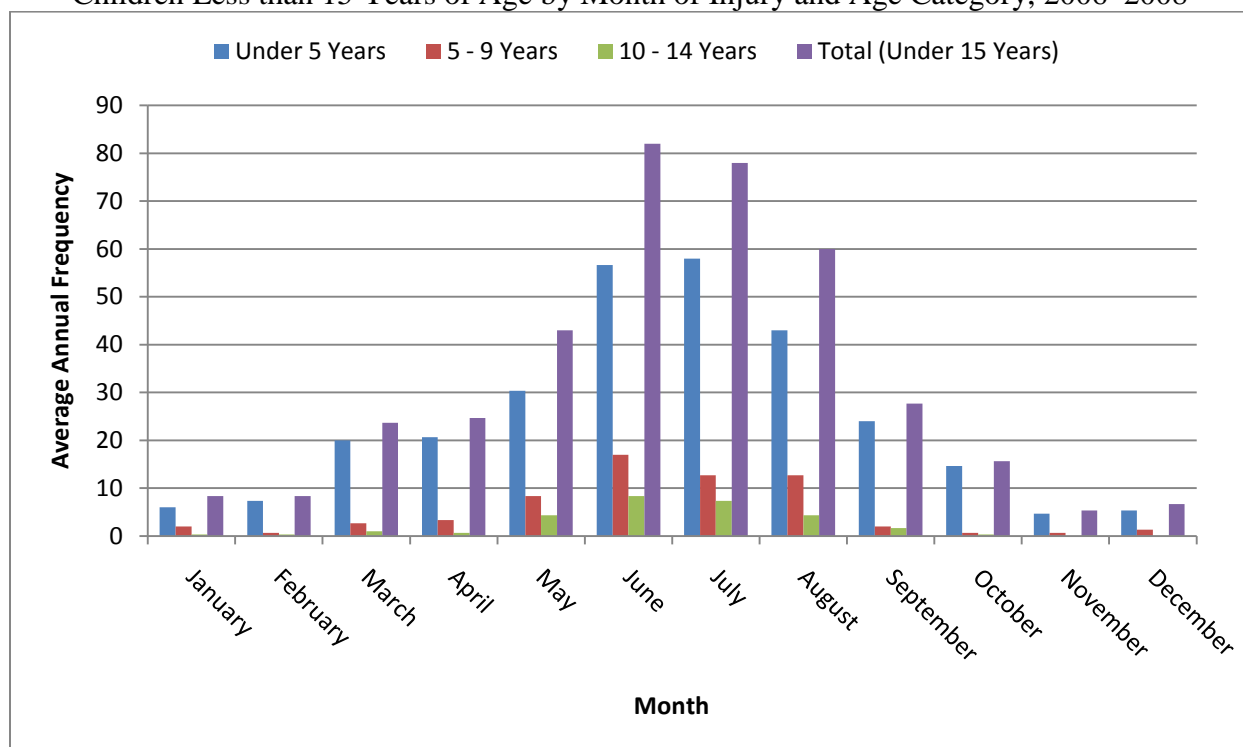
Table 9
Percentage of Fatalities Reported to CPSC Staff Associated with Pool or Spa Submersions
Children Less than 15 Years of Age by Gender, 2006–2008

Gender	Percentage of Reported Fatalities			Total (Under 15 Years)
	Under 5 Years	5–9 Years	10–14 Years	
Male	65	65	60	65
Female	35	35	40	35

Source: CPSC databases including NEISS, IPII (Injury and Potential Injury Incidents), DTHS (Deaths) and INDP (In Depth Investigations). Appendix A details the methodology for data extraction.

Figure 3 illustrates the seasonal distribution of reported pool- or spa-related childhood submersion fatalities as a function of victim age. As expected, the summer months of June, July, and August had the largest annual frequencies for all age groups.

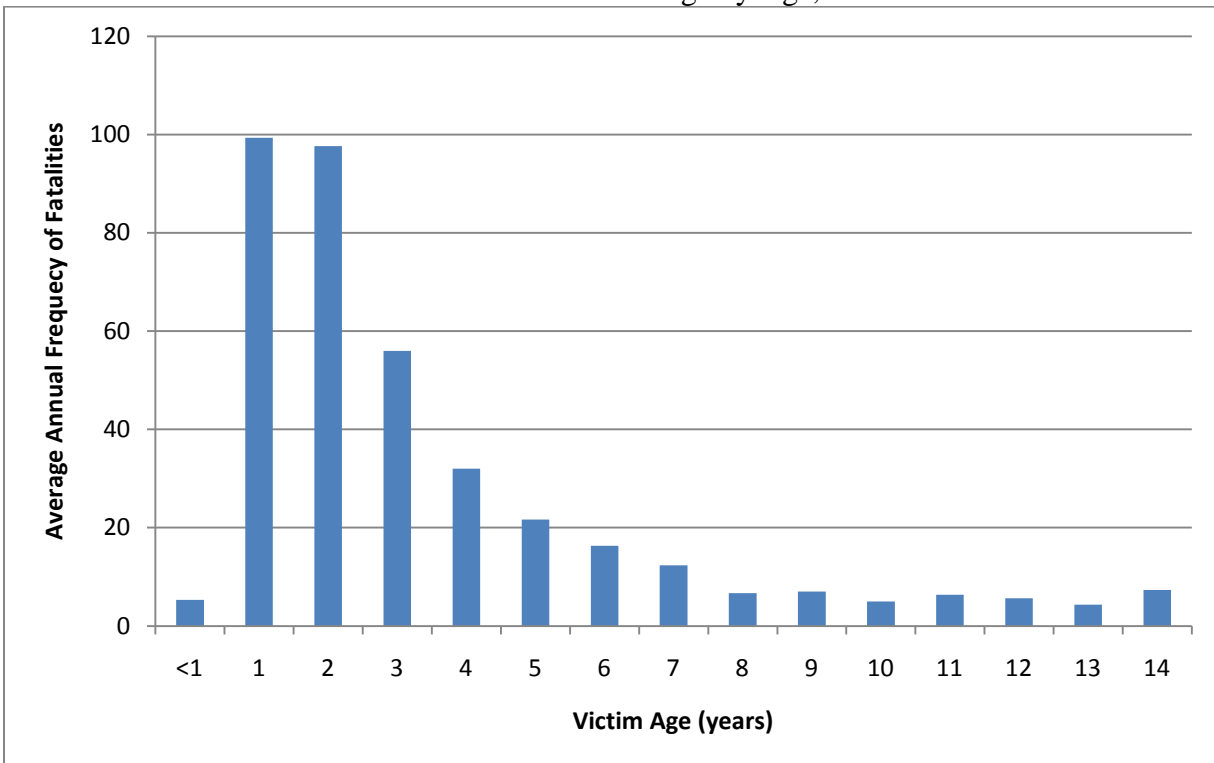
Figure 3
Average Annual Fatalities Reported to CPSC Staff Associated with Pool or Spa Submersion
Children Less than 15 Years of Age by Month of Injury and Age Category, 2006–2008



Source: CPSC databases including NEISS, IPII (Injury and Potential Injury Incidents), DTHS (Deaths) and INDP (In Depth Investigations). Appendix A details the methodology for data extraction.

Figure 4 shows the annual average of reported pool or spa submersion fatalities in children less than 15 years old as a frequency distribution of the victim's age. The graph shows a sharp decrease after age 2 (less than or equal to 35 months).

Figure 4
Average Annual Fatalities Reported to CPSC Staff Associated with Pool or Spa Submersion
Children Less than 15 Years of Age by Age, 2006–2008



Source: CPSC databases including NEISS, IPII (Injury and Potential Injury Incidents), DTHS (Deaths) and INDP (In Depth Investigations).

Table 10 records the percentages of reported pool or spa fatalities by incident location. The majority of reported deaths (72 percent for pools or spas) occurred in residential settings, such as the victim's home, a family or friend's house, or a neighbor's residence. The victim's home accounts for the largest percentage (44 percent) for all location categories for victims younger than 15 years of age. For children 5 to 9 years of age and children 10 to 14 years of age, the public/community/business location accounted for the largest percentage of reported submersion fatalities.

Table 10
Percentage of Fatalities Reported to CPSC Staff Associated with Pool or Spa Submersion
Children Less than 15 Years of Age by Incident Location, 2006–2008

Location	Percentage of Reported Fatalities¹⁵			Total (Under 15 Years)
	Under 5 Years	5–9 Years	10–14 Years	
Home	53	15	14	44
Family/ Friend	25	18	8	23
Public/ Community/ Business¹⁶	10	42	51	18
Undisclosed Location	6	20	22	10
Neighbor	6	6	5	6

Source: CPSC databases including NEISS, IPII (Injury and Potential Injury Incidents), DTHS (Deaths) and INDP (In Depth Investigations). Appendix A details the methodology for data extraction.

¹⁵ Percentages may not add up to 100 due to rounding.

¹⁶ Condominium and apartment complex pools are included in this category.

Table 11 presents the percentages of reported fatalities by pool/spa type. The in-ground product type accounted for the largest percentage of known pool/spa types (59 percent for victims younger than 15). This was followed by the above-ground pool category and portable pool category.

Table 11
Percentage of Fatalities Reported to CPSC Staff Associated with Pool or Spa Submersion
Children Less than 15 Years of Age by Specific Pool/Spa Type Product Category, 2006–2008

Location	Percentage of Reported Fatalities ¹⁷			Total (Under 15 Years)
	Under 5 Years	5–9 Years	10–14 Years	
In-Ground	60	54	56	59
Undisclosed Pool/Spa Type	10	41	42	17
Above- Ground (Pools Only)	17	3	1	13
Portable ¹⁸ (Pool Only)	11	2	-	9
Inside Home (Spa Only)	-	-	-	-
Outside Home (Spa Only)	2	1	1	1

Source: CPSC databases including NEISS, IPII (Injury and Potential Injury Incidents), DTHS (Deaths) and INDP (In Depth Investigations). Appendix A details the methodology for data extraction.

¹⁷ Percentages may not add up to 100 due to rounding.

¹⁸ A portable pool is defined as any pool that can be set up/taken down or moved to another location with relative ease.

Since the majority of reported fatal submersion victims were younger than 5 years of age, the incident reports from 2006 through 2008 were evaluated, and common scenarios for children younger than 5 years of age for pools or spas (872 reported submersion fatalities) were classified. The highest percentage of the reports (57 percent) attributed the incident to a lapse in adult supervision (an adult losing contact or knowledge of the whereabouts of the child and, during this time period, the child managed to access the pool/spa). Fourteen percent of the reports indicated barrier compromise or circumvention. Another common scenario—in 12 percent of the reports—involved close proximity to the pool/spa, with the victim last seen in the pool/spa, or near the pool/spa, before the incident occurred. In 17 percent of the reports, there was too little information available to determine the scenario. The scenarios are categorized in Table 12. Hazard scenarios for older children are not characterized because CPSC staff receives fewer reports of fatal submersions involving this age group.

Table 12
Percentage of Fatalities Reported to CPSC Staff Associated with Pool or Spa Submersion
Children Less than 5 Years of Age by Scenario, 2006–2008

Scenario	Percentage of Reported Fatalities for Pools and Spas
Lost Contact or Knowledge of Whereabouts	57
Not Enough Information to Determine Scenario	17
Barrier Integrity or Circumvented Barrier	14
Near Pool/Spa or In Pool/Spa	12

Source: CPSC databases including NEISS, IPII (Injury and Potential Injury Incidents), DTHS (Deaths) and INDP (In Depth Investigations). Appendix A details the methodology for data extraction.

Appendix A

Methodology for Pool or Spa Submersion—Estimated Injuries and Reported Fatalities (2011)

“Drowning” is defined as suffocation and death resulting from filling of the lungs with water or other substances or fluid, so that gas exchange becomes impossible. A “near drowning” is defined as survival for any length of time after submersion in water and temporary suffocation. “Submersion” is defined as the act of placing or the condition of being under the surface of a liquid.¹⁹ For this reason and because a considerable number of children are injured or do not die immediately, the term “submersion” encompasses the various events that have occurred more accurately than the term “drowning.”

Injury estimates came from National Electronic Injury Surveillance System (NEISS) data extracted on April 1, 2011, for calendar year 2010. The NEISS product codes used for the data were 3251 (Built-in pools), 3221 (Above-ground pools), 1246 (Wading pools), 1284 (Pools, not specified), 3274 (Swimming, activity) and 698 (Hot tubs and Spas). Diagnoses codes of 69 (Submersions), 65 (Anoxia), and 42 (Aspirated on) were also used, along with the age constraint of “children less than 15 years of age,” to restrict the extracted data. Cases involving the activity of swimming were reviewed for potential inclusion in the data set. NEISS data from 2008 and 2009 were also used from last year’s report to cover the 2008 through 2010 timeframe. NEISS data is from a probability-based sample. Sampling weights are used to project the cases from NEISS hospitals to national estimates. Because incidents in NEISS are unique, there were no duplicates.

The estimated numbers of emergency department-treated injuries are rounded to the nearest hundred. Percentages in this report are rounded to the nearest integer. Because NEISS is a weighted sample, injury category percentages were based on the category weighted estimate (not rounded), divided by the total weighted estimate (not rounded).

Data were extracted on March 17, 2011, from NEISS, IPII, DTHS and INDP for pool- or spa- related submersion deaths involving children less than 15 years of age for the years 2006 to 2008. This data was merged with data from last year’s report for 2006 and 2007, to cover the 2006 through 2008 reporting period. It should be noted that for a given year, incidents are included on an ongoing basis for IPII and DTHS. In particular, additional reports are generally received for the most recent years. Fatal incidents associated with product codes 3251 (Built-in pools), 3221 (Above-ground pools), 1246 (Wading pools), 1284 (Pools, not specified), 3274 (Swimming, activity), and 698 (Hot tubs and Spas) were examined for inclusion in counts. Information from these cases was extracted into an Excel spreadsheet and sorted by date and incident location. As pool submersion incidents are notable events in the community where they occur, there were often multiple news reports (IPII), a medical examiner’s report (IPII), a death certificate (DTHS), an in-depth investigation (INDP) and, less frequently, a hospital emergency department report (NEISS) for a single incident. IPII is a mixture of various types of information, including newspaper clippings, consumer complaints, and reports from other government agencies, such as medical examiners/coroners. Information is voluntarily submitted to IPII, so staff cannot be sure that information on all the deaths has been received. Source documents were checked to eliminate duplicate incident reports.

¹⁹ *Dorland’s Illustrated Medical Dictionary*, 30th Edition, Saunders, 2003.

Water Safety Statistics

Many national and international organizations have studied varied aspects of drowning, and have gathered data on victim demographics, frequency of occurrence, and environmental factors. Following are links to these organizations, as well as some highlights of their research findings.

American Academy of Pediatrics

- Among children ages 1 to 4 years, most drowning occurs in residential swimming pools.
- The American Academy of Pediatrics does not recommend swimming classes as the primary means of drowning prevention for children younger than age 4.
- **NEW!** On May 24, 2010, the AAP gave its approval for toddler swim lessons. The group had feared that swim lessons gave parents a false sense of security, and reminds parents to be vigilant watchers of children near water. Read the article that recently appeared in the [*San Francisco Chronicle*](#).

American Red Cross

- Drowning is the second-leading cause of unintentional injury-related death for children ages 1 to 14.
- In a survey of more than 1,000 adults, nearly half said they have had a drowning scare in their lifetime. Two-thirds say the event occurred between the ages of 5 and 15.
- One in four people know someone who drowned.
- More than half of people who report swimming ability say they learned between the ages of 5 and 10 years old. Of those, only 17% describe their skills as “excellent”, compared with 43% of people who learned to swim before age 5. Only 2% of people who learned to swim after age 10 say their skills are excellent.
- In a March 2009 survey of families with young children, almost 90% planned to be in the water that summer, and nearly half of them had plans to swim where there was no lifeguard.
- One-third of adults do not realize that staying within arms’ reach is safer than putting floaties on a child.

Aquatics International

- In a 2007 study of 182 court cases over the drowning deaths of minor children, researchers found that one-third of incidents occurred at pool parties. *St. Leo University, Florida*
- In a 5-year study from 2003 to 2008, two-thirds of pool deaths occurred during planned group swim activities, typically pool parties. *The Redwoods Group, North Carolina* (The Redwoods Group is the largest insurer of YMCAs and Jewish Community Organizations.)

Centers for Disease Control and Prevention

- Each year, about 4,000 people die from drowning in the United States. Drowning is a leading cause of unintentional injury death among all ages.
- Drowning is the second-leading cause of unintentional injury-related death among children ages 1 to 14, with more than 1,500 children killed in water accidents each year.
- More than one in four fatal drowning victims are children 14 and younger. For every child who dies from drowning, another four receive emergency department care for non-fatal submersion injuries.
- In 2005, the most recent year for which statistics are available, there were 3,582 fatal unintentional drownings in the United States, averaging 10 deaths per day.
- In 2005, drowning claimed 500 youth lives. Of all children 1 to 4 years old who died that year, almost 30% died from drowning.
- The place where drowning is likely to occur changes with age. About 60% of deaths among children occur in swimming pools. Children ages 1 to 4 years most often drown in home pools.
- Drowning usually happens quickly and silently—many children who drown in home pools were out of sight for less than 5 minutes and in the care of one or both parents at the time.

- Many assume that drowning persons are easy to identify or exhibit obvious signs of distress. Instead, people tend to drown quietly and quickly. Children and adults are rarely able to call out or wave their arms when they are in distress in the water, and can submerge in 20 to 60 seconds.
- Nonfatal drownings can cause brain damage that may result in long-term disabilities including memory problems, learning disabilities, and permanent loss of basic functioning (i.e., permanent vegetative state).
- Irreversible brain damage can occur within four to six minutes of submersion.

Consumer Product Safety Commission

- Three hundred children under age 5 drown in pool and spas each year. Approximately 200 of these are children ages 1 to 2 years old. An additional 3,000 children visit emergency rooms due to water-related injuries.

Home Pool Statistics

- Three-quarters of children involved in pool submersion or drowning accidents were between 1 and 3 years old. Boys between 1 and 3 years old were the most likely victims of fatal drownings or near-fatal submersions in residential swimming pools.
- Eighty percent of child deaths and more than 60% of injuries occur at a residence. Home pools are the most common drowning site for children under age 5, with 65% of the accidents in a pool owned by the victim's immediate family, and 33% in pools owned by relatives or friends. Less than 2% are a result of children trespassing on property where they don't live or belong.
- More than 75% of the victims had been out of sight for five minutes or less, and were being supervised by one or both parents at the time. Almost half of the incidents are attributed to an adult losing contact or knowledge of the whereabouts of the child, and the child accessing the pool during this time period.
- Most children who drown in home pools enter the water without their parent's or caregiver's knowledge. Nearly 70% of children who drowned in home pools were not expected to be in or around the pool, but were found in the water.
- Most young children who drowned in pools were last seen in the home before the pool accident occurred. About a quarter of the victims were last seen on the porch or patio or in the yard. Sixteen percent resulted from barrier compromise or circumvention, and 11% of incidents occurred after the victim was last seen in or near the pool.
- In-ground pools account for the largest percentage (49%) of home pool accident sites, followed by above-ground pools and portable pools.

Medical Treatment Statistics

- There are, on average, 3,000 pool- and spa-related ER-treated submersion injuries each year and about 300 pool- and spa-related fatalities per year for children under 5.
- Approximately 62% of estimated injuries and 70% of the reported fatalities for children under 5 involve children ages 1 and 2.
- For children under age 5, more than half of the victims treated for pool and spa submersion injuries were admitted to the hospital or treated and transferred to another hospital.
- Residential pools accounted for 64% of ER-treated submersion injuries, compared with 13% of those that occurred at public pools.

National Center for Health Statistics

- Each year, about 4,000 people die from drowning in the United States. Drowning was a leading cause of unintentional injury death among all ages in 1998, and the second leading cause of unintentional injury death among children ages 1 to 14. About 60% of drowning deaths among children occur in swimming pools.
- The annual incidence of drowning in the United States has declined from about 6,300 persons in 1981 to about 4,000 persons in 1998. Nevertheless, despite the advances in rescue techniques

and the decline in drowning rates in the United States, drowning remains a leading cause of unintentional injury death, especially among children and youth.

National Safety Council

- Children age 4 and under have a higher rate of death by drowning than any other age group. Approximately 300 in this age group drown in home swimming pools every year. In 2002, nearly 2,700 children age 14 and younger were treated in hospital emergency rooms for drowning-related incidents.
- Experts have described the costs of unintentional death through two measures. Comprehensive costs include the economic loss, as well as the value of lost quality of life associated with the death or injury. In 1997, the National Safety Council placed the economic value of each unintentional injury death at \$790,000 and the comprehensive cost at \$2,790,000.

Safe Kids Coalition

Risk Factors

- Two-thirds of parents do not know that drowning is one of the top two causes of accidental death to children.
- More than half of parents say they do not worry very much or at all about their child drowning.
- Home swimming pools are the most common site for a drowning to occur for a child between the ages of 1 and 4 years.
- Approximately 75% of pool submersion deaths and 60% of pool submersion injuries occur at a home.
- Nearly a quarter of drowning deaths in children under age 5 occur at the home of a family member, friend, or neighbor.
- Children under age 5 have the highest drowning death rate (twice that of other age groups) and account for 80% of home drownings.
- According to a national study of drowning-related incidents involving children, a parent or caregiver claimed to be supervising the child in nearly 9 out of 10 child drowning-related deaths.
- Parents admit to participating in distracting activities while supervising children near a swimming pool. Only 6% of parents report that they do nothing else while supervising their swimming child.
- In the summer, between May and August, drowning deaths among children increase 89% over the rest of the year.
- Although the majority of parents agree that children should learn to swim, almost 40% of parents of children over age 5 report that their children have never taken swimming lessons.

Near-Drowning Costs

- A child will lose consciousness after two minutes of submersion, with irreversible brain damage occurring within four to six minutes.
- Medical costs for a near-drowning victim can range from \$75,000 for initial treatment to \$180,000 a year for long-term care. The total cost of a single near-drowning that results in brain injury can be more than \$4.5 million.
- The total annual lifetime cost of drownings among children ages 14 and under is approximately \$6.8 billion, with children ages 4 and under accounting for \$3.4 billion.
- In 2000, total drowning injuries cost the nation over \$16 billion.

USA Swimming Foundation

- Nine people drown each day in the United States.
- In ethnically-diverse communities, the youth drowning rate is two to three times higher than the national average.
- Six out of ten African American and Hispanic/Latino children are unable to swim, nearly twice as many as their Caucasian counterparts.

- Children from non-swimming households are eight times more likely to be at risk of drowning.
- While about one third of Caucasian children from non-swimming families go on to learn to swim, less than 10% of children in non-swimming African American families do.

United States Lifesaving Association

- Over a 10-year period, USLA recorded fewer than 100 drownings at their sites with more than 75% occurring during unguarded hours. These data indicate that the vast majority of drownings each year occur at unguarded locations. The chance of drowning at a beach protected by lifeguards trained under USLA standards is less than one in 18 million per year.
- U.S. lifeguards rescue more than an estimated 100,000 persons from drowning annually. Data show a rescue-to-drowning ratio in the 1960s of one drowning for every 2,004 rescues. In the 1990s, the ratio improved to one drowning for every 4,832 rescues.
- For every rescue, an effective lifeguard makes many more preventive actions. Trained, professional lifeguards have had a positive effect on drowning prevention in the United States.
- Of the total drowning deaths per year, those that occur under lifeguard supervision account for less than 1%.

YMCA Society of North America

- Many people assume that drowning persons are easy to identify because they will exhibit obvious signs of distress in the water, such as yelling or waving their arms. This behavior is not common.
- People tend to drown in more quiet, less attention-getting ways. Drowning persons usually struggle to keep their mouth above the surface of the water. Struggling to stay afloat and possibly suffocating, they are rarely able to call out or wave their arms.
- Observational studies have revealed that non-swimming adults who find themselves in water over their heads are generally able to struggle on the surface of the water for about 60 seconds, while infants and very small children can submerge in as little as 20 seconds.
- These characteristics of drowning—the inability of a person to call or wave for help and the short time period before submerging—emphasize the need for lifeguards as a source for continuous surveillance and immediate action.