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July 26<sup>th</sup>, 2023

Board of Trustees  
The O'Neal School  
3300 Airport Road  
Southern Pines, NC 28387

Subject: Campus Safety and Mishandling of Assault

Dear Members of the Board,

We are writing today with heavy hearts to address a serious matter that has significantly impacted our family and has shaken our confidence in the administration to its core. My wife and I are deeply invested parents in The O'Neal School community. Cassie is a former alumna (class of '96) while I previously served on the Board of Trustees. We have three children who have been enrolled at O'Neal since Pre-K3. [REDACTED] our oldest is 12 and just attended 6<sup>th</sup> grade, [REDACTED] our middle is 9 and completed 3<sup>rd</sup> grade, while [REDACTED] our youngest is 7 and graduated from 1<sup>st</sup> grade. In total we have received over 24 years of educational instruction from O'Neal.

Prior to sending this letter we met with Lynda Acker as well as several other board members to present a comprehensive binder of documents containing medical records, email correspondence, and a detailed timeline of the events outlined below. We are willing to review this information with any other members of the Board as necessary to provide further context.

On Monday, April 24<sup>th</sup>, 2023, our son, [REDACTED] was the victim of an unprovoked assault at The O'Neal School near the gazebo on Konni's Courtyard. He was kned in his privates, grabbed by the throat, leg swept and knocked to the ground, and kicked twice in his lower left abdomen. [REDACTED] yelled for the assailant, a former friend and classmate identified as [REDACTED] [REDACTED] to stop, but instead he took several steps back to run and kick [REDACTED] again in his abdomen at full strength. Another classmate witnessed [REDACTED] getting kicked. [REDACTED] reported the incident to his division head, Mrs. Miryah Walters, who sent him back to class with [REDACTED] [REDACTED] then proceeded to call us on his Apple Watch outside during science class to explain the attack in detail and tell us he was afraid that [REDACTED] would hit him again. While this conversation was occurring, [REDACTED] was following [REDACTED] and we could clearly hear [REDACTED] yelling loudly in the background angrily calling him names. We immediately notified the school by phone that the kids must be supervised and separated, which was confirmed by an email.

[REDACTED] was then sent to see the school nurse, Mrs. Christine Gold, after we insisted that his injuries be examined. Bruises were noted on [REDACTED] left leg and abdomen while tenderness was found in his lower left abdomen at the trauma point. Christine later informed us that if the abdominal pain worsened then

█ should be seen by Urgent Care for further examination. It was our understanding that █ had not received any injuries of any kind during this altercation.

The following morning on April 25th █ was complaining of sharp pain in his abdomen so we administered maximum doses of Tylenol and Ibuprofen before sending him to school. We then had a conversation with Mrs. Walters further detailing the situation of the assault. While confirming that she would be looking into this further, she also expressed her discontent that █ called us on his Apple watch. At pickup █ stated that his side was “killing him” and asked to be taken to the doctor. He was having severe cramping in his lower left stomach every few minutes. When asked about what happened at school, he informed us that the counselor pressured him to apologize to █ as █ had made a comment after being attacked that █ was not a good Christian for beating him up. In response to this apology, █ claimed that he did nothing wrong, and the injury was an accident. If █ did not apologize, he was told that they would need to take turns playing with their mutual friends.

We proceeded to take █ to First Health Convenient Care for medical attention. After an examination, we were told that it was highly unlikely that the injury was accidental, without more invasive testing to rule out life-threatening events this condition could result in permanent disability or even death, and that █ needed to immediately go to the Emergency Room. At the ER, a CT scan with contrast was performed with no acute findings, but blood was found in his urine which was suspected to be due to “physical assault/trauma” as noted in his medical records. █ was released for follow-up with Sandhills Pediatrics. The emergency room physician officially diagnosed him with “physical assault, abdominal pain in the left upper quadrant, and blood in his urine.” He was advised to take ibuprofen and Tylenol for pain. The health care claim for this day alone totaled \$9,478.01.

On Wednesday, April 26th, █ stayed home from school due to increasing pain levels while standing and lying down, with painful spasms occurring every 5-10 minutes. He began sleeping in a reclining chair as it was too painful to lay flat in his bed. On Thursday, April 27th, █ continued to stay home from school, while painful muscle spasms occurred every 30 seconds to 1 minute, depending on the position he was in. He described these as intense and sharp like a knife stabbing him repeatedly in the stomach. A meeting was held with John Elmore, to discuss the assault and its impact on █ health and safety. During this meeting we reviewed the events and the medical records provided by First Health. John stated that even if this was an accident, and this was no accident, that it was not ok for a student to do this to another student. When we left that meeting, we felt confident that John would be taking action to discipline █. That evening █ received text messages from █ stating, “Your parents prob don’t want me talking to you but I just wanted to say are you ok cuz you said you were in the er and if I hurt you I did not mean to. Also, I know this is not an excuse but I am going through some tough times with family and stuff so I was just making sure you were ok and I really did not mean to hurt you.”

█ continued to stay home on Friday, April 28th, with the spasms slowing but pain levels remaining. On Monday, May 1st, █ still had strong pain while standing or moving but went to school to try and take his ERB tests. He had to come home mid-morning due to the pain. While at school, █ approached █ and accused him of faking his injury while calling him a liar and a baby. Even more concerning was that █ kept approaching █ in an aggressive manner (getting within a few inches from his face), clenching his fists, and then walking away. █ was also repeatedly glaring at █ while he was trying to complete his testing. █ later stated that the kid looked really “pissed off” and he was scared that █ would attack him again.

█ went to school on Tuesday, May 2nd, with the same pain levels, completed his ERB testing, had his break, and then had to come home again due to pain. He was then taken to Sandhills Pediatrics where he could barely tolerate an examination as being touched in his abdomen or laying down was severely painful. CPNP Amey Ivey called in Dr. Boals for a consultation. █ urine still tested positive for blood. He was diagnosed per his medical records with a "3-4 cm hematoma (baseball size) visible left lower side, exquisitely tender to touch, minimal bruising". The injury was very misleading as the muscle damage was deep in the abdomen with very little bruising on the surface. █ pain medication dosage was tripled and it was repeatedly emphasized to us that this was an assault, not an accident. We were also advised that due to the nature of the assault our family could pursue options directly with law enforcement even if the school did not act. █ was advised to stay home from school for the remainder of the week, but he could take the ERB testing first thing in the morning if a chair with better padding was provided.

O'Neal was notified of his medical findings, and we received a letter from John Elmore stating that █ needed to stay home until cleared by his doctor. On Wednesday, May 3rd, a follow-up conversation was held with John regarding the severity of the assault, the continued lying and aggression from █ at school, and concerns that █ feared additional attacks. We explained that █ was now in severe pain, unable to move beyond a chair, █ Doctors had stated repeatedly that this was an assault, and we were advised to contact law enforcement. At this point we also asked that █ be expelled. John stated that he was going to review this with Lynda Acker following our conversation.

On Tuesday morning, May 9th, █ returned to Sandhills Pediatrics for a follow-up appointment. Unfortunately, his pain levels had not reduced as much as expected, and his urine showed an increase in the amount of blood present compared to the previous week. When his doctor was asked about the possibility of the injury being accidental, he stated on the record "that it is highly unlikely that this trauma resulted from an accident on the part of the child who █ states kicked him three times in the same area of the hematoma." An additional CT scan was performed that afternoon to rule out additional life-threatening conditions which came back negative for any damage to his organs. █ was excused from school for another week.

On May 10<sup>th</sup>, after learning that █ was still attending school and continuing to lie about what had occurred, we filed an incident report with Southern Pines Police. On May 12<sup>th</sup> we were contacted by Detective Kavanaugh who video interviewed █ the witness, and visited O'Neal where he took statements from the administration. On a call later that day, the Detective stated he had enough evidence to confirm assault. He was very surprised to learn that O'Neal had no cameras in the common areas where the attack occurred and there was no regular adult supervision in these places.

On May 16<sup>th</sup> █ again saw the doctor and we sent another medical note to O'Neal stating that he had a follow-up appointment for a "traumatic hematoma". He had "made minimal improvement and is still uncomfortable with movement". We notified the school that we planned to bring █ by the O'Neal pool at the beginning of practice to see his team and raise his spirits as he had not been able to speak with many of them since he was confined to the recliner at home. We also asked what else he needed to do in order to finish 6<sup>th</sup> grade as we had completed all of the assignments on the portal but he was unable to take a few quizzes and a test while at home.

On May 18th we brought █ to school prior to the start of swim practice. We met with his three coaches, and to our surprise, they were "completely in the dark" about █ situation. His teammates even thought that he had withdrawn from the program or had been expelled from the school based on rumors

being spread by [REDACTED]. We felt it necessary to explain the entire scenario to them, including the assault that caused [REDACTED] injury. We shared with them the recommendation from [REDACTED] doctor, stated in his medical records, suggesting that we "allow [REDACTED] activity as he tolerates without asking him how is the pain and helping him to not focus so much on the pain." This was part of a broader strategy to try and break up the hematoma in his stomach. [REDACTED] had already been swimming in our home pool for brief periods of time and found this to be the only physical activity that did not cause him pain. With this information in mind, the coaches offered to let [REDACTED] swim lightly on his own during warm-ups. This accommodation allowed [REDACTED] to practice with his team, while also ensuring that he could cease exercising at any point if needed. We were profoundly thankful for this option as it would provide a bit of normalcy in [REDACTED] life while dealing with a situation that had very little.

On May 19<sup>th</sup> Miryah responded to our email stating that [REDACTED] would be marked as "incomplete" until he is well and can complete his assessments. This is not what we had asked for. In fact, the doctor's note sent on the same day stated that "he may be able to go to school for testing for 1-2 hours per day but he cannot tolerate full days." We wanted our son to graduate 6<sup>th</sup> grade, and considering he only had a couple of on-campus assignments, felt this could easily be completed. We asked when the teachers would be available to make these tests up after the last week of school and if we could break the tasks up over several days.

By May 24<sup>th</sup> we had not heard back so we again asked for answers while also inquiring about what would happen to [REDACTED] personal belongings as we did not want them to be discarded by the cleaning crew. We also began bringing [REDACTED] to swimming practice to do his warm-up. This signified the first time he was strong enough to be able to leave the house for any reason beyond visits to the doctors. While making the walk from the car to the pool was difficult, gentle swimming was comfortable, and his health improved more over the next week than at any time prior to this point.

On May 31<sup>st</sup> we had another doctor visit with Sandhills Pediatrics. Now, after over 5 weeks they stated that the muscle injury should have been fully healed however the pain level was too high and there was still blood in [REDACTED] urine. The police detective took statements from the medical providers with our consent and [REDACTED] was referred to First Health again for another X-ray and urinalysis. When the results showed no findings to explain his continued pain, [REDACTED] was referred to UNC for a muscular-skeletal general surgery consult and UNC nephrology.

Then, on June 2<sup>nd</sup>, we received an email from [REDACTED] swim coach, Jen. It stated that "I wanted to let you know that our administration reached out to me to remind that [REDACTED] is not medically cleared to be at swimming or on campus." For the first time we were now being told that [REDACTED] was not allowed to set foot on campus even though the kid who attacked him had been roaming freely around school for the last 4 weeks prior to summer vacation. This notice was also sent to the swim coaches without any effort on the behalf of administration to reach out to us directly for an update on our situation or to let us know that they would need documentation for [REDACTED] to continue. We immediately contacted Sandhills Pediatrics to request a new note which stated "[REDACTED] Stefanik, is medically cleared to return to school to finish required testing and to continue in the swim program." This was sent that day to John, Miryah, and the three swim coaches with a request allowing [REDACTED] to continue swimming. We also, again, asked when he would be able to come into school to complete his tests to finish 6<sup>th</sup> grade and when we could clear out his locker. This request specifically asked for a response by Monday, June 5<sup>th</sup>, so [REDACTED] would be able to participate in practice that evening. We also stated that "our doctor had recommended swimming on a regular basis over 4 weeks ago. If anyone had informed us previously that there was a potential conflict we would have supplied a medical release earlier to participate in Pelagics."

John responded to this letter on June 5<sup>th</sup> asking for a copy of the swimming release from 4 weeks ago and stating that “for [REDACTED] to return to swimming and complete the academic year, we will require something directly from his physician indicating that he is cleared for some, or all activity and any accommodations required. His medical leave began in late April, and due to the length of the leave, we must be sure that the seriousness has been address, and we require complete clarity.” We responded to John that day stating, “I believe the last time we spoke about [REDACTED] medical situation was over a month ago. At this point we feel it would be beneficial for us to talk and give you an update so we can all get on the same page. Would you be available for a call (or meeting) today or tomorrow?”

John responded on 06/06/2023 with this email:

*“At this point, I feel strongly that we need clarity in writing from a doctor regarding [REDACTED] medical situation as described below. Getting on the same page will start with us having the information available to release the medical leave with or without accommodations or limitations. It is best that our correspondence remains in writing, and I ask that your messages be directly communicated with me or with Miryah Walters.*

*The O’Neal School has been cooperative in helping your family and law enforcement in this situation. It is important that your public discussions of the matter do not create a situation that makes it impossible for your family to maintain a positive and constructive relationship with O’Neal.”*

So, after 6 weeks of our son going through chronic pain on a daily basis, without warning, John ejected [REDACTED] from the O’Neal campus. When we asked to speak with him about this matter (since the last conversation we had was before law enforcement took statements at O’Neal), he refused stating that all correspondence remains in writing. This all happened shortly after we had met with the swim coaches and informed them about the attack that occurred on campus since they were completely unaware of the situation. We had only spoken with them, one other faculty member outside of Mrs. Walters, and our close friends about what we had been going through as the Detective recommended that we wait for the investigation to be completed before discussing the incident. Now, John was telling us that we needed to be careful about our public discussions if we wanted to “maintain a ... relationship with O’Neal”? We have made hundreds of friends and acquaintances with parents, faculty, and staff over the years while being a part of the O’Neal community prior to this assault occurring. Why would our relationship with O’Neal now be in jeopardy for telling the truth about what happened?

It didn’t make sense. After reading the email, we were shocked by the implications it could have on our family, so we had a call with the police Detective the next day (06/07/2023) and read the email to him. His immediate reaction was that we needed to seek advice from legal counsel. After acknowledging that point, we still asked for his opinion, and he stated that it sounded like if we spoke up they were going to kick us out. Our counsel later had a very similar opinion about the email as well. To make matters even worse, our appointment with UNC that day revealed that [REDACTED] needed extensive follow-up to locate the cause of his continued pain. This included 2 weeks of rest, an MRI, physical therapy, local pain management at Duke Sports Medicine, and multiple prescriptions for nerve blocking pain medication to address spasms. It was very difficult for the Doctor to even examine [REDACTED] as he stated that the muscle in his lower left abdomen was in a constant state of spasm.

On 06/08/2023 [REDACTED] saw Dr. Stafford at Duke Sports Science Institute after they scheduled a priority appointment to get him in faster. Following an initial exam the doctor moved us to a room where they

had a specialized muscular-skeletal ultrasound machine. This allowed him to see every layer of the abdominal structure under the bruise (which remained after 6 weeks from the initial injury). Within a few minutes the doctor identified a “tear in the fascia on the abdominal wall corresponding to the bruising” as detailed in [REDACTED] medical records. We were informed that these types of injuries are normally seen in pole vaulters due to the extreme pressure and force required to cause the fascia to snap. [REDACTED] was then treated with a deep tissue injection guided by ultrasound to reduce inflammation and relieve pain. Within under a minute after this injection was administered [REDACTED] turned onto his back, looked up at me, and said, “Dad, it doesn’t hurt. This is the first time in weeks that it doesn’t hurt.” [REDACTED] was told to continue a low activity plan for a couple more weeks, but he could return to walking and sleeping in his bed now that the pain was gone. [REDACTED] was seen by UNC Nephrology on 06/13/2023 for the continued blood in his urine. This appointment confirmed that the likely cause was due to the immense amount of bleeding from the muscle injury, and it was noted in his medical records that it “may take 6 – 8 months to fully heal from this trauma.”

On June 26<sup>th</sup> [REDACTED] was seen again at Duke where he was given a letter releasing him back to normal scholastic activities (but no sports). He would still require 4 – 6 weeks of physical therapy to strengthen his muscles and phase him back into activities but he was now allowed to jog and slowly swim in a pool. We sent John and Miryah an email to confirm that this note would release [REDACTED] from his medical leave to continue his educational requirements.

On July 5<sup>th</sup> Miryah responded to our email to schedule a time for [REDACTED] to take his math assessment. We provided a follow-up email with a list of questions relating to the process for him to return to school including an additional request confirming when we would be able to pick up his personal belongings (now over 5 weeks since we originally asked). Miryah responded to our questions on 07/07/2023 but oddly stated that “you did not communicate that you wished for [REDACTED] to be on medical leave of absence, so we did not have those absences communicated and recorded as excused in our system.” Was she telling us that she was not aware that [REDACTED] was on medical leave or that because we didn’t request him to be placed on it then he was never on it in the first place? We stated as part of a follow-up email that [REDACTED] was placed on medical leave by John and was not allowed back on campus because of this leave. We wanted the leave to be removed so [REDACTED] could again visit his swim team and talk to his coaches. At the same time the claims against our health insurance for [REDACTED] treatment had exceeded \$31,000 and were continuing to climb on a weekly basis.

We received a response from John on 07/17/2023 stating, “The most recent note from Duke indicates [REDACTED] is cleared to return to school and does not list restrictions nor include accommodations beyond being unable to participate in sports.” This email once again did not answer our original question of whether [REDACTED] “is officially released from your Medical Leave and able to return to campus?” The discrepancy was further highlighted when, on 07/21/2023, John mentioned that “For athletics, I would like him cleared to return before attending practices or other team gatherings. Please let me know as soon as a doctor indicates that he can return to practices, even on a limited basis, so that he can return.” [REDACTED] was released by Duke to return to all school activities except participating in sports nearly 4 weeks prior. Sandhills Pediatrics stated that he was medically cleared to return to school to finish required testing 7 weeks prior. Despite this, he was still not allowed on campus to touch base with his team even though he posed no risk to himself, or O’Neal, beyond his ability to tell people about what had happened to him. We believe this is the real reason why he was not allowed to return.

On July 20<sup>th</sup> [REDACTED] was seen again by his Doctor at Duke and was fully released to return to sports. He will continue physical therapy and other supportive care to help him phase back into full activity. However, we

are hoping that after 3 months the worst is now behind us. In addition, the Detective informed us that he will be meeting with Juvenile Justice in August to file the petition against [REDACTED] [REDACTED] for simple assault. This is then expected to continue with court proceedings well into the upcoming school year.

Throughout this ordeal, we experienced a lack of transparency and communication from the administration. Our questions regarding [REDACTED] ability to finish 6<sup>th</sup> grade and to collect his personal belongings were left unanswered. We were disheartened to learn that [REDACTED] was abruptly ejected from swim practice without any notice or outreach. Despite our continuous efforts to engage in dialogue, we were met with a refusal to speak to us, and we were even threatened if we dared to discuss the matter further with parties outside of John and Miryah. [REDACTED] who is a bright and diligent student, has not been allowed back on campus even though he was cleared to return to school weeks ago by his doctors. Most importantly, the student who assaulted him was allowed to complete his education on campus while lying and engaging in continued aggressive, harassing, and retaliatory behavior.

The manner in which this incident has been handled violates the very spirit of The O'Neal School and contradicts the principles upheld in the Honor Code. We find ourselves questioning the values we are inspiring in our students. The victim should never be silenced, and we feel that no other family should have to endure such an ordeal. Most families, facing such challenges, would be compelled to leave the school altogether. What level of trauma should a family have to tolerate before an aggressor is expelled? Is it reasonable to think that a student who can willfully cause such serious injuries doesn't pose a safety risk to every child sitting next to them in a classroom? Must we wait for even more severe incidents, potentially life-threatening, to prompt decisive action?

Moving forward, we earnestly request the following actions to be taken:

1. Immediate and permanent removal of [REDACTED] [REDACTED] from The O'Neal School, with confirmation that he will not be allowed to return.
2. Notification to the Middle School faculty and staff about the incident to provide awareness and aid in welcoming [REDACTED] back to school for the 2023-2024 year.
3. Ensuring [REDACTED] safe return to school with the necessary support and accommodations to facilitate his academic progress.
4. Addressing the security deficit in common areas, including the implementation of cameras and increased daily administrative oversight.
5. Developing clear written disciplinary actions and requirements for addressing any future incidents, with a mandate for the administration to respond in a specific manner. This should include transparent escalation procedures for suspension and expulsion, incident reporting guidelines, safeguarding the rights of victims, self-defense protocols, counseling provisions, and updated procedures to address bullying, harassment, intimidation, and retaliation.

In support of our claims, we have attached several relevant documents, including a copy of the ER after visit summary, a school note from the doctor, and the email from John Elmore that most directly reflects the administrative mismanagement of the situation.

It is our hope that the Board of Trustees will address our concerns promptly and take decisive actions to ensure the safety and well-being of all students.

Thank you for your attention to this matter. We eagerly await a timely response to the points raised in this letter and again ask that any board member who would like to reach out to our family to discuss this situation in more detail feel welcome to do so.

Sincerely,

Rick and Cassie Stefanik

[REDACTED]

stefaniks@gmail.com

[REDACTED]

Attachments:

1. 2023-04-25\_Emergency Department After Visit Summary
2. 2023-05-02\_Sandhills Pediatrics School Note
3. 2023-06-06\_Email from John Elmore