

Field Trip Lunch Menu

This menu has been designed to meet all regulations with the School Meals Program.

All components of a meal (except milk) must be packed as a reimbursable meal----before leaving the cafeteria.

Deli Sandwich (ham or turkey)

Or

Peanut Butter and Jelly Sandwich

(2 ounce bread/2 ounce meat/meat alternate serving)

1 Package of chips (Sun Chips)

1 ounce Bread

**Whole Orange or Apple - can substitute another fruit
(1/2 cup serving)**

**Carrot Sticks or Broccoli Spears and dip
(3/4 cup vegetable/1/8 cup legume vegetable)**

Milk (Juice cannot be substituted for Milk)

or

Lactose-Free Milk, if needed

SOP Regulations

On the Field Trip Teacher/Staff/Volunteers/Parents will:

1. **Observe appropriate food handling techniques**
 - a. Keep cold items in portable food transport units (coolers with ice) until time of service.
 - b. Wash hands prior to distributing meals
 - c. Encourage students to wash hand prior to meal service
 - d. Serve meals within 4 hours of picking up meals from cafeteria, unless otherwise determined.
 - e. Discard ALL leftover food items immediately following the meal service.
 - f. Return portable cold storage units with reusable ice packs and other equipment to the school cafeteria.
2. **Observe proper meal counting techniques**
 - a. Use a current list from teacher room or cafeteria generated list.
 - b. Make sure that each student receives a pre-packaged reimbursable meal and a milk choice.
 - b. Return student lists as documentation (signature) for reimbursable meal counts to cafeteria manager on the following school day and Report discarded meals.
3. Retrain any volunteers that do not follow procedures on this SOP.

Date of Field Trip _____

Choose School: SCPS – Mrs. Hazel Harbuck
SCES – Mrs. Lorraine Lassiter
Sarah Cobb – Mrs. Diane Monts
SCMS – Ms. Michelle Bush
Staley – Ms. SeKeithia Lewis
ASH North – Ms. Sarah Slappey
ASH South – Ms. Felecia Thomas

Teacher's Name _____ Grade _____

Number of Student Meals Needed _____

+Number of Adult Meals Needed _____

TOTAL MEAL NEEDED _____

Date Needed: _____

Time of Day Needed: _____

Special Instructions:

Describe meal preference: choose from menu displayed on Page 1.

Check One: _____ Teacher supplied student list

_____ Cafeteria supplied student list

Signature of Teacher

Date

Signature of Cafeteria Manager

Date

“This institution is an equal opportunity provider and employer”.