1. Purpose of this Petition: (Check only the one box which is appropriate.)

A. ☑ RC - CERTIFICATION OF REPRESENTATIVE - 30% or more of employees in the unit wish to be represented for purposes of collective bargaining by Petitioner, and Petitioner desires to be certified as representative of the employees for purposes of collective bargaining. (A 30% showing of interest must accompany this form or be submitted within 48 hours.)

B. ☐ RM - REPRESENTATION (EMPLOYER) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.

C. ☐ RD - DECERTIFICATION - 30% or more of employees in the unit assert that the certified or currently recognized bargaining representative is no longer their representative. (A 30% showing of interest must accompany this form or be submitted within 48 hours.)

D. ☐ SD - SELF-DETERMINATION - Multiple units represented by the same representative seek to be represented in one unit. (No showing of interest required.)

E. ☐ UC - UNIT CLARIFICATION - A labor organization is currently recognized by the employer, but Petitioner seeks clarification of placement of certain employee(s). (A petition for unit clarification does not raise a question concerning representation, and may not be used where an RC or RM petition is appropriate.)

2. NAME AND ADDRESS OF EMPLOYER:
   Michigan Home Based Child Care Council (MHBCCC)
   c/o Peter Goodstein, Attorney
   462 S. Saginaw St., Suite 302
   Flint, MI 48502

3. TYPE OF EMPLOYER: Check appropriate box:
   ☑ Governmental  ☐ Private

4. DESCRIPTION OF CLAIMED BARGAINING UNIT INVOLVED: In UC petition, describe present bargaining unit and attach specific description of proposed clarification. Please use additional paper if necessary.

INCLUDED:
All home-based child care providers receiving reimbursement payments from the Michigan Child Development & Care Program including group day care providers, family day care providers, relative care providers, and day care aides.

EXCLUDED:
All managerial, professional and supervisory employees as defined in the Act.

5. APPROXIMATE NUMBER OF EMPLOYEES IN UNIT:
   40,532

6. DATE OF DEMAND FOR RECOGNITION:
   9/8/06

7. RECOGNIZED OR CERTIFIED BARGAINING AGENT, OR PARTIES OTHER THAN PETITIONER WHICH HAVE CLAIMED RECOGNITION AS REPRESENTATIVES, AND OTHER UNIONS INTERESTED IN THE EMPLOYEES DESCRIBED IN ITEM 4 ABOVE (IF NONE, so state):
   NAME AND ADDRESS:
   NONE

8. DATE OF EXPIRATION OF CURRENT CONTRACT, IF ANY:
   Month:  Day:  Year:
   NONE

I HAVE READ THE ABOVE PETITION AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PETITIONER AND AFFILIATION, IF ANY:
Child Care Providers Together Michigan AFSCME/UAW, AFL-CIO (CCPTM)

NAME OF REPRESENTATIVE OR PERSON FILING PETITION:
Tanya Mahn

SIGNATURE: Tanya Mahn

ADDRESS:
8000 E. Jefferson Ave., Detroit, MI, 48214

TELEPHONE:
(313) 926-5533

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