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Evaluation Model: A New Approach to Assessing the Quality of Holistic Integrative Early Childhood Development Programs

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ABSTRACT

The Holistic-Integrative Early Childhood Education (HI-ECD) program encompasses education, caregiving, health, protection, and child well-being; however, to date, no comprehensive, standardized evaluation model exists to assess the program's implementation in its entirety. This study aims to develop an evaluation model for the HI-ECD program that provides comprehensive information to improve the quality of basic services for young children. The study employed a Research and Development (R&D) approach by adapting the CIPP evaluation model to meet the specific needs of early childhood education units. The development process consisted of several stages, including a preliminary study, an initial design, expert validation, and product revision. The results indicate that the evaluation model developed—namely the IP-HIECD Evaluation Model—consists of two main components: input evaluation and process evaluation, complete with evaluation procedures, a user guide, and assessment instruments. Based on assessments from experts and practitioners, this model achieved a very good validity rating. These findings have implications for improving the effectiveness of HI-ECD program evaluation, providing a measurable overview of program achievements, and strengthening synergy among stakeholders in the management of HI-ECD services in Indonesia, ultimately contributing to the optimization of the growth and development of young children.

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1. INTRODUCTION

Early childhood development has long been recognized as a global priority due to its foundational role in shaping human capital and lifelong well-being. The Dakar Framework for Action established six Education for All goals, one of which explicitly calls for expanding and improving early childhood care and education, particularly for the most vulnerable and disadvantaged children [1]. In response, many countries have adopted holistic-integrative approaches to early childhood development, acknowledging that children's optimal growth depends not solely on education but also on health, nutrition, protection, and welfare services [2], [3]. The World Health Organization (WHO) similarly

underscores the importance of integrated, multi-sectoral interventions in the early years as essential for achieving sustainable child development outcomes [4]. Despite these commitments, global evidence reveals persistent gaps in the implementation quality of Holistic-Integrative Early Childhood Development (HI-ECD) programs. UNICEF's data highlight that in many developing countries, early childhood programs still lack trained personnel, adequate teaching materials, water and sanitation facilities, nutritional services, and robust child protection systems [5], [6]. Without a systematic and comprehensive evaluation framework, it remains difficult to assess whether HI-ECD programs meet these multidimensional standards or identify areas requiring improvement [7], [8].

A growing body of research has examined various dimensions of the HI-ECD program evaluation. Studies applying the CIPP (Context, Input, Process, Product) model have demonstrated its utility for assessing preschool and early childhood programs in a structured and comprehensive manner [9], [10], [11]. Basaran et al. [9] found that the CIPP model effectively captured multiple levels of program quality in preschool settings, while Aziz et al. [10] confirmed its applicability for institutional-level quality evaluation. In Indonesia, Lina et al. [12] applied the CIPP model to evaluate HI-ECD services in PAUD units, identifying significant implementation gaps, particularly in integrating health and welfare services. Research by Ambariani and Suryana [6] further documented specific barriers to holistic-integrative implementation, including weak inter-agency coordination and insufficient capacity of program implementers. Angkur [2] emphasized that HI-ECD services in many PAUD units remain limited to educational activities, while health, nutrition, and child protection components are either overlooked or inconsistently applied. Hanifa et al. [13] similarly found that HI-ECD implementation across PAUD units is fragmented, with no standardized evaluation instrument to measure program quality across all service domains. On the international front, Pattiruhu et al. [14] and Ashokan [15] argue that truly holistic approaches must integrate cognitive, physical, social-emotional, and protective dimensions, underscoring the need for evaluation tools that comprehensively cover all these aspects. Corter and Pelletier [16] further illustrate how schools functioning as integrated service hubs for families and young children require robust evaluation systems to sustain quality.

Despite the growing body of literature on HI-ECD and its evaluation, a critical gap persists: the lack of a purpose-built, comprehensive evaluation model tailored to the holistic-integrative framework of early childhood development in Indonesia. Existing evaluation efforts in PAUD institutions tend to focus narrowly on educational outcomes as reflected in semester reports, while health services, caregiving, child protection, and welfare dimensions remain unevaluated both at the institutional and government oversight levels. The available evaluation instruments, whether adapted from general education program models such as CIPP or developed for specific service domains, do not holistically address the multidimensional nature of HI-ECD. Furthermore, no standardized evaluation model currently exists that can simultaneously serve as an internal self-assessment tool for PAUD units and as an external monitoring reference for local education offices. This dual-functionality gap is particularly significant given the decentralized structure of early childhood services in Indonesia and the wide variation in institutional capacity across

districts and cities. Without such a model, evidence-based improvement of HI-ECD programs cannot be systematically pursued, and the quality of services for young children will continue to vary widely without accountability or structured feedback mechanisms.

To address this gap, the present study develops a comprehensive Evaluation Model for Holistic-Integrative Early Childhood Development (HI-ECD) programs using a Research and Development (R&D) approach [17], [18]. The development process involved six PAUD institutions across several districts and cities in West Java, Indonesia, selected to represent diverse institutional contexts and levels of HI-ECD implementation. The study proceeded through systematic stages, including needs analysis, model design, expert validation, limited trial, and field testing, ensuring that the resulting model is both theoretically grounded and practically applicable. The developed evaluation model encompasses three integrated components: evaluation guidelines, evaluation instruments, and reporting modules, all designed to assess HI-ECD services across five domains: education, health and nutrition, caregiving, child protection, and welfare. The key contributions of this research are threefold. First, it introduces a novel, purpose-built evaluation model that holistically addresses all dimensions of HI-ECD, filling a significant gap in the existing literature and practice. Second, it provides PAUD institutions with a validated internal self-assessment tool that enables ongoing, structured program review. Third, it offers local government education offices a standardized external evaluation framework that supports consistent, evidence-based supervision and quality assurance of HI-ECD programs across regions. This research thus represents a meaningful step toward improving the quality and accountability of early childhood development services in Indonesia.

2. METHOD

This study employs a Research and Development (R&D) approach, oriented toward the development and validation of an educational product, specifically an evaluation model for the Holistic-Integrative Early Childhood Development (HI-ECD) program. R&D is defined as a research method used to produce specific products and systematically test their effectiveness [17]. Consistent with Borg and Gall's (1989) framework, educational R&D is a process for developing and validating educational products [19]. The product developed in this study is the IP-HI-ECD Evaluation Model, designed to assess the quality of HI-ECD services within early childhood education (ECE) institutions. The model is adapted from the Context, Input, Process, and Product (CIPP) evaluation framework, with modifications to create a simpler, more practical evaluation process that can be readily implemented by evaluators in field settings [10].

The development procedure in this study refers to the ten-step framework proposed by Borg and Gall [19], which consists of: To ensure the quality and applicability of the product, the research employed a ten-phase research and development procedure. These phases included identifying initial needs, designing the model, developing a prototype, conducting pilot and large-scale field evaluations with continuous revisions, performing operational validation, finalizing the product, and disseminating it for practical use. However, the development in this study was carried out up to the expert validation stage, following the adapted research procedure illustrated in Figure 1.

Participants in this study were drawn from two groups. The first group comprised expert validators, university lecturers, and specialists in HI-ECD evaluation who were involved in the content and language validation stages. These experts were selected ECE lecturers responsible for assessing the theoretical soundness and practical applicability of the evaluation model from both conceptual and technical perspectives. The second group consisted of early childhood teachers from six ECE institutions located across West Java, Indonesia, who participated in the feasibility test. These institutions were selected to represent diverse implementation contexts of HI-ECD services at the local level.

Two primary instruments were employed in data collection. First, a structured interview guide was developed to gather initial data during the preliminary study and to elicit in-depth feedback from expert validators during the validation stages. Second, a validation questionnaire was developed to systematically collect expert judgments on the feasibility of the evaluation model across the input and process dimensions of HI-ECD services. A separate questionnaire was administered to ECE teachers during the feasibility test to obtain practitioner-level feedback on the instruments' usability and clarity. All items in the questionnaire employed a Likert-type rating scale, with response categories assigned numerical scores to facilitate quantitative analysis.

The types of data collected throughout the development process included both quantitative and qualitative data. Quantitative data were obtained from the first-phase expert test, the second-phase expert test, the feasibility test, and the field implementation of the HI-ECD evaluation model instrument. Qualitative data were gathered through needs analysis and expert validation sessions, including expert inputs, critiques, suggestions, and recommendations to refine the evaluation model. All data collection procedures were conducted in coordination with participating ECE institutions and in accordance with applicable ethical standards for educational research.

Data analysis in this study employed a quantitative descriptive approach. Scores from the validation questionnaires were tabulated and computed to determine the overall feasibility rating of each component of the IP-HI-ECD Evaluation Model. Mean scores were calculated per dimension and per expert group, and assessment categories were defined based on score ranges to classify the quality level as: (a) very good, (b) good, (c) fair, or (d) poor. Qualitative data from expert interviews and open-ended questionnaire responses were analyzed thematically, with feedback categorized by its relevance to specific components of the model — namely, the evaluation guidelines, evaluation instruments, and reporting modules — and used to inform iterative revisions throughout the development process. The integration of both quantitative and qualitative data enabled triangulation, thereby strengthening the overall validity and reliability of the evaluation model produced.

3. RESULTS AND DISCUSSION

3.1. Preliminary Study on the Development of an Evaluation Model

The HI-ECD evaluation model is developed by adopting components from the CIPP evaluation model, specifically the input and process components. The CIPP model (Context, Input, Process, Product) is an evaluation approach designed to support decision-making by providing systematic information [20]. The selection of these two components is based on

the specific needs and objectives of the HI-ECD program. This decision is grounded in the consideration that the CIPP model was designed as a flexible framework that can be adapted to the context and specific requirements of a given program. According to Stufflebeam & Shinkfield (2007), the use of all four CIPP components is not rigid; evaluators can focus solely on the components most relevant to the program's phase or needs [21]. As stated by Aziz et al. (2018), selecting only certain components of the CIPP model can help maintain focus and ensure effective measurement, especially in the complex context of early childhood development programs [22]. The input and process components are considered particularly relevant for the following reasons: a) Focus on Thorough Planning. The input component of the CIPP model evaluates the resources, strategies, and program designs to be used in achieving program objectives. According to Stufflebeam (2003), this component ensures that all essential elements required to support the program implementation are optimally available. In the context of ECE, this includes curriculum, teacher training, facilities, and budget, which must align with the developmental needs of young children comprehensive assessment of relevant resources, thereby increasing program readiness before implementation. This is crucial for ensuring the success of ECE programs while accounting for the diverse needs of early childhood development [23]. c) Minimizing Program Failure Risks. By evaluating the input component, decision-makers can identify potential weaknesses in the initial planning stages and make necessary improvements before implementation. This is particularly relevant in the ECE context, where planning forms the foundation for program success [24], [20].

3.2. Evaluation Procedure for the HI-ECD Service Program

Based on the information gathered, the researcher designed a comprehensive evaluation model for the Holistic Integrative Early Childhood Education (HI-ECD) program to assess its implementation across five core services provided by ECE institutions: education, parenting, health, protection, and welfare services (Presidential Regulation of the Republic of Indonesia [25]. This model, called the IP-HI-ECD Evaluation Model, is adapted from the CIPP model. The IP- HI-ECD model consists of two main components: input evaluation and process evaluation for the five ECE services [22]. Based on these components, the general procedure or implementation steps are as follows:

a. Input Evaluation

The first step for the Head of the ECE institution is to assess the input from the educational services. This includes: Assessment of educational facilities and infrastructure at the ECE institution; Assessment of teachers' competencies; and Assessment of teachers' qualifications. The second step involves evaluating the input of parenting services within the ECE institution, which includes: Qualifications and competencies of caregivers/educators, Parenting facilities and infrastructure, and Parental involvement and communication. The next step is to evaluate the input to health services in ECE institutions. This evaluation aims to ensure that resources, policies, facilities, and health programs meet standards to support children's health and optimal development [26]. The components of this evaluation include: Health personnel qualifications, Training and development, Health facilities, and Health-related policies and procedures. Following this is the input evaluation for protection services,

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which aims to ensure children receive optimal protection from all forms of violence, exploitation, and neglect [27]. Protection in ECE also involves creating a safe, comfortable, and developmentally supportive environment [28]. The components to evaluate include: Child protection policies; Staff and educator qualifications; Safe and secure facilities; Supervision and monitoring systems; Access control and safety measures; Case handling procedures; and Parental involvement and communication. The fifth evaluation concerns welfare services, which ensure that children receive adequate support for their physical, mental, and emotional well-being [29]. Welfare services encompass various aspects that support children's overall health, development, and well-being [30]. The main components include: Staff qualifications, Facilities that support children's well-being, Parental and community involvement, and Welfare-related policies and procedures.

b. Process Evaluation

The second step involves the Head of the Early Childhood Education (ECE) institution conducting an assessment of the ECE education service process, which includes: evaluating lesson planning by teachers, the implementation of services, and the assessment process carried out by ECE teachers. The ECE head conducts an evaluation of the education process by observing planning, service delivery, and assessment using a prepared observation instrument (observation sheet). Next, the process evaluation of caregiving services in ECE institutions focuses on assessing the implementation of these services in ECE institutions. Quality caregiving is essential for supporting children's holistic development, including physical, cognitive, social, and emotional aspects [26], [31], [32], [33], [34]. The components of caregiving process evaluation in ECE institutions include: Implementation of Curriculum and Learning Activities, Provision of Adequate Caregiving, Time and Activity Management, and Parental Involvement in the Caregiving Process. The evaluation of the health service process in ECE institutions aims to assess how health services are implemented to support children's physical well-being and health in the ECE environment. Effective health services in ECE include disease prevention, health screenings, nutrition management, and addressing children's health issues [29], [35], [36], [37], [38]. The components of health process evaluation in ECE institutions include: Immunization and Disease Prevention Programs, Nutrition Monitoring and Management, Emergency Response and First Aid, Environmental Hygiene and Sanitation, and Collaboration with Health Agencies.

Furthermore, the process evaluation of protection services in ECE institutions focuses on assessing the implementation of measures that ensure children are protected from violence, exploitation, neglect, and other threats that may harm their physical, mental, and emotional development. Protection in ECE is vital as early childhood is a very sensitive developmental stage [27], [29], [39], [40]. Components of protection process evaluation in ECE institutions include: Safety of the ECE Environment, Bullying and Harassment Prevention, Protection from Exploitation, Parental and Community Involvement and Partnerships. Lastly, the process evaluation of welfare services in ECE institutions aims to assess the extent to which the provided services support children's physical, emotional, and social well-being. Welfare services in ECE cover attention to nutrition, health, a safe social

environment, and the fulfillment of other basic needs that support children's optimal development [29]. Components to be evaluated in the welfare service process in ECE institutions include: Safe and Comfortable Environment, Emotional and Social Protection, Provision of Social Welfare Services, Access to Development and Recreational Activities and Well-being of Children with Special Needs. The procedure for the IP- HI-ECD evaluation model is as follows in the diagram:

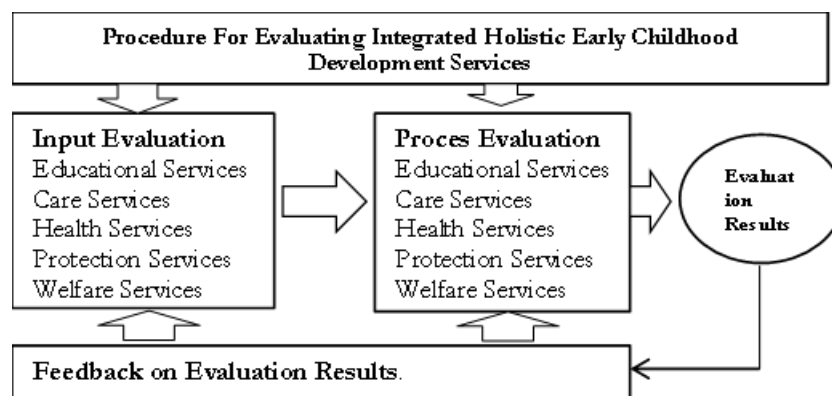


Figure 1. Procedure of the IP-PAUDHI evaluation model

3.3. Guidelines for Using the IP- HI-ECD Evaluation Model

The users of the IP- HI-ECD evaluation model for the HI-ECD service program are evaluators, specifically the heads of ECE institutions, whether formal, non-formal, or informal, who have implemented HI-ECD. The program evaluation is conducted to improve the implementation of the HI-ECD program in accordance with Government Regulation No. 60 of 2013. To assist ECE unit heads in evaluating the HI-ECD service program, the following user guidelines are provided.

- a. General Provisions. The HI-ECD service program evaluation model using the IP- HI-ECD model is developed to evaluate the HI-ECD service program with five existing services: education services, care services, health services, protection services, and welfare services, particularly within ECE units. The users of this evaluation model are the heads or deputies of ECE units, assisted by teachers, parents of children, and policy makers in cities and regencies that implement HI-ECD. The evaluation instrument consists of two components: the input component and the process component of the HI-ECD service program. The evaluation instrument for education, care, health, protection, and welfare services is completed by the Head of the ECE unit based on the facts at the ECE institution.
- b. Stages of Evaluation Implementation. To facilitate the evaluation of each component for the five HI-ECD services, the following steps must be taken for each evaluation component. The stages or steps of the evaluation are the sequence of actions the evaluator performs to carry out each evaluation component. For example, in assessing input and process in the five HI-ECD services, the steps may start with preparing the available instruments and end with returning the instruments for scoring. The general steps are: 1) The ECE head collects and prepares the evaluation instruments for input and processing in the five HI-ECD services. 2) The ECE head observes the input and process components according to the indicators being assessed. The evaluation activities are conducted during

learning activities or outside class hours, depending on the requested indicators. 3) The ECE head fills out the instruments according to the actual situation/facts. 4) The institution's Analysis Team collects the completed instruments for analysis. (This team consists of the foundation's chairperson, the ECE head, teachers, and the school committee/POM). 5) The results of the analysis are used to determine whether the input and process in the five HI-ECD services at the ECE unit are good or not.

- c. Instrument **Scoring Guidelines. The score for each item** on the instrument **is** given based on the provided answer choices. In this model, all items are provided with 5 choices, which are graded. The lowest grade is given a score of 1, and the highest grade is given a score of 5 [41]. Therefore, the score ranges from 1 to 5. The instrument is arranged **in the form of multiple-choice questions with 5 options: A, B, C, D, and E.**
- d. Scoring Method (Score Processing). The input and process of services in the HI-ECD program in the IP- HI-ECD model consist of 10 service components, namely: (1) input of educational services (2) input of care services (3) input of health services (4) input of protection services (5) input of welfare services (6) process of educational services (7) process of care services (8) process of health services (9) process of protection services (10) process of welfare services. The ECE unit head conducts the assessment of the 5 ECE services, and may also be conducted by external evaluators from the education office or the Ministry of Religious Affairs. To draw conclusions about whether the facilities are good or not, the following steps are: 1) Calculate the average score for each item from all respondents/subjects. 2) Calculate the average total score, which is the average score from all respondents and all items. 3) Compare the average total score and the average score for each item with the criteria presented in Table 1 below. The average total score obtained reflects the condition of the ECE facilities being evaluated. In addition to the total average, the average score for each aspect can also be calculated, and the results will reflect the condition of the facilities from that specific aspect [42]. To assess the input and process of HI-ECD services, all average total scores obtained are further averaged and then compared with the input assessment criteria shown in Table 1. The result will reflect the overall quality of the service inputs:

Table 1. Criteria for Assessing Inputs

Average Score	Classification
> 4,4	Excellent
> 3,4 – 4,4	Good
> 2,4 – 3,4	Fair
> 1,8 – 2,4	Poor
≤ 1,8	Very Poor

- e. Evaluation Implementation Time. The implementation of the evaluation for ECE service programs (IP- HI-ECD model) is very flexible. Ideally, program evaluations should be conducted at the end of each year. This is intended to improve the delivery of services in the following academic year. Within the IP- HI-ECD model implementation, input evaluation for all HI-ECD services can be conducted at the beginning of the year [25].

Meanwhile, process evaluation is conducted during learning activities or whenever a service process occurs.

- f. Evaluation Report Format. The results of the ECE service program evaluation are compiled into an evaluation report, which is submitted to the ECE management, the foundation, or the local Education Department. This format identifies the condition or quality of the HI-ECD services being evaluated. If necessary, the report may also serve as a basis for mapping the quality of HI-ECD services [43], [44].

3.4. Expert Validation Results

The components of the evaluation model validated by experts consist of: (1) evaluation components and procedures, (2) instruments along with their blueprints, and (3) the user manual. Based on the expert validation process described above, the following results were obtained:

- a. Clarity of the Evaluation Procedure. Clarity of the procedure refers to: a) clarity of language, b) completeness of components, c) practicality, and d) efficiency in its application. The assessment was conducted using a 5-point scale. Based on the experts' scores for each item, the average score was calculated. The results of the evaluation are as follows:

Table 2. Evaluation Procedure Assessment Results by Experts

No.	Assessment Aspect	Evaluator & Average Score	
		Expert	Practitioner
1.	Clarity of evaluation procedures/steps	4,3	4,2
2.	Effectiveness of the sentences used	4,3	4,3
3.	Accuracy of spelling and punctuation	4,4	4,4
4.	Completeness of components and explanations	4,3	4,3
5.	Practicality of the procedure (easy to follow)	4,2	4,5
6.	Practicality of procedure presentation (simple)	3,9	4,3
7.	Efficiency in terms of time	4,0	4,5
8.	Efficiency in terms of cost	4,1	4,2
9.	Efficiency in terms of labor	4,0	4,2
Total Average Per Item		37,5	38,8
Overall Average Score		4,16	4,31

- b. Clarity of the ECE Service Evaluation Instrument. To assess the clarity of the HI-ECD service evaluation instrument, expert validation was conducted through Focus Group Discussions (FGDs) involving both experts/lecturers and practitioners. The evaluation of instrument clarity focused on three main aspects: a) clarity of the instrument instructions, b) completeness and relevance of the indicators with the items (content validity), and c) the use of the Indonesian language. The assessment used a 5-point scale, with 1 being the lowest and 5 the highest. Based on the scores for each item, the average score was calculated. The average score for the clarity of the HI-ECD program evaluation instrument, as evaluated by the experts, is shown in the following table.

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Table 3. Instrument Clarity Assessment Results by Experts and Practitioners

No	Assessment Aspect	Evaluator & Average Score	
		Expert	Practitioner
1.	Clarity of the instrument instructions	4,1	4,2
	Clarity/completeness of the indicators:		
2.	Input and process of educational services	4,1	4,4
3.	Input and process of caregiving services	4,0	4,2
4.	Input and process of health services	4,3	4,3
5.	Input and process of protection services	4,3	4,0
6.	Input and process of welfare services	4,2	4,3
	Suitability of the instrument items with the indicators:	4,2	4,3
7.	Use of the Indonesian language:	4,2	4,1
8.	Clarity of the sentence/statement meaning	4,0	4,2
9.	Use of words/terms that are easy to understand	4,0	4,4
10.	Accuracy of spelling and punctuation	4,2	4,2
11.	Font style and size	4,2	4,5
Total Average Per Item		49,8	51,1
Overall Average Score		4,15	4,25

- c. Clarity of the Evaluation Guidelines. The evaluation of the ECE service program guidelines by experts and practitioners focused on two aspects: a) the content of the guidelines, and b) the use of language and writing conventions. The results of the evaluation are as follows. The expert assessments of the developed evaluation guidelines can be seen in the table below:

Table 4. Evaluation Guideline Assessment Results by Experts and Practitioners

No	Assessment Aspect	Evaluator & Average Score	
		Expert	Practitioner
1.	Clarity of general evaluation instructions	4,3	4,4
2.	Clarity of the evaluation process steps	4,5	4,3
3.	Clarity of evaluation result recommendations	4,0	4,4
4.	Clarity of evaluation implementation timing	4,5	4,0
5.	Clarity of scoring and assessment procedures	4,3	4,5
6.	Completeness of guideline content	4,0	4,4
7.	Effectiveness of standard sentences	4,0	4,1
8.	Accuracy in the use of spelling and punctuation	4,2	4,3
9.	Use of easily understood words/terms	4,2	4,5
10.	Font style and size	4,4	4,5
Total Average Per Item		42,4	43,4
Overall Average Score		4,24	4,34

3.5. Characteristics of the IP- HI-ECD Evaluation Model

The evaluation model for the Holistic Integrative Early Childhood Development Program (IP HI-ECD model) in ECE units has several advantages compared to other models. These strengths include: 1) The IP-HI-ECD evaluation model includes two components, input and process, which are key elements in measuring the success of the HI-ECD program [45]. 2) Based on expert validation, the IP-HI-ECD evaluation model is very practical, easy to understand, and simple to implement, without compromising the completeness of the information obtained from the evaluation results. 3) According to expert validation, this model is highly economical because it does not require the involvement of many people,

high costs, or much time, making it efficient in terms of labor, cost, and time. 4) This evaluation model supports the implementation of Government Regulation No. 60 of 2013 regarding the application of HI-ECD across all early childhood education units.

4. CONCLUSION

This study successfully developed the IP-HI-ECD Evaluation Model, a purpose-built evaluation framework designed to comprehensively assess the quality of Holistic-Integrative Early Childhood Development (HI-ECD) programs across five service domains: education, caregiving, health, protection, and welfare. Grounded in an adaptation of the CIPP model and developed through a systematic R&D process, the model integrates input and process evaluation components equipped with structured procedures, user guidelines, and assessment instruments. Expert and practitioner validation confirmed that the model is theoretically sound, practically applicable, and meets standards of clarity, efficiency, and usability in real ECE settings.

The implications of this research are significant at multiple levels. At the institutional level, the IP-HI-ECD model empowers ECE heads to conduct structured internal self-assessments, enabling continuous, evidence-based program improvement. At the policy level, the model provides local education offices with a standardized external evaluation reference, supporting consistent quality assurance and accountability across diverse HI-ECD implementation contexts in Indonesia.

Nevertheless, this study has limitations that should be acknowledged. The development process was carried out only up to the expert validation stage, involving six ECE institutions in West Java. The model has not yet undergone comprehensive empirical testing, including validity tests, reliability tests, and model fit analyses using statistical methods, which constrains the generalizability of the findings. Future research is therefore encouraged to conduct large-scale field trials across broader geographic and institutional contexts, and to expand the model by incorporating additional CIPP components—namely context and product evaluation—as well as outcome-based indicators to strengthen its comprehensiveness. Psychometric testing of the instruments is also recommended to establish statistical robustness. For the broader educational community, the IP-HI-ECD model offers a replicable, low-cost, and accessible evaluation tool that can be adapted by ECE institutions beyond West Java, ultimately contributing to the systemic improvement of holistic early childhood services and the optimization of children's growth and development nationwide.

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